

Antioch University New England

**Marriage and Family Therapy Masters Program
Department of Applied Psychology**

MFT M.A. Program Internship Handbook

Download from: <http://www.antiochne.edu/ap/mft/degree reqs.cfm>

2010 - 2011

M.A. Degree in
Marriage and Family Therapy

BRIEF INTRODUCTION TO THE ANTIOCH UNIVERSITY NEW ENGLAND MARRIAGE AND FAMILY THERAPY MASTERS PROGRAM

The master's program in Marriage and Family Therapy (MFT) is a 65-credit program leading to the Master of Arts (M.A.) degree in Marriage and Family Therapy and is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE; www.aamft.org/about/COAMFTE/AboutCOAMFTE.asp). The program is designed to be a full-time, concentrated, integrated experience with students completing the coursework and clinical hours in six semesters over two years. The program offers an introduction to systemic, feminist, modern and postmodern theories as foundation for clinical work with individuals, couples, families, groups, and larger systems from the perspective of social justice. Faculty draw upon a variety of teaching approaches and aim to provide a comprehensive program that introduces students to the broad base of practice within the family therapy field.

The Antioch University New England MFT program believes that “marriage and family therapy is a professional orientation toward life and is applicable to a wide variety of circumstances, including individual, couple, family, group, and community problems. It applies to all living systems; not only to persons who are married or who have a conventional family. Graduates from COAMFTE accredited marriage and family therapy programs are trained to be clinical mental health practitioners. COAMFTE adopts the Standard Occupational Classification of the Bureau of Labor and Statistics which states that MFTs are qualified to “[d]iagnose and treat mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems. [They]Apply psychotherapeutic and family systems theories and techniques in the delivery of professional services to individuals, couples, and families for the purpose of treating such diagnosed nervous and mental disorders.” As a marriage and family therapist, all training is relational, related to context, and culturally sensitive, whether contact hours are relational or individual, whether diagnostic procedure is traditional or relational, and whether a presenting problem is explicitly related to a marriage, a family, or to neither (COAMFTE Standards, Version 11, pages 1 and 2).

Mission

The mission of the Marriage and Family Therapy Program is to provide students with the academic preparation and experience needed to become competent marriage and family therapy professionals. The program's goals and philosophy parallel the standards set by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE; <http://www.aamft.org/about/COAMFTE/AboutCOAMFTE.asp>) and the American Association for Marriage and Family Therapy (AAMFT; <http://www.aamft.org>).

Marriage and Family Therapy Program Faculty

2010 – 2011 MFT Professional Seminar Supervisors – see Practicum/ProSem syllabus for contact information
Timothy Lowry, M.A., L.M.F.T., AAMFT Approved Supervisor, Adjunct Faculty
Stephen Price, D.Min., L.P. P., AAMFT Approved Supervisor, Adjunct Faculty

MFT Core Faculty:

Amy Blanchard, Ph.D., L.M.F.T.

Assistant Professor, 603-283-2154, ABlanchard@antioch.edu

Walter Lowe, Ph.D., L.M.F.T.

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Kevin P. Lyness, Ph.D., L.M.F.T.

MFT Program Director, 603-283-2149; KLyness@antioch.edu

Anne M. Prouty, Ph.D., L.M.F.T.

MFT Director of Clinical Training (DCT), 603-283-2139; Anne_Prouty@antioch.edu

MFT Faculty Intern – this is a competitive doctoral internship; intern teaches and may supervise in the masters MFT program under core faculty supervision

2009-2010

Nickolas Jordan, Ph.D. (graduated Dec. 2009 from Syracuse MFT program)

Faculty Intern, 603-283-2152, NJordan@antioch.edu

2010-2011

TBA in spring 2010

Program Overview

Please go to the MFT program's and the Department of Applied Psychology's webpage for more information: <http://www.antiochne.edu/ap/mft/>. Students enter the MFT program in the summer semester. Classes are held two days per week (Monday & Tuesday) during summer semester and one day a week (Tuesday) during fall and spring semesters at the Antioch University New England campus in Keene, New Hampshire. A student cannot be required to be at a site placement during course days. **In the second year**, students work on advanced topics including advanced human development, advanced family studies, human sexuality and sex therapy, MFT research methods, and families and larger systems (topics vary), and enroll in a second year-long professional seminar in which approved supervisors provide systemic, group supervision. A 12-month, 1,000 hour clinical internship is also required.

First Year Courses Already Completed:

Couples Therapy from a Systemic Perspective (e.g., Cognitive-Behavioral & S. Johnson's Emotionally Focused Therapy)
Ethics and Professional Development in MFT Practice
Foundational Theories of Marriage and Family Therapy (Structural, Strategic, Bowenian, misc.)
Postmodern Approaches to Family Therapy (Social Constructionist Theories including Narrative & Solution-focused)
Psychopathology & the Assessment of Social Systems
Special Issues in Family Therapy: Substance Abuse and Intrafamilial Violence
Practicum in Marriage & Family Therapy I (Antioch clinic); Professional Seminar in MFT I (on-campus supervision)
Practicum in Marriage & Family Therapy II (Antioch clinic); Professional Seminar in MFT I (on-campus supervision)

Summer Year 2

Families and Larger Systems (includes group therapy)
Human Development across the Lifespan
Internship in MFT I; PY 687B: Professional Seminar in MFT III (on-campus supervision)

Fall Year 2

Human Sexuality and Sex Therapy (e.g., Behavioral, Bowenian, Feminist, and Emotionally Focused sex therapy)
MFT Seminar in Social and Cultural Diversity
Internship in MFT II; Professional Seminar in MFT IV (on-campus supervision)

Spring Year 2

Seminar in Family Studies
Research and Evaluation in Family Therapy
Internship in Marriage & Family Therapy III; Professional Seminar in MFT V (on-campus supervision)

BASIC INTERNSHIP REQUIREMENTS

The goal of the second year internship is to offer students the opportunity to provide direct long and short-term clinical services to individuals, couples, and families of various compositions, at different life stages, and with a variety of presenting problems. Throughout this **one-year commitment**, students assume a primary role in assessment, treatment planning, and conducting couple and family therapy under supervision, **spending 10-13 hours per week in face-to-face weekly therapy sessions as the primary therapist** (i.e., in solo-therapy, co-therapy, or as lead therapist with a team behind a one-way mirror). Interns should expect to spend between 20 and 25 hours per week at their site. By doing this, a **one year internship** should entail a minimum of **1000 general internship hours** (tracked as clock hours within which clinical hours are counted, not added to).

By the end of the internship, students must have provided a minimum of **500 therapy hours** (including those from the first year practicum) over the course of their entire program (practicum plus internship). **No fewer than 250 hours of these hours of therapy must be relational** (provided to couples and families). If the 250 relational or 500 total clinical hours required are not completed by the end of the third semester of internship, the student must request an internship continuation. **No course credit will be given for the final semester of internship until all of clinical hours are completed.** If the student cannot complete the hours before the end of the summer, it is possible that s/he might have to pay additional tuition. The student must remain enrolled via continuation or registration in order to be covered by ANE's liability insurance. Students cannot provide clinical services without current liability insurance coverage. If a student fails a semester of internship the core faculty may allow a student to re-enroll and retake the semester after a remediation plan is completed to the satisfaction of the core MFT faculty team.

Clock Hours: Clock hours refer to the physical presence of the student working at internship duties or time doing assignments related directly to clinical training for site duties. Student should not be answering general phones as a receptionist, cleaning, or doing other doing clerical (non-clinical) duties. Clock hours might include orientation, clinical work, supervision, clinical team meetings, grand round presentations, clinical paperwork, reading (or listening to a professional audiobook) directly related to a clinical case, team discussions, driving time between in-home sessions, and any other clinical training activities expected or permitted by the site. Clock hours are counted from the time the intern “clocks in to work” until s/he “clocks out” and do include normal breaks within the work day. Clock hours could also include special off-site trainings approved by either the site or the professional seminar supervisor. For example, the time spent in learning sessions (both workshops and association meetings) at a professional family therapy conference, like the annual AAMFT conference, can count toward clock hours.

Clinical Hours: This refers to face-to-face direct client contact. Please see the MFT program’s Hour Sheet (Appendix B) for more definitions of types and formats of therapy and supervision. Students will be expected to work with a wide variety of people, relationships, and problems. The field placements will vary in their clientele year to year, by location and by mission, but sites are required to give students the opportunity to work with diverse clients. Students are expected to respectfully work with people who are diverse in terms of age, culture, physical ability, ethnicity, family composition, gender, race, religion, sexual orientation, and socioeconomic status.

Two types of Clinical Hours:

Direct Client Contact: Definition from the COAMFTE

“Direct client contact is defined as face-to-face (therapist and client) therapy with individuals, couples, families, and/or groups from a relational perspective. Assessments may be counted as direct client contact if they are face-to-face processes that are more than clerical in nature and focus. Psychoeducation may be counted as direct client contact.” (COAMFTE 10.3) 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 (as opposed to alternative) client contact.

NOTE: Some states’ LMFT regulations prohibit psychoeducation and/or assessments from counting as hours toward masters program internships. It is up to the student to know their respective state/province LMFT regulations and count hours accordingly.

Alternative therapeutic client contact: Includes assessments and observation of others doing therapy IF it is systemic, interactional, and therapeutic in nature (these are the hours typically accrued during the practicum). Alternative client contact could include observing other clinicians providing systemic therapy, assessments, intakes, psychoeducation, or therapy (not support) groups. This could also include doing assessments/intakes that are face-to-face with clients but who are not a part of the student’s intended caseload. **100 hour limit**

As a Marriage and Family Therapy (MFT) program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), the off-campus internship is a clinical training experiences designed to meet the criteria contained in the COAMFTE 10.3 and 11.0 Standards of Accreditation (our program is just beginning to move toward COAMFTE Standards 11). Because licensure requirements frequently change, students are responsible for reading their province’s or state’s LMFT licensure requirements and working with the Director of Clinical Training to assure their placements will meet current licensure criteria. The MFT program and faculty cannot predict future licensure requirements or changes. Students are directed to the websites of the AAMFT (http://www.aamft.org/resources/Online_Directories/boardcontacts.asp) and the Association of Marital and Family Therapy Regulatory Boards (AMFTRB; <http://www.amftrb.org>) for current information on licensure requirements for the Licensed Marriage and Family Therapist across North America. Students are also encouraged to call and write State Boards with questions and to obtain copies of all answers **IN WRITING**. The Antioch MFT program will provide training in alignment with current COAMFTE guidelines but cannot promise to meet the requirements of every state or provincial LMFT license, as these occasionally change and students must meet licensure requirements that exist at the time of their LMFT application. The program does not try to follow or provide training for any other type of mental health license.

Agreement of Affiliation (Appendix A): is the formal contract between the Antioch University New England (ANE) Marriage and Family Therapy program and the internship Training Site, and is required to be current. The MFT Director of Clinical Training (the DCT is Dr. Anne Prouty) will visit a site to make sure all COAMFTE facility requirements are met and to complete an Agreement of Affiliation with the Clinician of Record when a new site is identified and every three years thereafter, as long as the site hosts an ANE MFT student therapist. If a site does not have an ANE MFT student and the Agreement to Affiliate expires, the DCT will do a new site visit with the intent to renew the contract as soon as the site agrees to work with another ANE MFT student.

Liability Insurance: Antioch University New England provides Liability Insurance coverage for all MFT students

ENROLLED in practicum or internship courses. A student who has a second extension or an internship continuation approved and on-file with the Registrar's office is considered enrolled. **In addition, while enrolled in Internship I, II, and III students are required to be student members of the AAMFT and thereby to have the supplemental liability insurance. This is an Internship course requirement.** This is of benefit for several reasons. One is that it is good to have a personal liability coverage history when you apply for coverage after graduation. Second, Antioch's policy is good, but limited in coverage. It is always an excellent idea to carry your own liability insurance and access to your own lawyer (not just the lawyer who works for Antioch or your Internship site). Third, there are many professional benefits to being an AAMFT student member. Among the many benefits, a few are: discounts on professional books, audiotapes, and videotapes; access to professional journals and practice strategies; and the opportunity to attend the annual AAMFT conference as a student volunteer and, thereby, have your registration fee waived. AAMFT Membership info: https://www.aamft.org/resources/Application_tree/Closing/closingpagestudentformdivisiondues.htm AAMFT endorsed liability insurance info: <http://www.aamft.org/resources/Liability%20Insurance.asp> Internship sites are encouraged to have interns included on their liability insurance since interns are working under staff licenses.

STUDENTS' KEY CLINICAL TRAINING RESPONSIBILITIES

Securing a Field Placement

The Director of Clinical Training (DCT) will provide a list of previously used MFT approved internship sites. If a student resides in an area without previously used sites, the DCT will work with the student to find potential sites that meet MFT program requirements; this involves the DCT contacting AAMFT clinical members and approved supervisors and licensed marriage and family therapists who work in the area in which the student lives to inquire about potential placements. The student is also encouraged to identify local agencies of interest and give this information to the DCT. The DCT makes the initial contacts and inquiries and will give permission to the student to apply for a placement interview. Students should not call sites without approval of the DCT as **disorganized** contacts can hinder relationships with placement sites. Because the student must interview and successfully obtain the internship placement, the student is responsible for securing her/his field placement site for internship.

The student should keep in mind that many sites secure interns in the fall, winter, and spring in the year PRIOR to the placement year. Once viable sites are identified by the DCT, the student should contact sites in which s/he is interested in and set up an interview with the agency's internship director/coordinator (the DCT will identify who to contact). The student should provide this person with a copy of her/his résumé on which it should state that s/he is a masters student in the ANE Marriage and Family Therapy program, other education, prior work history, and relevant life experience. The DCT is happy to review résumés and make suggestions for preparing for interviews. These interviews are formal, professional interviews so dress appropriately and call people by their last names and titles. Students should plan to arrive 5 minutes before the interview is scheduled (not much more). Students should learn about the site by visiting the site's webpage prior to the interview, and be prepared with two or three informed questions about his/her role as an intern and the site's methods of training.

Learning Contract:

The student is required to construct a learning contract with her/his Clinician of Record(s) at the beginning of both the internship. Please see Appendices I and J for an outline of the Learning Contract content and the Student Program Timeline, respectively. The student is in charge of initiating and completing each learning contract. It should be turned in to the Professional Seminar supervisor for approval by the deadline stated in the syllabus. The approved learning contract is signed and filed in the student's AP departmental file by the DCT. Copies should be distributed by the student so that the student, Clinician of Record, and professional seminar supervisor all retain a copy; the DCT retains the original for the student's department file.

One suggestion for ranking and then tracking the student's progress on three or four learning goals is to use the model of therapy the student wishes to learn. For example, if the student wishes to learn solution-focused family therapy one might write out the student's learning goals and have the student rank where she currently sees herself and where she would like to be by the end of the semester. Then, she and her supervisor could construct learning goals to help her to reach her goal in steps—parallel to how she would help her clients to reach their goals.

Goal 1: To learn how to use three basic SF interventions: formula first session task, miracle question, & scaling questions.

How I see myself now (9/5): (no skill) 1 2 3 4 5 6 7 8 9 10 (extremely proficient in multiple situations)
Where I want to be by (12/10): 1 2 3 4 5 6 7 8 9 10

The student would then define what each number meant and what s/he would be doing when goal was met. S/he would then outline how to move up one number and this would set her/his goal for the next few weeks (or agreed upon time period). Then, the student therapist and supervisor would outline in supervision sessions throughout the semester what the therapist needs to do in order to move along the continuum until the student therapist meets her/his end of semester goal.

Student Responsibilities to Site:

The student is expected to meet the expectations that a given site has for its students. These expectations may go beyond the requirements of the MFT program. For example, a site might require doing a few more clock hours than our program requires, being there on specific days (sites cannot require you to be there on days in which Antioch courses meet), or attend specific staff meetings or trainings. Students are expected to fulfill the expectations of the internship unless they are in direct conflict ethics or with the Affiliation Agreement (for example –being treated as staff, etc.). The student will need to maintain openness to feedback from supervisors and peers. The student is expected to commit to an internship site for entire internship year.

The student will provide clinical services according to her/his site's schedule, **not ANE's academic term schedules**. The student is responsible for documenting client contact and supervision hours and getting the signatures of the Clinician of Record, (off-site supervisor if one exists), and professional seminar supervisor on each and every monthly hour sheet. **The student will submit the hours form to the AP office Administrative Assistant by the 15th of each month** (e.g., June's hours are due by the 15th of July). Failure to file monthly hour forms will result in delayed credit for the term until the hours are filed and the department administrative assistant has notified the DCT that the student is up-to-date. Student should be sure all client documentation is completed in a timely manner, because Supervisors will NOT sign the hour sheet if all client related work is not completed. A student's signature on her/his hour sheet asserts that s/he has done all clinical work related to these hours in an ethical and complete manner and that these hours are an accurate summary of his/her work. The student will maintain records of all internship activities, and file relevant forms with their Professional Seminar Supervisor or the MFT Director of Clinical Training (e.g., site identification, learning contract, monthly hours form, evaluations of supervisors and sites) in a timely manner.

Rounding hours: Students may not round clinical hours up or down to more than the closest 5 minute increment. Do not round up a session that concludes after 45 or 50 minutes to 60 minutes. Rounding could jeopardize the ability to use hours for licensure in some states.

The student is required to provide her/his own video equipment so as to meet the programmatic requirements for videotaped clinical work for their site supervision and professional seminar requirements. Occasionally, field placement sites will have equipment for use by interns. It may be possible, in the case of a site in Keene, that the Professional Seminar and Clinician of Record might agree that the professional seminar group might go to the site to view a videotape if it cannot leave the premises.

The student will conduct therapy in ways which are as therapeutically adept, and as ethically and legally appropriate as possible for a student. This is also with the understanding that this is a learning experience and all of the student's work will be understood to be seen as learning experiences: The student is not to be treated as an employee, nor held to this standard. The student agrees to work in strict adherence to AAMFT ethical guidelines, as well as site policies and practices and comply with all HIPPA, JCAHO or other larger system field placement policies. Failure to comply with directives of the Field Placement's Clinician of Record (e.g., how to work with a potentially suicidal client) may be a basis for suspension or termination from the internship and/or the MFT program. Students are to present themselves, and be represented by their sites, as MFT Interns or therapists-in-training.

At the end of the internship, the student will evaluate his/her Clinician of Record and Professional Seminar Supervisor using the Supervisor Evaluation form (Appendix G), and the field placement site using the Internship Site Evaluation (Appendix H). If the student completes her/his hours early, s/he must complete her/his requirements for the Professional Seminar Course. If s/he can do this and finish the site prior to April 30th, the student should consult the licensure requirements of the state in which s/he plans to work to be sure that a 12 month internship is not required. If it is not, s/he may apply to the site and the MFT DCT in writing for early release from the internship contract. The site and the

DCT must BOTH agree to allow the student to do this. Due to the client needs at the site or other obligations (supervisor hour needs, grant funding obligations, etc.), the student might not be given permission to end internship early. **Keep in mind that several state's licensure requirements state that they require a person to have done a 12-month continuous internship within the qualifying degree.**

****Audio/Videotape Transportation from the Internship Site to Campus for Supervision Policy****

To participate in Antioch Professional Seminar group supervision students are required to transport videotapes and/or audiotapes from the field placement to the ANE professional seminar course. Videotaping and audiotaping of clinical work can only occur when appropriate informed consent releases have been obtained from the clients. **The professional seminar supervisor's name should be included on this release of information, as should other classmates within the professional seminar.**

When a tape is to be transported, the Clinician of Record must sign a permission form that reports to the ANE Professional Seminar supervisor (See Appendix E) that (1) the Clinician has given permission for this tape to leave the site and (2) the clients have acknowledged in writing their agreement to be videotaped and that they give permission for the potential use of this videotape in the ANE MFT Professional Seminar.. The videotapes should not be marked with the clients' names.

Clinical documentation should be protected at all times, never being taken outside of the internship facility without permission, and always kept in locked container (file cabinet or other cabinet) in a secured (locked) room. For written materials used for university-based supervision (Professional Seminar), the student should make notes on clinical record-keeping forms provided by their supervisor and use initials and codes to disguise any identifying information in the case. Tapes/digital recorders should be secured at all times and students should never allow unauthorized persons to review a tape of clinical material without written permission of the client or clients. Recorded material must be kept in the student's physical possession whenever transporting tapes to or from supervisory sessions and the student must prevent any unauthorized persons from having access to the material. Whenever tapes/digital recorders are away from the agency and not in the student's immediate possession (e.g., with you at home the night before Professional Seminar) they are to be kept in a secured and locked receptacle. To ensure the confidentiality of the clients, students will bring the videotape to campus only on the day of her/his presentation. Students will transport the audio/videotapes or digital video in a secured and locked container. They will not let this material out of their sight. Any tapes of therapy sessions must be erased or disposed of properly when no longer needed for training purposes, per the direction of the Clinician of Record and agency protocols.

Internship Stipends:

It is rare for masters level clinical field placements to pay interns, although, it is both possible and permissible for sites to pay interns. However, clients may NEVER directly pay interns for services because this can be misconstrued that the intern is the clinician of record. In some cases a site may qualify to participate in the federal work study program through ANE. Among other requirements, in order to do this the site must intend to pay someone to cover the work that the intern would do if they did not hire an intern. Specific work study requirements would be handled through the work study administrative team at ANE and the site. Students should inquire to the DCT if they think their site might qualify. Students must have already qualified to receive work study money according to ANE's regulations and time lines.

Students as Agency Employees: Consideration must be given to the learning dimension of the student's placement. "Trainees" are allowed freedom for exploration, learning and mistakes. A staff member may not have that luxury. Students may not be employed as a staff member within the same unit as their internship, and they must have different supervisors in each position. Students may be paid a stipend as interns by the agency, but students are never allowed to accept direct payment from clients for services.

International Students: As interns provide an off-campus service and have some contractual accountability to the off-campus location, international students may be required by the U.S. Government to get special authorization for this off-campus work. It is the student's responsibility to contact the proper authorities for their specific situation. International students should also refer to the ANE Student Handbook and consult with the International Student Advisor as F-1 Student Status also requires students to be pursuing full-time study.

Internship Continuation: When internship requirements are not completed within the allotted period of time, a continuation of internship may be negotiated between the agency, student, supervisor and the MFT Director of Clinical Training. A written agreement regarding this “Internship Continuation” must be filed with ANE via the Office of the Registrar by the ANE deadline. If an internship continuation is needed beyond the summer term, the student may have to pay tuition for the fall term. It is vital that the continuation be filed so that the student has continuous liability coverage through ANE.

In professional seminar requirements are not completed within the semester, a second extension form must be completed by the student, signed by the professional seminar supervisor, and filed with the Office of the Registrar by the ANE deadline. ANE rules govern the amount of time allotted for completion of second extensions of courses; it is usually one semester. Refer to the ANE student handbook for details.

Student Mental and Physical Health: The ANE MFT program faculty suggest that MFT students have personal medical insurance so that s/he can maintain good health and have access to health care throughout her/his studies. Graduate study and training to become a therapist can be stressful. Taking care of oneself throughout this process is supported and encouraged by the faculty. Unfortunately, at this time Antioch does not provide health insurance to its students. However, if students become student members of AAMFT they can purchase health insurance at AAMFT’s group rate (see www.aamft.org). Also, all ANE students have access to reduced-fee mental health services in the Clinical Psychology program on-campus and at the ANE Center for Family Therapy and Psychological Services off-campus. Students are encouraged to take advantage of this reduced-fee therapy if they have not already experienced what it is like to be a client, or if they are feeling stressed.

Use of Personal vehicle:

Please note that neither the Antioch Insurance nor the AAMFT insurance covers you for clients in your private vehicle, for this and other safety issues, the MFT program does not want interns transporting clients in their personal vehicles. This can be dangerous and we do not want an intern in any potentially dangerous situation. It is expected that you will use your own vehicle to get from site to site, or house to house when doing an internship in which you see clients in their own homes. Such sites should cover interns and in-home therapy.

Leave of Absence Protocol:

In an instance in which the core MFT faculty were to require a student to stop seeing clients, (or a student decides) because personal time off from his/her clinical responsibilities is required for personal, mental health, or medical reasons, the program Director of Clinical Training will request that an AAMFT Approved Supervisor (referred to hereafter as the Assessor) who is also licensed to practice psychotherapy provide a private evaluation to verify the student's readiness to return to clinical field placement. This Assessor cannot be either one of the ANE core MFT faculty or a Professional Seminar Supervisor. In this manner, the student's privacy is maintained and the program has confirmation from an outside party approved by the AAMFT in the training of MFTs that the student is ready to return to training. The AAMFT Approved Supervisor Assessor must provide the DCT with a written opinion of the appropriateness of the student to resume clinical work. A copy of this letter of evaluation will be sent directly to the DCT and then be placed in the student's AP file by the DCT.

The confidentiality of the process will follow COAMFTE guidelines. The student is free to share this information with whomever s/he wishes. Once the evaluation is complete, faculty/supervisors will not ask the student to share any personal therapy information nor any of the content or process of the private evaluation (due to unequal power in the relationships). However, it is common and often clinically relevant that the site and Professional Seminar supervisors may wish to confer with the evaluator prior to or after the evaluation, and a release of information from the student will be required for this to occur. By this procedure, the program is able to verify and to document the appropriateness of the student to return to clinical duties without violating student’s privacy rights, and without creating inappropriate dual relationships.

Students should understand that the core MFT faculty have final authority to decide upon who may and who may not matriculate in the MFT program. In some circumstances, the MFT faculty may determine that it is in the best interest of the student and the profession of MFT that a remediation plan needs to include requirements in addition to a leave of absence, such as: repeating coursework, repeating clinical placement work, psychological or educational testing, a medical evaluation, or personal psychotherapy.

Remediation Plans and Changing Field Sites due to Problems:

It is recognized that, on occasion, an internship will prove to be particularly problematic for a student. If such is the case, the student will notify both his/her Professional Seminar Supervisor and the MFT Director of Clinical Training of his/her problem(s) with the site and/or site supervisor. If the difficulty cannot be resolved with the help of the Professional Seminar Supervisor, the DCT will arrange a meeting with the Clinician of Record/Site Supervisor or an internship site representative to try to work out a course of action acceptable to all parties.

In exceptional circumstances, it may be necessary for the student to pursue a different field placement. If the Antioch core MFT faculty decide that this is the most appropriate action, the DCT will assist the student's search. If a student wishes to leave a site for ANY reason, s/he will give written notice to the DCT, the Professional Seminar supervisor, and the Clinician of Record as soon as possible so that the client paperwork and load can be ethically concluded and transferred and positive relations can be maintained between the site and the ANE MFT program. The preferred length of notice is 30 days, as stated in the Agreement to Affiliate contract between the field placement site and the ANE MFT program.

If the situation is due to a student not completing requirements that the DCT, Professional Seminar Supervisor, and Clinician of Record (and off-site supervisor if one exists) all deem appropriate, a student remediation plan will be constructed by the DCT, in collaboration with the Professional Seminar Supervisor and the Site Supervisor. All remediation plans must be agreed upon by the DCT, Professional Seminar supervisor, and Clinician of Record/Site Supervisor. All remediation plans will have clear and measurable goals so that all parties, including the student, know when goals have been met: whether they are student goals, supervision goals or site goals. If a remediation plan is implemented, the student will participate and follow-through with all stipulations and requirements or risk being expelled from the MFT program. In accordance with COAMFTE regulations, the core MFT faculty have sole authority to determine a student's status, standing, acceptance, and progress in the MFT program. If the student decides to leave or to take a leave of absence from the MFT program, the student will give written notice and arrange for an exit interview with the MFT Program Director. The student will also give written notice to the Professional Seminar supervisor and the Clinician of Record.

Student Grievance

The student will be allowed to file an ANE grievance if s/he believes s/he has been disciplined without cause by program faculty. The first step in this process is for the student to give a written grievance to the DCT, unless the student's issue is with the DCT. In this case, the student should give a written grievance to the Chair of the Department of Applied Psychology. Next, the student may follow the student grievance process outlined in the ANE Student Handbook and the Department of Applied Psychology Handbook.

Each field placement site should have a grievance policy and procedure and give a copy of this to the student during orientation. If the student feels s/he needs to file a grievance at the field placement, s/he should tell the Professional Seminar supervisor so as to keep her/his faculty informed. If, after following this procedure the student does not feel satisfied, s/he should talk with the Professional Seminar supervisor and the supervisor will contact the site. The Professional Seminar supervisor will ask the DCT to become involved as needed.

FIELD PLACEMENT'S RESPONSIBILITIES

The field placement offers the student the opportunity to apply concepts and interventions learned from the ANE MFT program's coursework in a professional and supportive learning environment. Students will be able work with a wide variety of people, relationships, and problems. The field placement site provides appropriate clients for the intern to meet his/her programmatic requirements, offering as culturally diverse a clientele as possible in regard to culture, race, religion, socioeconomic status, ethnicity, age, sexual orientation, and family configuration (see Appendix I, Internship Site Criteria).

The field placement site provides appropriate facilities for the intern, insuring the intern has requisite office space and file storage space to meet client needs and fulfill ethical responsibilities regarding confidentiality issues, including correspondence, transportation, transmission, and storage of electronic (e.g., videotapes) and confidential media. Since our students are at multiple sites, we defer to the sites' policies on confidentiality but require that they follow HIPPA and the AAMFT Code of Ethics. Sites should have policies regarding such issues, including the transportation of videotapes and audiotapes to and from the Professional Seminar course at Antioch University New England in Keene, NH.

The site must provide an orientation to beginning interns to orient and train them in paperwork requirements, site policies, and procedures. The site will not schedule students to attend required meetings that conflict with student courses scheduled at ANE. The site will offer the intern exposure to various intake assessment models (e.g. mental status, genogram and other

systemic assessment tools, DSM-IV diagnoses, history gathering, and standardized testing). Interns must have training for conducting assessments and intakes and be supervised by someone knowledgeable about the assessment format. The site agrees to accurately represent to the public the type of services rendered, and the training status of the student therapist. The Field site must have an emergency policy (for example, for violence, suicidal or homicidal clients) and provide a copy in writing to both the DCT and the student.

The field placement site will offer the intern high quality, systemic supervision with regard to the student's delivery of clinical services. A Qualified to Supervise Letter (Appendix J) must be filed for each supervisor who supervises an ANE intern. In order to be approved to supervise, the Clinician of Record must be an AAMFT Approved Supervisor, an AAMFT Supervisor Candidate, or meet Supervisor Equivalent status criteria detailed by the ANE MFT program (see *Site Supervisor Qualifications* in this manual). The Clinician of Record and ANE Professional Seminar faculty supervisor are expected to communicate with each other every semester because they form a supervision team.

Several supervisors who frequently work with ANE MFT interns have volunteered their telephone numbers to form an "ANE MFT program Supervisor Contact List" so as to serve as an informal brainstorming and support group for each other in their work. At no time is this group to bypass the Antioch faculty. All members agree to not discuss interns, but instead to use this as a support network to brainstorm how to construct and maintain quality internship site protocols, orientations, trainings, and other self-of-the-supervisor issues.

SITE SUPERVISION

Supervisor-Supervisee Relationship

A good working supervisory relationship is a cornerstone of successful clinical training. To maximize the quality of the relationship between student and supervisor we recommend: (1) an interview between assigned supervisor and student before acceptance is made; (2) periodic discussion of the supervisor/supervisee relationship; and (3) joint evaluation of the content and process by both the supervisor and the student. To help in the construction of a mutually satisfying supervision relationship, the MFT DCT recommends using Prest and Zimmerman's "A Guide: The Initial Supervision Session" checklist found on page 159 in Storm and Todd's book entitled *The Reasonably Complete Systemic Supervisor Resource Guide* (1997); published by Allyn and Bacon. At the beginning of both the practicum and the internship, the student is required to construct a Learning Contract (Appendix K) with his/her supervisor(s). This learning contract is due to the Professional Seminar leader about one month from the beginning of the practicum/internship; will be signed by all parties; and will be placed in the student's official MFT student file in the Applied Psychology Office. The student and each supervisor should retain a copy to refer back to throughout the relationship. The learning contract is meant to be a flexible guideline and may be altered upon mutual agreement of the student and supervisor as the student meets her/his goals or needs to refine them. The Basic Skills Device (Appendix L) should guide the student and supervision team in identifying areas of strengths and growth edges, and to be able to construct clear, time-limited, and easily measured goals within the learning contract--upon which the student therapist can focus her/his efforts.

Many states' licensure boards clearly state that students may not pay for supervision above tuition payments. Because of this ANE students cannot be asked to pay for supervision at their internships sites. ANE will not pay supervisors either, but will provide education opportunities for free or at minimal charge.

Supervision Methods

Students have varied needs related to the structure of their supervisory experience and advancement in the program. The clinical background of our students ranges from having very little clinical experience to others who have had experience treating individuals, but little or no experience working from a systems perspective with couples and families. In each case, the supervision team will provide supervision which supports and challenges students at their current levels of experience.

Supervision should be distinguishable from psychotherapy, didactic enrichment, or training activities. Although supervision will at times involve discussion of an intern's personal issues, and will involve teaching interns how to perform particular activities, these foci are usually in reference to clinical cases with which the interns are working.

In accordance with current training practices and COAMFTE accreditation requirements, supervisors must use direct observation of therapy, or watch a videotape of therapy during supervision. (Antioch MFT students are required to provide a videotaping camera if the site does not have one they can use.) Supervision may be done by reviewing audio or videotapes, live observation of therapy via a one-way mirror, live observation while sitting in the therapy room, or in co-

therapy (collectively referred to as observed/live supervision). The students in the ANE MFT program are required to obtain 50 hours of such supervision. Oral reports and discussion of written materials (report supervision), although useful, cannot replace observed/live supervision.

Students are also required to tape segments of their work for presentations in the Professional Seminar at ANE. All students need to be permitted to videotape or audiotape therapy sessions and to bring these videotapes to Professional Seminar classes at Antioch (and to the Off-Site Supervisor if one is required for the site placement). Professional confidentiality rules about client data and the secured transportation of confidential materials will be followed by all parties at all times.

We strongly recommend that supervisors keep a record of the supervision provided to interns in the form of confidential supervision notes (for examples of forms to use, see Dwyer, 1997 or AAMFT, 1991).

CLINICIAN OF RECORD & APPROVED SUPERVISION

Supervisor Qualifications:

Helping Students to Meet Their Future Licensure Requirements: In order to enable MFT graduates to become licensed as Marriage and Family Therapists, Antioch has instituted guidelines established by the Commission on Accreditation of Marriage and Family Therapy Education (COAMFTE). (Note, wherever the COAMFTE guidelines are less stringent than one of the New England LMFT regulations, the Antioch MFT program will usually default to the more stringent requirement.)

Supervisory Requirements: Supervisors of MFT students are expected to have training, experience, and demonstrated abilities as marriage and family therapists and as clinical supervisors (trainers) of marriage and family therapists and systems-based models of therapy. The Clinician of Record is expected to be an AAMFT Approved Supervisor or Supervisor Candidate, have the state MFT Supervisor equivalency, or be approved as an Equivalent by the MFT Director of Clinical Training according to the agreement between the MFT program and the COAMFTE (see supervisor equivalency requirements below). The Clinician of Record will be designated as the “Approved Site Supervisor” and will be the one authorized to provide the supervision hours that the student counts toward graduation. This Approved Site Supervisor (whether on-site or off-site) must adhere to the 1:5 (supervision received by student : therapy provided by student) hour ratio. The ANE MFT Director of Clinical Training is responsible for obtaining adequate documentation to verify that all site supervisors meet requirements outlined above, and to keep up-to-date clinical training site files that will meet the COAMFTE requirements. This documentation must include a current résumé or curriculum vitae that documents the Clinician’s/Supervisor’s: (1) clinical degree and date conferred; (2) license and dates conferred and status; (3) MFT training (mft degree/license or AAMFT Clinical membership letter from AAMFT or courses and continuing education workshops in MFT that were taken if no none of the former apply—transcripts can substitute but are not required); (4) years providing MFT; (5) years providing supervision of MFTs; and (6) MFT supervision training and dates.

Antioch New England's MFT Supervisor Equivalency:

When an AAMFT Approved Supervisor or Supervisor Candidate is not available, the Director of Clinical Training can approve a Supervisor Equivalent. Working with the core faculty of the ANE MFT program, the COAMFTE has approved the following requirements for Supervisor Equivalents for the ANE MFT program. To apply for ANE MFT Supervisor Equivalency status, the supervisor should provide documentation of how s/he has met the five COAMFTE criteria outlined below (e.g., resume, copy of one’s professional license to practice, transcripts, letter of verification from AAMFT, and a list of continuing education workshops). The MFT program's Director of Clinical Training (DCT) will determine whether the program's requirements have been met, or make suggestions for completion of the requirements should the need exist. (Please note that being approved as a Supervisor Equivalent for the ANE MFT program has nothing to do with the American Association for Marriage and Family Therapy or its Approved Supervisor membership designation. All applications for AAMFT membership can only be done through the AAMFT.)

ANE MFT Supervisor Equivalency: When an AAMFT Approved Supervisor or Supervisor Candidate is not available, the COAMFTE has approved the following requirements for alternative supervisors within the ANE MFT program. The supervisor must show that s/he has met the five COAMFTE criteria

outlined below. The MFT Director of Clinical Training will determine whether the requirements have been met (e.g. via a resume, transcript, letter of verification from AAMFT, and list of formal continuing education workshops), or make suggestions for completion of the requirements should the need exist.

- 1) Four graduate courses taken or taught in marital and family therapy or 100 hours taken or taught in marital and family therapy workshops, seminars, or courses.
- 2) Graduate degree in marriage and family therapy or related mental health discipline.
- 3) Three years post-graduate experience in the clinical practice of marital and family therapy or state licensure in marital and family therapy.
- 4) Holds a state credential to provide marital and family therapy supervision or has at least one year of experience supervising therapists providing marital and family therapy in a clinical setting
- 5) One graduate level course taken or taught in marital and family therapy supervision or the AAMFT approved marital and family therapy supervision workshops or seminars.
(or a similar number of hours of MFT training workshops in MFT supervision that is extremely similar to the AAMFT course, especially when the supervisor has been trained outside of the United States or received her/his training at the place of work by a series of supervision training in-service workshops by well known MFT's)

Please note that occasionally a student plans to practice in a state that outlines more stringent masters degree program internship or supervisor requirements. The student should know the state's requirements and work with the DCT to make every effort to be sure the supervisor and internship meet these requirements.

Internship Site Hardship and Supervisor Requirements

In all cases it is the MFT program's preference to only use sites that can provide a supervisor qualified to train beginning marriage and family therapists. Qualifications have been defined by the COAMFTE and state licensure laws. The ANE MFT program offers both the full 30-hour AAMFT Approved Supervisor Training course and the 5-hour AAMFT Approved Supervisor Refresher Course. Please see our website for dates, but typically, the refresher course is offered in odd year summers and the 30-hour course is offered during even years.

Under hardship circumstances, an intern may be allowed to do an internship at a site where the supervisor is not a Supervisor Equivalent. Under these circumstances the student agrees to accept this internship and the DCT agrees to permit this internship with the understanding that although the site supervisor remains the Clinician of Record, the student will only be able to count ANE Professional Seminar supervision and supervision arranged by the DCT.

The student must track the Clinician of Record's supervision separately from Antioch's Professional Seminar Supervision using Hour Form B. Because of this, the student may **not be allowed to count hours worked during weeks of course breaks** because although Clinician of Record supervision might be available, no Approved Supervision would be available. (The student may still be required by the site to attend the practicum hours to provide a continuity of care under the supervision of the Clinician of Record.) The Clinician of Record would also agree to attend at least one of the ANE MFT Supervisors' Days in order to earn a minimum of 5 continuing education hours of MFT supervision training. The Clinician of Record is strongly encouraged to attend either the AAMFT Approved Supervisor Course or the Approved Supervisor Refresher course in order to meet equivalency standards as soon as is possible.

If the Clinician of Record does not meet the COAMFTE guidelines and cannot or does not wish to complete them within the first two months of the internship, the program will assign an ANE MFT faculty member to provide on-campus, individual/dyadic supervision via videotape and audiotape. This will usually be the Professional Seminar Supervisor to limit confusion and maintain supervision team cohesion. **It is the student's responsibility to bring enough therapy tapes to campus in order to fulfill the supervision requirement of 50 hours of supervision, 25 based on video and the other 25 based on either video or audio.**

The Clinician of Record provides an integral part of the intern's training: guiding the intern's clinical activities. The Clinician of Record monitors, evaluates and provides appropriate feedback toward the intern's professional growth as a

therapist. The Supervisor who has been approved for the site provides the evaluation the intern's clinical performance and suggests grades at the semester's end to the Professional Seminar Supervisor.

The Approved Site Supervisor (usually the Clinician of Record) and ANE MFT Professional Seminar supervisor form a supervision team in which they communicate as needed and during evaluation periods throughout the intern's clinical development. The Approved Site Supervisor/Clinician of Record and ANE MFT Professional Seminar supervisor are expected to communicate about the interns' goals and clinical development. The Clinician of Record/Approved Site Supervisor will be contacted at least once each semester by the student's ANE Professional Seminar supervisor to discuss the intern's progress.

Effective supervision entails mentoring someone who is newer in the field than the supervisor. It is expected that supervisors will allow and encourage an intern's exploration of appropriate theoretical and clinical models of marriage and family therapy, even if the orientation differs from that of the supervisor.

The Clinician of Record will be administratively and clinically responsible for student training at the agency. The Clinician of Record signs the practicum and internship Agreement to Affiliate contracts and the students' learning contracts on behalf of the agency. The student is responsible for tracking her/his own hours, and the **Clinician of Record will review and sign the clinical hours** on the monthly hours reporting form (Appendix B) provided by the student. The supervisor approved for the site will sign the site supervision hours on the monthly reporting form.

For purposes of reporting to authorities, all parties are considered mandated reporters. Such reports should be at least verbally (not email) shared with the Clinician of Record and documentation should be kept in supervision casenotes.

Sometimes agency staff changes and supervisors move onto other jobs. As a part of the contracted relationship between the Antioch MFT program and the site, the clinical training facility needs to advise the MFT program of **any and all changes** in the agency, staff, or the clinical/training program that might affect the student's clinical experience and education. By providing as much advance notice as possible, everyone is able to insure the best quality training for the student therapist.

Approved Supervision Time

During the course of the internship students are required to have one hour of supervision for each five hours of clinical work. **Supervision is required every week** that the student is seeing clients, and the 1:5 ratio must be maintained throughout the student's field placements. The student must receive supervision in the same week they see clients, **or their hours will not count for that week.** (If no supervision is available a student therapist should not be seeing clients as it is unethical and potentially dangerous for the clients and the student therapist.) The student may not earn therapy hours without supervision, nor may s/he "load-up" on supervision at the beginning or the end in order to meet the overall 1:5 ratio requirements. Please note that the student will be receiving supervision from an approved supervisor weekly while courses are in session at ANE: All of the ANE supervision counts toward the required 1:5 ratio.

Individual supervision consists of meeting face-to-face, alone with the supervisor, or with no more than one other intern present. One hour of individual supervision is required at least every other week. The remaining supervision needed to meet the 1:5 ratio may be either individual or in a group of no more than six supervisees. (It does not matter how many supervisors are present. For example a group cannot be 7 therapists and 2 supervisors.) Some group supervision is required, but there is not currently a mandated number of hours by the COAMFTE. In order to maintain the required ratio, if the student's supervisor is on vacation and the Antioch group supervision hours cannot meet the 1:5 ratio, the student and supervisor should arrange to make-up the supervision close to the vacation time, or the student will not be permitted to count the unsupervised clinical hours toward graduation. If the student's approved Clinician of Record is on vacation and the Antioch professional seminar is also between semesters, the student should not be allowed to see clients as s/he would be doing so without supervision. **At least one hour of approved supervision must occur for each week that the student has direct contact with clients, and total supervision must follow the 1 hour of supervision to every 5 hours of therapy provided.** Ethical guidelines should be followed for adequate supervision of student therapists.

Over the two year field experience, students must accrue **100 hours** of supervision. Direct/live (direct observation of therapy as it is happening) clinical supervision or of tapes of the therapy must compose at least **50 hours** of the supervision, and **25** of these 50 hours must be **direct/live** and/or supervision of **videotaped** therapy sessions, the other 25 of the 50 can be supervision of live therapy, videotaped therapy, or audiotaped therapy. The ANE MFT program believe that it is

essential for therapists to become adept at watching videotapes of themselves and making evaluations of and adjustments to their professional work as needed. This not only provides a more thorough basis for self-supervision but enables a therapist to more accurately use on-campus supervision from faculty.

Student observation of the supervisor's clinical work does not necessarily constitute individual supervision. In order to count this as individual supervision, there can be no more than two students working with the supervisor (in any cotherapy or team configuration). Co-therapy supervision must include supervisory debriefings about the session. Multiple students serving as clinicians behind the one-way mirror may receive credit for group supervision provided that (1) at least one supervisor is present, (2) there are no more than six supervisees present, and (3) the supervisory experience involves an interactional process between or among the students, the treatment team, and the supervisor.

Client Contact and Supervision hours are to be recorded by the student on the Monthly Reporting Form (Appendix B) which requires the signature of the field placement site supervisor and Professional Seminar supervisor. **Signing this form means that the supervisor is documenting that the student has completed all of the clinical hours in an appropriate and professional manner, including all of the professional documentation.** The Professional Seminar Supervisors signature on hours documents that the 1:5 ratio of supervision:therapy has been met, and that the student has met her/his responsibility in providing live or taped therapy sessions for the supervisors to review. The Professional Seminar Supervisor should routinely verify this with the site's approved supervisor. **The Monthly Reporting Form is due in the AP office by the 15th day of the following month (e.g., May hours form is due June 15th) with all signatures included.** Students are encouraged to keep copies of all hour forms. The AP department gives copies of completed data forms to Professional Seminar supervisors and the DCT each month.

Evaluation and Professional Gate Keeping Responsibilities of the Approved Supervisor

Prior to licensure, MFT supervisors have the responsibility of judging whether a therapist's work meets the basic ethical and clinical standards of the profession. Supervision with beginning therapists must create an environment in which the student can try new things, make mistakes and grow as a new professional. The ANE MFT program uses the **Basic Skill Device** four times (see Appendix L) throughout the two-year training process in order to help supervisors and students to reflect upon and evaluate a student's skills throughout these beginning stages of development. It is the goal of the program that each student will be successful in meeting these basic skill levels. However, if a student is not performing at this basic level of competence, it is a supervisor's ethical responsibility to hold the student therapist accountable. The function of gate keeping is threefold: professional integrity (supervisor and therapist), protection of the profession, and protection of the public.

The supervisor will evaluate the intern both verbally and in writing **mid-semester and at the end of every semester.** The supervisor will use the ANE "Field Supervisor Evaluation Form" (provided by Antioch) and follow ANE's evaluative descriptors for Internship/Practicum (also provided by Antioch). It is expected that the evaluations will be verbally discussed between the supervisor and student therapist. By doing this informally mid-semester and then formally (it goes to the ANE Office of the Registrar in into the official academic record) at the end of every semester, the student and supervisor have the opportunity to recalibrate learning expectations and goals to achieve the best possible learning outcomes. Students are warned if they are not meeting a supervisor's standards and rewarded if they are. Supervisors are protected by a written record of the mid-semester warning if the student needs to improve in order to earn credit for the semester of field placement. The goal is to provide open and clear communication and achieve the best training for the student. When there is an Off-Site Supervisor who is the field placement supervisor of record, mid-term and end of semester evaluations will be completed by this approved off-site supervisor.

The Professional Seminar Supervisor has final determination of grades for both the professional seminar and practicum/internship. However, the Professional Seminar Supervisor will base the practicum/internship grade on those given by the approved site supervisor. The DCT must sign-off on all practicum, internship, and professional seminar grades and has the authority to question and require clarification/reasons for grades given by the Professional Seminar Supervisor.

The agency supervisor, off-site supervisor, Antioch New England MFT professional seminar supervisor, and Antioch New England MFT Director of Clinical Training agree to collaborate in a prompt and professional manner if there are any concerns about the student or her/his competence to work with clients. In the event of any problems that occur with the student, the Clinician of Record or Off-Site Supervisor is expected to first contact the ANE Professional Seminar supervisor. The Clinician of Record/Approved Supervisor/Off-Site Supervisor and the Professional Seminar supervisor should work together and with the student to devise a written remediation plan (a copy should be given to the DCT to be

placed in the student's AP file). If needed, the DCT will construct a draft remediation plan. Upon dialogue, either supervisor may contact the MFT DCT to discuss concerns or just provide an update of a student's progress.

ADDITIONAL BENEFITS FOR SUPERVISORS AND AGENCIES

All field supervisors may obtain an appointment as an Antioch University New England 'Adjunct Clinical Faculty,' by sending a letter of request and a copy of his or her curriculum vita to the Dr. Katherine Clarke, Chairperson of the Department of Applied Psychology, 40 Avon Street, Keene, NH 03431-3552.

For each academic semester of supervision, the internship agency is entitled to enroll one person of its choosing in one course at Antioch University New England. It should be understood, however, that the person must meet whatever prerequisite requirements are established for that course and that, in courses where enrollment is limited, priority is given to degree candidates. Weekend workshops and institutes are also available. Courses and workshops must be taken concurrently or within one term before or after the supervision was given. These learning experiences are tuition-free. However, there is often a University registration or CEU fee which must be paid. Complete registration information may be obtained from the Registrar's Office. The MFT faculty offer several courses and weekend seminars, including AAMFT approved supervision refresher and full course. Lists of upcoming courses and seminars can be found at the ANE website at www.antiochne.edu.

In addition, the MFT program usually offers an MFT *Supervisors' Day* in the fall and spring semesters. Those who attend the entire day earn NHAMFT/AAMFT and sometimes social work approved continuing education units and certificates. Supervisors are encouraged to bring colleagues who would like to become supervisors of Antioch MFT students. These *Supervisors' Days* provide a combination of didactic and experiential experiences designed for continued professional development and networking of family therapy supervisors. These days (9 am to 3:30 pm) are usually offered free of charge, and a pot-luck lunch is provided by faculty and students.

The MFT program Website also includes a place where family therapy supervisors and therapists can learn about upcoming family therapy continuing education opportunities within the New England area.

ANE MFT PROGRAM RESPONSIBILITIES

ANE MFT Director of Clinical Training (DCT)

The ANE MFT Director of Clinical Training (DCT), Dr. Prouty, coordinates all student placements at internship sites. She identifies, evaluates, and reviews appropriate internship sites and supervisors, maintains files on internship sites and internship supervisors, and makes the final review of student evaluations of sites and supervisors. The DCT informs students of internship requirements via this handbook and acts as a liaison between students, supervisors, sites, and MFT faculty. Prior to signing the Affiliation Agreement, the DCT ensures the site and supervisors meet and maintain the criteria for entering into the contractual agreement.

DCT coordinates the students' documentation of the completion of the MFT program's clinical requirements. Please see Appendix C for a copy of the Student Clinical Training Checklist that the DCT will place in each MFT student's departmental file and complete as she files corresponding paperwork.

The DCT coordinates and oversees all of the Professional Seminar courses and provides clinical supervision to the Professional Seminar faculty and students as needed. Typically, the DCT substitutes when a professional seminar supervisor cannot attend class. The DCT assigns students to professional seminar courses.

The DCT plans and facilitates Supervisor Days (typically held in October and March and always on a Tuesday), when current and former site supervisors visit the ANE campus to receive continuing education in MFT Supervision and have a community meal with other supervisors and program students and faculty. The DCT plans and oversees all Supervisor Training Courses given by the ANE MFT program including the AAMFT Approved Supervisor Course and the Refresher Course. She collaborates with the Department's Director of Continuing Education to ensure all CEU and AAMFT regulations are followed and appropriate clinicians are invited.

FACULTY REVIEW OF STUDENTS - See AP Departmental Student Handbook for Additional Information

The MFT Core Faculty are responsible for the mentorship and professional development of the students and are responsible as gatekeepers to the profession in accordance with the AAMFT Code of Ethics and current standards of the profession of Marriage and Family Therapy.

Prior to Internship: Candidacy Review at end of First Year in MFT Program

The MFT Core Faculty and the Student's First Year Professional Seminar Supervisor will conduct a mandatory Candidacy Review of every MFT student at the conclusion of her/his third semester in order to determine whether s/he has met the program's curricular and clinical requirements and is eligible to move onto the second year of the program. This will consist of a review of:

- Student's course grades
- Student's professional seminar and practicum grades and evaluations
- Student's initial theory of therapy paper
- Interview with the student and the core MFT faculty

Possible outcomes:

- Student is admitted into the second year of the program and can begin internship
- Student is put on a remediation plan prior to being allowed to begin internship
- Student is denied admission into the second year of the program and referred to a career counselor to determine appropriate career alternatives

Throughout Internship: Evaluation for Continuation in Program

The MFT Core Faculty will meet with and review a student's progress if a student requests two second extensions, receives an S grade for an overall course evaluation, or receives a No Credit for any course.

The MFT Core Faculty will initiate and place in writing a course of action intended to enable the student to succeed with further clinical and coursework. This document will be signed by the student and core MFT faculty and be placed in the

student's departmental file. If such a course of action is either deemed inappropriate or has already been tried and found to be inadequate, the MFT Core Faculty will determine whether the Student should be placed on a leave of absence, advised to leave the program, or terminated from the program.

MFT Professional Seminars: On-campus Supervision by ANE MFT Faculty

While doing an internship, all students must also participate in on-campus supervision within a professional seminar course. Each section of each course consists of six graduate students or fewer and one faculty member, the Professional Seminar supervisor. The Professional Seminar supervisor is an AAMFT Approved Supervisor, Supervisor Candidate, or Supervisor Equivalent (met COAMFTE criteria agreed upon with ANE MFT faculty). The Professional Seminar class meets weekly for at least 3 hours during the fall, spring, and summer semesters. The goal of the course is to provide weekly, clinical supervision that will include videotaped portions of students' clinical work at their internship sites. Students are required to present raw clinical data in Professional Seminar (video or audiotape). It is not an expectation that all the students' clinical cases will be reviewed in this setting; that is the responsibility of the field placement's approved supervisor. The Professional Seminar Supervisor: (1) guides the academic work of the student as she/he formulates a personal philosophy, writes a theoretical position paper, and applies a chosen theoretical perspective to clinical cases; (2) guides the clinical work of the student in selected cases through case consultation and video supervision; and (3) assesses and evaluates academic and clinical development through the Professional Seminar sequence. A Professional Seminar supervisor will usually mentor the same group of students for two to three semesters. The ANE MFT Professional Seminar supervisors are in charge of running their sections; to coordinate their courses with other seminars of the same year; and to work collaboratively with the Director of Clinical Training who is responsible for the syllabus.

The Professional Seminar Supervisor is responsible for reviewing students' monthly reporting forms (an excel spreadsheet summary of the submitted hours forms) of client contact and supervision hours from students. Questions about suspected errors in the excel spreadsheet can be made to Carolyn Norback in AP or to the DCT.

It is the function of the Professional Seminar supervisor to liaison with the Clinician of Record to ensure the thorough and ethical clinical training of our students. The professional seminar supervisor is responsible for facilitating the discussion of issues involving all aspects of student placements and integrating these with academic work. The Professional Seminar supervisor is responsible for contacting each student's field placement supervisor (documented via the contact sheet in Appendix D) and for coordinating each student's training needs with their field placement supervisor. The Professional Seminar supervisor is the first contact for the field placement supervisor if there are training needs to be addressed so as to best insure cohesive clinical training between Antioch and the field placement. Should questions, problems, or need for additional support arise, the Director of Clinical Training should be contacted.

Because it is the norm that second year interns will be provided with individual supervision from an approved supervisor/supervisor equivalent at their sites, the second year Professional Seminar provides only group supervision, with six students or fewer in each group. During the second year the focus is expanded to include self-of-the-therapist and developing one's own systems-informed theory of change. Students present a final video case presentation during the final semester of their masters degree. This video case presentation should demonstrate their theory of therapy/change via 4 to 6 video clips of their therapy. These clips should be of progressive stages of therapy. See Appendix F for grading criteria based on the COAMFTE core competencies that students are expected to demonstrate during this assignment.

During both years, MFT Professional Seminar Supervisors complete the Basic Skills Evaluation Device, and collect the Learning Contracts and supervisor evaluations at the appropriate times throughout the semester. S/he also signs each student's monthly hour forms. Once s/he approves any of the above, it will be given to the Director of Clinical Training (DCT) to review, sign if necessary, and file within each student's departmental file. Likewise, all grades (field placement and professional seminar) will be turned in to the DCT when completed.

Students who do not satisfactorily complete all clinical and site requirements will receive "No Credit" and must repeat the semester of clinical practicum or internship, if permitted, in order to earn credit. For example, clinical requirements (e.g., attending meetings, showing up for sessions on time, following supervisory directives) and clinical paperwork not completed on time or in an ethical manner may result in a "no credit." An inability to submit items on time will be reflected in the final Professional Seminar grade and may result in Clinical Probation. In the unusual circumstance where a grade cannot be assigned at the end of the final term (e.g., due to prolonged student or supervisor illness), the student receives a second extension, as per the *Antioch University New England academic rules*. If a student cannot complete clinical course

requirements by the end of the semester, a student can apply with the Registrar's Office (by the deadline) for a Professional Seminar course second extension which must be signed by the PROFESSIONAL SEMINAR supervisor or the DCT. (This means that an ANE faculty must give permission to extend a field placement's time. This permission is not to be expected automatically.)

The best way to resolve difficulties which may arise is for the issue to be worked out between the student and the agency. The student's professional seminar clinical supervisor can also be used as a resource. Should any problems arise which involve or affect Antioch University New England, Dr. Anne Prouty, Director of Clinical Training for Marriage and Family Therapy, is the person to contact. Phone: 603-283-2139 and email: anne_prouty@antioch.edu

Note: Incomplete clinical paperwork or ongoing clinical concerns of a student may result in Clinical Probation of the student. It is the Professional Seminar Supervisor's responsibility to bring these student concerns to the ANE clinical faculty meeting or to consult directly with the DCT. Two course extensions, two grades of "S" or worse, or one "no credit" course will result in a core MFT faculty review of the student's academic progress.

Student Theory of Therapy Papers and Final Case Presentations in Professional Seminars

A final Theory of Therapy paper and Case Presentation are required in the final semester of the professional seminar. Students will find more details within their Professional Seminar syllabi. The appendices in this handbook contain examples of evaluations of the theory of therapy paper (see syllabus) and final video case presentation (Appendix E). The actual evaluations used might slightly vary by faculty and professional seminar course section, but evaluation rubrics must be included in course syllabi.

Professional Seminar and Internship Supervisors' evaluations of the Intern (Grades)

The MFT Professional Seminar Supervisor regularly evaluates students through weekly case presentations and discussions, and through a middle and end of semester evaluation. Students are formally evaluated and graded upon completion of each of the five semesters of Professional Seminar. In the event that, a student is rated S (satisfactory with concerns) or U (unsatisfactory) on any evaluation, the Professional Seminar Supervisor will discuss the student's performance with the Clinician of Record (and off-site supervisor if one exists) and brief the ANE MFT Director of Clinical Training. If it is mid-semester, a written remediation plan will be designed by the supervision team, in collaboration with the student, with goals that can reasonably be accomplished by the end of the semester. **If a grade of U, S, or O (Outstanding) are given on the end of semester official Field Supervisor Evaluation Form, the Professional Seminar supervisor is required by the office of the Registrar to make a note of explanation on the V-sheet.**

If it is at the end of the semester, a "no credit" may be given if the student earns an "unsatisfactory" for overall performance in the practicum or internship. If a "no credit" is earned, the student must repeat the professional seminar course AND internship course (unless given special permission by the Program Director all student who are enrolled in a practicum or internship must also be enrolled in a professional seminar) in order to earn the credit necessary to complete the MFT program requirements. The DCT will continue to monitor the student's progress; if no signs of improvement are made in areas of concern, the DCT will consult with the student, the site's clinical director, the Professional Seminar Supervisor, and MFT core faculty as one of the following may occur:

- ◆ The student is placed on Clinical Probation
- ◆ The student is required to repeat the Clinical Practicum/Internship course
- ◆ The student is required to delay his/her practicum / internship experience
- ◆ The student is required to leave the program. This usually occurs only if the student is found to be engaging in "unprofessional" conduct that warrants such an action or if they student is found to be consistently unable to complete the requirements of the clinical training program

Supervision and Course Confidentiality

All discussion regarding ANE MFT students will be contained within the student-clinician of record-faculty boundary (site's clinician of record, MFT professional seminar supervisor, ANE MFT core faculty, ANE Administration, and student). Even within this boundary of privileged communication, information regarding a student will be limited to an "as necessary" basis in accordance with the AAMFT Code of Ethics:

"4.7 Marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who

share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law.”

This means that information shared by a student with any supervisor or faculty will be shared with others on a need-to-know basis to ensure that the student receives the best training possible. For example, issues such as a student having a learning disability, going through a divorce, or getting behind on her/his work would be examples of need-to-know issues that would be shared.

University Supervision & Coursework and Client Confidentiality

The AAMFT Code of Ethics, notably Principle II: Confidentiality and recent Federal legislation (e.g., HIPAA) remind us of the care we must take to protect the confidentiality of our clients.

General

Students and ANE supervisors and faculty will not discuss clients or supervision with persons not involved with the case at the field placement or outside of the professional seminar group; this includes significant others. The only exceptions are if the student has a supervision problem (site or ProSem) which cannot be resolved by the professional seminar supervisor. In this instance the student may discuss supervision issues with the MFT Director of Clinical Training, or the MFT Program Director if the Director of Clinical Training is unavailable.

Clients are NEVER to be discussed outside of professional seminar or clinical MFT courses, and when doing so all identities will be kept confidential. Clients are never to be talked about in public spaces or over the internet—even with MFT faculty and classmates. Clients identities will always be kept confidential and only initials will be used in Professional Seminar and MFT classes in which cases are used to learn the application of MFT training ideas (e.g., for assignments like treatment plans, assessments, and case examples of applying a therapy model). Names will be never disclosed and identifying information will be altered slightly so as to protect client identity.

In addition to these ANE MFT program policies, the clinical internship facility will have similar policies regarding: (1) how long student therapists are to keep videotapes and audiotapes; (2) the secure and locked housing of all clinical material; (3) the secure and locked transportation of clinical material to university-based supervision; and (4) for the appropriate destruction of tapes. All site policies will comply with HIPAA and the AAMFT Code of Ethics.

For all further questions about MFT clinical training and field placement requirements please contact:

Anne M. Prouty, Ph.D., LMFT, MFT Director of Clinical Training
Dept. of Applied Psychology, Antioch University New England
40 Avon Street; Keene, NH 03431
Phone: 603-283-2139 (M, T, W, Th office hours)
Email: Anne_Prouty@antioch.edu

For all further questions about MFT coursework and program requirements please contact:

Kevin P. Lyness, Ph.D., LMFT
MFT Program Director and Associate Chair
Dept. of Applied Psychology, Antioch University New England
40 Avon Street
Keene, NH 03431
Phone: 603-283-2149 (M, T, W office hours)
Email: KLyness@antioch.edu

APPENDIX A AGREEMENT OF AFFILIATION

This is an agreement of affiliation between the Program of **Marriage and Family Therapy, Department of Applied Psychology, Antioch University New England** (hereafter referred to as the MFT Program) and _____ (hereafter, referred to as the internship site) in which it is agreed to collaborate in the education of students enrolled in the ANE masters program in Marriage and Family Therapy. This includes all of the planning, implementation, supervision, advisement, and evaluation of the students as pertains to their clinical training experience within this internship site.

EDUCATION AND TRAINING

Both parties will jointly conduct the education of the student according to the policies and procedures set forth in the Department of Applied Psychology Handbook. The site will meet all criteria as stipulated in the MFT section of this document. The MFT program is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (hereafter, referred to as the COAMFTE). As such, the MFT program must adhere to the clinical training guidelines of the COAMFTE. Both the MFT Program and the clinical training facility will require students and supervisors to maintain client and student confidentiality, to avoid dual relationships, to follow federal and state laws regarding psychotherapy, supervision, the keeping and storage of clinical and nonclinical records, and to perform all duties in a manner in keeping with the standards of the MFT profession and in accordance with the AAMFT Code of Ethics.

For the purpose of this contract, the following definitions are used:

Direct Client Contact: This can include face-to-face therapy, behind the mirror observation, therapy reflecting-team membership, or telephone contact between the therapist and the client for the purpose of providing therapy to the client

Alternative therapeutic client contact: Includes assessments, observation of others doing therapy, or over-the-phone therapy contact IF it is systemic, interactional, and therapeutic in nature (these are the hours typically accrued during first semester of practicum) **100 hour limit**

Clinician of Record: The clinician under whose license the student therapist is working. This person must be at the site and provide clinical supervision to the student therapist. The Clinician of Record's supervision will count toward the student hours only if the supervisor is approved by the ANE MFT Director of Clinical Training. The Clinician of Record is legally responsible for the intern's/practicum student's work and therefore, has final say on what the student does clinically. The student must follow the Clinician of Record's emergency protocols. The Clinician of Record should encourage the MFT student to follow the AAMFT code of ethics in all practice work.

Clock/Work Hours: Those hours spent in professional work for the practicum or internship placement. These do not have to be direct client contact in nature; 250 are required for practicum and 1000 are required for internship. These can include, but are not limited to, staff meetings, trainings, case-related paperwork, workshops, conferences, and case-related reading assignments given by the Clinician of Record. Practicum should be 40 – 60/mo and Internship should be 80 per month.

Co-therapy: Psychotherapy provided by a two-therapist team who are both in the room with the client at the same time

Individual therapy: One client receiving therapy.

Individual group therapy: A group of individuals engaged in a therapeutic group.

Couples therapy: Two people who consider themselves in a couple relationship (married or not, same or opposite sex) seen at the same time (in the same therapy room).

Group couples therapy: A group of couples engaged in a therapeutic group.

Family therapy: Two or more members of a family seen in therapy at the same time (same room). This could be grand/parents, aunts, uncles, and children, siblings, etc.

Group family therapy: A group of families engaged in a therapeutic group.

Supervisee: Individual receiving clinical supervision from a supervisor.

Individual Supervision: One or two (dyad) supervisees receiving supervision from a clinical supervisor.

Group Supervision: Not more than six supervisees receiving supervision from a supervisor. Note: the rule of not more than six supervisees is true no matter how many supervisors may be present.

Live Supervision Individual or Group: The case material being discussed in supervision was observed "live" by the supervisor. In other words, s/he observed the therapy through a one-way mirror or s/he was in the therapy room with the student therapist and the client(s). It does not refer to a "live" meeting between student and supervisor. Co-therapy with a supervisor can be counted both toward live therapy observation supervision and clinical therapy hours, pre and post-session supervision is

highly suggested to make the co-therapy a true training time and also count toward the live observation time. Supervision not done directly before, during, and after the case is “report” supervision unless a video or audiotape is used.

Audio Supervision Individual or Group: The case material being discussed in supervision was recorded on an audiotape recorder and part or all of the tape was played for the supervisor.

Video Supervision Individual or Group: The case material being discussed in supervision was recorded on a videorecorder and part or all of the video was played for the supervisor.

Report Supervision Individual or Group: The material being discussed is based solely on the report of the therapist(s). No video, audio, or live supervision was possible.

Site Supervisor: If the Clinician of Record (CR) is deemed qualified to provide MFT Supervision by the DCT, the CR is also called the Site Supervisor. The Site Supervisor is responsible for adhering to all COAMFTE clinical training and hour ratios for supervision (e.g., ¼ of all hours must be live or video; ¼ must be live, video or audio; ½ must be individual; there must be supervision weekly; for every 5 hours of therapy there must be 1 hour of supervision). The Site supervisor is responsible for approving the student clinical and supervision hours and signing the hours form. The Site supervisor evaluates the student with the Basic Skills Evaluation Device twice a semester, provides a mid-semester pre-grade evaluation, and gives the student a grade at the end of the semester.

Off-Site Supervisor: When an internship’s Clinician of Record is not qualified to provide MFT supervision, an Off-Site Supervisor will become the Site Supervisor. The Off-Site Supervisor will be a licensed AAMFT Clinical Member or a Licensed Marriage and Family Therapist who is trained in MFT Clinical Supervision, who lives or works near the site, who is qualified to provide the clinical MFT training supervision. The Off-Site supervisor’s role is to provide training in the practice of MFT model-informed therapy practice and the AAMFT code of ethics, to follow all COAMFTE hour requirements, and to sign the student therapist’s supervision hours, but not the clinical hours.

CLINICAL REQUIREMENTS

Internship (second year) students complete 1000 hours of clinical internship (at least 20 hours per week for 12 months), and are offered the opportunity to provide a variety of clinical psychotherapy services to people and families of various compositions for not fewer than ten hours per week. Students must complete not fewer than 500 direct client contact psychotherapy hours, 250 of which must be with couples and/ or families, by the end of their internship—which includes the hours earned in their practicum year. The student can count no more than 100 alternative client contact hours within the required 500 hours for graduation. Therefore, the actual hours needed to be completed by each internship student will vary slightly with each student, depending on what they earned during her/his practicum experience. The MFT program runs the internship from May 1st to April 30th to coincide with the second year professional seminar courses. If the hours cannot be completed by May 1st, an “Internship Continuation” must be approved, and the form completed, by the MFT Director of Clinical Training and the Registrar of Antioch University New England in order to ensure liability insurance coverage of the student by the university insurance policy.

Students, in both practicum and internship, will have a reasonable number and variety of cases. Fifty percent of the clinical hours must consist of two or more related people seen conjointly. All students must be permitted to videotape or audiotape sessions and to bring these videotapes to Professional Seminar classes at Antioch and/or to Off-Site Supervisors approved by the Director of Clinical Training. The MFT program’s and the AAMFT code of ethic’s professional confidentiality rules about client data and the secured transportation of confidential materials will be followed by all parties at all times. The Clinician of Record will sign the verification form prior to the student removing the video/audiotape from the field site premises.

The clinical training facility agrees to advise the MFT Program of any and all changes in the agency, staff, or the clinical/training program that might affect the student's clinical experience and education.

SUPERVISOR

The clinical training facility will provide each student with a Clinician of Record. It is easiest and best for training if the Clinician of Record is an AAMFT Approved Supervisor (AS), AS Candidate, or approved as a Supervisor Equivalent by the Antioch University New England MFT program Director of Clinical Training (see criteria in MFT Clinical Handbook and Qualified to Supervise form). All Clinicians of Record must complete the Qualified to Supervise form, whether their supervision is deemed approved or not by the MFT program’s Director of Clinical Training (DCT). Clinicians of Record agree to provide Dr. Prouty with a copy of her/his resumé which must include clinical degree and date, clinical license and

date, and either the Approved Supervisor/Candidate and date or the courses and workshops taken in marital, couple, and family therapy and family therapy supervisor training and the years these were completed. This documentation of supervisor's qualifications is required for the program's accreditation and will be kept in a private file in the office of the Director of Clinical Training.

Usually, the Clinicians of Record are also the Site Supervisors. If the Clinician of Record does not meet the Antioch MFT program's guidelines (approved by COAMFTE), the program will suggest a licensed mental health professional, trained in family therapy, to provide supervision. This happens rarely and only when no other site is available to the student. The Off-Site (usually on-campus) supervisor's role is to provide training in the practice of MFT model-informed therapy practice and the AAMFT code of ethics. The Off-Site Supervisor has the responsibility to provide the 1:5 ratio of Supervision to Therapy hours, including the requirements for observed/live supervision and individual supervision as outlined above. COAMFTE supervision hour guidelines must be followed by whomever the Antioch MFT Director of Clinical Training approves as the supervisor.

For this site the Clinician(s) of Record is/are: _____
The Antioch MFT DCT has approved _____ as the approved supervisor/supervisor equivalent

Notes: _____

Regardless who provided supervision for graduation, the Clinician of Record and Field Placement site set policy, protocols, and has the final say on the student's actions and work on ALL therapy cases, but the Clinician of Record and Professional Seminar Supervisor should collaborate as much as possible in the interest of clarity during the training process, so as to not confuse or triangulate the student. The Field site must have an emergency policy (for example, for violence, suicidal or homicidal clients) and provide a copy in writing to the student. For purposes of reporting to authorities, all parties are considered mandated reporters. Such reports from campus supervision should be at least verbally (not email) shared with the Clinician of Record and documentation should be kept in supervision casenotes.

The Clinician of Record agrees to attend at least one Antioch MFT program Supervisors' Day (usually held in October and March) each year. Antioch University's MFT program agrees to offer NHAMFT approved continuing education units in exchange for full-day attendance. In addition, the MFT program tries to offer Social Work, NBCC, and Massachusetts LMFT continuing education units as the MFT program budget allows.

SUPERVISION HOURS

The clinical training facility will provide each student with at least one hour of supervision per week. If the Antioch MFT Director of Clinical Training has designated a clinician as an approved supervisor, that professional agrees to provide at least one hour of supervision every week including at least one hour of individual supervision every other week. This one hour is expected to be a continuous hour (not a cumulative hour) in which the student's work is either directly observed or observed via a videotape of a therapy session. Feedback and supervision process should be systemically informed and be focused on guiding student's growth as a new marriage and family therapist, based on the standards of supervision in the MFT profession and the student's learning contract. Each semester the approved supervisor (usually the Clinician of Record) will write an evaluation for each student using the **Basic Skills Evaluation Device** and the **Field Supervisor Evaluation Form** (grades). In addition, the Field Supervisor Evaluation form will be used to provide the student with a mid-semester evaluation. Final grades will be determined by the Professional Seminar Leader, but based on the grades provided by the Clinician of Record via the Field Supervisor Evaluation Form and professional discussions between the two of them. The Director of Clinical Training gives final approval via her signature on all grades.

Each student must receive one hour of supervision for every five client contact hours by the supervisor approved by the Antioch MFT program's Director of Clinical Training, who must adhere to the COAMFTE rules. **No other person's supervision can count toward graduation.** If group supervision is provided, groups must include six or fewer persons receiving supervision, or these supervision hours cannot be counted toward program requirements. (Students are encouraged by the program to attend but students cannot count these hours as supervision but they can count them as clock hours.)

The clinical training facility also agrees that no less than 50% of the total supervision time will use direct supervision (live therapy observation, videotape, or audiotape of a therapy session), half of which must be live therapy observation or videotape of therapy in supervision. (For example, of the 100 hours of supervision, 50 would be direct, and 25 hours would include the use of videotapes or live observation of the student's therapy.) Co-therapy with a supervisor can be counted both toward live therapy observation supervision and clinical therapy hours, pre and post-session supervision is required to make the co-therapy a true training time and also count toward the live observation time. Supervision not done directly before, during, and after the therapy session is not "live supervision" but "report supervision". Co-therapy without pre-session and post-session supervision discussions cannot be counted as supervision time.

STUDENT

The MFT Program will insure that each student meets the academic standards as are consistent with objectives and requirements of the MFT Program and the University. Each student will have the capability of meeting the objectives of the field placement. Each student will construct a Learning Contract with the Clinician of Record/Approved Supervisor at the beginning of the placement. This contract should be updated each semester. Evaluations should include evaluation of the student's progress on the goals outlined in the learning contract. The Basic Skills Evaluation Device evaluation should be used to inform the learning contract and its revisions.

Students are to participate in the internship in the status of trainees and are not to replace staff. As such, expectations placed on students should be as a trainee and appropriate clinical and administrative support, training, and supervision should be provided. Reprimands should be aimed at teaching clinical and social professional skills (and should not be punitive or clerical). Both the MFT program and the clinical training facility will have the right to suspend a student from the placement for serious concerns about the student's suitability to perform clinical assignments due to problems with mental or physical health, unsatisfactory performance, or other reasonable cause. Such actions will be taken only after consultation among: the student, the Clinician of Record and the MFT program (both Professional Seminar Supervisor and the Director of Clinical Training).

Clinicians of Record should be familiar with the coursework that the student has completed and has yet to complete. All duties performed by students are to be done under the educational clinical supervision of their site's Clinician of Record.

The clinical training facility will orient students to all relevant policies, rules, and regulations pertinent to the student's Field Placement. Students who are not employees of the clinical training facility are not entitled to any Workers' Compensation benefits for any illness, accident, or injury arising out of their placement. Coverage for these medical issues is provided through the individual student's health insurance policy. ANE does not provide student health insurance. Students will be insured against liability through the Department of Applied Psychology, Antioch University only when they are officially registered for the Practicum or Internship courses. If sites wish a student to do any work prior to starting practicum, the site or student must pay for professional liability insurance. Students are never allowed to do clinical work without having professional liability coverage.

NONDISCRIMINATION

Both Parties agree and warrant that in the performance of this Agreement neither party will discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, gender, sexual orientation, national origin, disability including but not limited to blindness, unless shown by such agency that such disability prevents performance of the work involved in any manner prohibited by the laws of the United States or of the State of agency residence.

THE MFT PROGRAM'S USE OF THE AGENCY AND FIELD INSTRUCTOR'S NAME

The clinical training facility will allow the MFT Program to list its name and the name of the Field Instructor in catalogues, brochures and correspondence as affiliates of the Antioch University New England MFT Program. If the DCT determines the Clinician of Record qualifies to provide approved supervision of the student's hours, the Clinician of Record is entitled to the title "Clinical Adjunct Faculty", and may take one course at Antioch New England for every semester of supervision (within one semester of completion of supervision). These courses are tuition-free; however, you will be charged an application fee per term by Antioch's Registrar. The MFT program also provides AAMFT approved Supervision courses. These may be taken as a free course and are free of application fees.

TERMS OF AGREEMENT

The clinical training facility retains ultimate responsibility for client care. The Director of Clinical Training of the MFT program (or her delegate) will visit the site before it is approved by the program and subsequently will visit the site no less than once every three years. Questions or concerns regarding the institute's affiliation with Antioch University New England's MFT Program should be directed to Dr. Prouty. Questions or concerns regarding the student's performance on site should be first directed to the student's Professional Seminar supervisor, and then, if concerns remain, to the MFT Director of Clinical Training.

This Affiliation Agreement will commence on _____ and end three years from that date.

Either the clinical training facility or the MFT Program has the right to terminate this Agreement at any time in the future by sending a written notice to the other 30 days in advance. Refer to the Department of Applied Psychology policy on review regarding withdrawal of sites.

Please sign your name and then print your name under your title.

Executive Director or Designee, Date
(if required)

Clinician of Record, Date

Anne M. Prouty, Ph.D., L.M.F.T., Director of Clinical Training, MFT Program Date

APPENDIX B

MFT CLIENT CONTACT AND SUPERVISION HOURS REPORTING FORM **A**

Student Name: _____	Internship Supervisor's Signature: _____	Month and Year of Hours: _____
Student Signature: _____	ProSem Supervisor Signature: _____	_____

Direct Client Contact: This can include face-to-face therapy, behind the mirror observation, therapy reflecting-team membership, or telephone contact between the therapist and the client for the purpose of providing therapy to the client

Alternative therapeutic client contact: Includes assessments, observation of others doing therapy, or over-the-phone therapy contact **IF** it is systemic, interactional, and therapeutic in nature (these are the hours typically accrued during first semester of practicum) **100 hour limit**

Clinician of Record: The clinician under whose license the student therapist is working. This person must be at the site and provide clinical supervision to the student therapist. The Clinician of Record's supervision will count toward the student hours only if the supervisor is approved by the ANE MFT Director of Clinical Training. The Clinician of Record is legally responsible for the intern's/practicum student's work and therefore, has final say on what the student does clinically. The student must follow the site supervisor's emergency protocols. The Clinician of Record should encourage the MFT student to follow the AAMFT code of ethics in all practice work.

Site Supervisor: If the Clinician of Record (CR) is deemed qualified to provide MFT Supervision by the DCT, the CR is called the Site Supervisor. The Site Supervisor is responsible for adhering to all COAMFTE clinical training and hour ratios for supervision (e.g., 1/4 of all hours must be live or video; 1/4 must be live, video or audio; 1/2 must be individual or dyadic supervision; there must be supervision weekly; for every 5 hours of therapy there must be 1 hour of supervision). The Site supervisor is responsible for approving the student clinical and supervision hours and signing the hours form. The Site Supervisor evaluates the student with the Basic Skills Evaluation Device twice a semester, provides a mid-semester pre-grade evaluation, and gives the student a grade at the end of the semester. When there is no Site Supervisor, the student can only count Supervision provided by MFT program faculty for graduation.

Clock/Work Hours: This is not a tally of the clinical hours. Clock hours are a cumulative summation of all the hours spent on internship duties and internship-related trainings. Those hours spent in professional work for the internship placement: from the time you arrive to the time you leave. Home-based therapists count driving time after they have arrived at their first professional destination for the day (the site or the first house). In addition to days on site hours, interns often go to a site just for a few hours of professional meetings. Therefore, clock hours can include, but are not limited to, staff meetings, trainings, case-related paperwork, workshops, conferences, and case-related reading assignments given by the Clinician of Record. These hours also include administrative, topic-based, and case-based supervision provided by site supervisors or Clinician's of Record who are not approved by the MFT program's DCT to provide supervision for graduation. Interns should aim to be on site about 20-24 hours per week for an average of 80 clock hours per month in order to earn their **1000 clock hours required for their internship**.

Co-therapy: Psychotherapy provided by a two-therapist team who are both in the room with the client at the same time

Individual therapy: One client receiving therapy.

Individual group therapy: A group of individuals engaged in a therapeutic group.

Couples therapy: Two people who consider themselves in a couple relationship (married or not, same or opposite sex) seen at the same time (in the same therapy room).

Group couples therapy: A group of couples engaged in a therapeutic group.

Family therapy: Two or more members of a family seen in therapy at the same time (same room). This could be grand/parents, aunts, uncles, and children, siblings, etc.

Group family therapy: A group of families engaged in a therapeutic group.

Supervisee: Individual receiving clinical supervision from a supervisor.

Individual Supervision: One or two (dyad) supervisees receiving supervision from a clinical supervisor.

Group Supervision: Not more than six supervisees receiving supervision from a supervisor. Note: the rule of not more than six supervisees is true no matter how many supervisors may be present.

Live Supervision, Individual or Group: The case material being discussed in supervision was observed "live" by the supervisor. In other words, s/he observed the therapy through a one-way mirror or s/he was in the therapy room with the student therapist and the client(s). It does not refer to a "live" meeting between student and supervisor. Co-therapy with a supervisor can be counted both toward live therapy observation supervision and clinical therapy hours, pre and post-session supervision is highly suggested to make the co-therapy a true training time and also count toward the live observation time. Supervision not done directly before, during, and after the case is "report" supervision unless a video or audiotape is used.

Audio Supervision, Individual or Group: The case material being discussed in supervision was recorded on an audiotape recorder and part or all of the tape was played for the supervisor.

Video Supervision, Individual or Group: The case material being discussed in supervision was recorded on a videorecorder and part or all of the video was played for the supervisor.

Report Supervision, Individual or Group: The material being discussed is based solely on the report of the therapist(s). No video, audio, or live supervision was possible.

NOTE: Students must provide at least 500 hours of therapy, including 250 of relationally focused (couple or family) therapy. Of the required 100 hours of supervision, *25 hours must be Live &/or Video supervision and another *25 must be Live &/or Video &/or Audiotape Supervision. The remaining 50 can be live, video, audio, or report. Of the 100 hours of supervision, 50 must be individual (either one or two supervisees with one supervisor). No more than 100 hours of alternative therapy can count toward the 500 hours. Please review your AP department hour reports frequently to be sure no transcription mistakes are made. ALWAYS keep a copy of the signed hour sheets you turned in and of the monthly AP department reports. You will need these for licensure applications throughout your career.

APPENDIX C PRACTICUM/INTERNSHIP SEMESTER CHECKLIST

This is a checklist of forms/things that must be done to meet Practicum & Internship requirements. All paperwork needs to be turned in to the Professional Seminar Supervisor **before the last class** each semester in order to continue on to the next semester of the sequence.

Student's Name: _____ Approved Site Supervisor: 1st year _____ 2nd year _____

Prof. Seminar Supervisor: 1st yr: _____ 2nd yr: _____ (AS=Approved Supervisor; SE=Supervisor Equivalent)

Fall 1 (1st Semester of Practicum) <i>MFT Professional Seminar I</i>			Summer 2 (1st Semester of Internship) <i>MFT Professional Seminar III</i>
HIPAA training completed in summer pre-practicum course and form in student file			Appropriate Site with AAMFT approved supervision obtained
Initial Learning contract			Professional Seminar Supervisor contacts the Site Supervisor
Mid-term grades			Internship Year Learning Contract Due July 1 or one month after starting at site, whichever date is later - to DCT for student file
			End of semester: Professional Seminar Supervisor verifies Student's Hours are up-to-date; V-sheet and grades turned in
End of Semester: First Basic Skills Evaluation			Fall 2 (2nd semester internship) <i>MFT Professional Seminar IV</i>
End of semester: Professional Seminar Supervisor verifies Student's Hours are up-to-date; V-sheet and grades turned in			Practicum Supervisor contacts the Site Supervisor
			3 rd Basic Skills Evaluation given out at start of semester (student & both supervisors)
			Mid-term evaluation by both supervisors
Spring 1 (2nd semester Practicum) <i>MFT Professional Seminar II</i>			End of semester: Professional Seminar Supervisor verifies Student's Hours are up-to-date; V-sheet and grades turned in
Revised Learning Contract			Spring 2 (3rd semester of internship) <i>MFT Professional Seminar V</i>
Midterm grades			Practicum Supervisor contacts the Site Supervisor
Second Basic Skills Evaluation			Mid-term evaluation by both supervisors
Student's evaluation of Supervisor			Mid to End of Semester: Final Basic Skills Evaluation (student & both supervisors)
Student's evaluation of Clinic			ProSem Sup: Final Case Evaluation Form Final Theory of Therapy Paper Evaluation
End of semester: Professional Seminar Supervisor verifies Student's Hours are completed; V-sheet and grades turned in			End of semester: Professional Seminar Supervisor verifies Student's Hours are completed; V-sheet and grades turned in
Faculty's End of First Year Evaluation and Permission to Begin Internship (or Remediation Plan if required)			Student's evaluation of internship site and both supervisors for MFT program files
			Final Hours Sheet generated and checked by DCT

APPENDIX D

Professional Seminar Check-in with Site Supervisor

Xerox this sheet and turn in to DCT to put in student's department file.

Student Therapist Name: _____

Professional Seminar Supervisor Name: _____

Approved Site Supervisor Name: _____

Date of Telephone Discussion: _____

BRIEF SYNOPSIS OF CONVERSATION AND PLAN FOR FOLLOW-UP, IF NECESSARY.

APPENDIX E

Video/Audiotape Permission to Use in University Supervision

I verify that a release of information for use of this videotape/audiotape was obtained. Within this release the clients approved its use for Antioch MFT Professional Seminar supervision. Names of the Antioch Professional Seminar faculty and students were given to clients during the informed consent process for permission to use this video for University supervision. This release was done in accordance with the AAMFT Code of Ethics, HIPPA, and requirements as outlined in the ANE MFT Clinical Handbook 2010-2011.

Signature of Site Supervisor: _____ **Date:** _____

Signature of Student Therapist: _____ **Date:** _____

APPENDIX F

RUBRIC FOR FINAL VIDEO CASE PRESENTATION

Student: _____ **Evaluator:** _____ **Date:** _____

RUBRIC FOR FINAL CASE PRESENTATION (ProSem V)
ProSem supervisors should plan for final presentations to be about 45 minutes each

Student: _____ **Evaluator:** _____ **Date:** _____

Summary of presentation:	CC	Excellent	Satisfactory	Revise
Show 3-6 video clips with explanation of how each ties with theory of therapy (not case related emphasis)				
Provide a written outline and a clear summary of each video clip				
Understands theories and techniques of MFT	1.1.2			
Recognizes contextual & systemic dynamics	1.2.1			
Understands current models of assessment & dx and applies them	2.1.5 2.3.1			
Articulated rationale for interventions related to tx goals and own theory of therapy	4.5.3			
Reported how delivered interventions in a way that was sensitive to clients' needs and identities	4.3.2			

Reported how evaluated tx outcomes as tx progressed	4.4.3			
<u>Sense of self as a therapist:</u>		Excellent	Satisfactory	Revise
Monitors personal reactions to clients and tx process	3.4.5			
Clips reflected that the intern practiced within her/his scope of practice <u>and</u> Recognized issues that suggested need for referral or specialized evaluation or care in conjunction with his/her therapy	5.3.7 1.2.3			
Responded well to questions and feedback during presentation				
General Comments:				

APPENDIX G
EVALUATION of SUPERVISOR
 Evaluation used by permission by Seattle Pacific's MFT Program

Name of intern: _____ Name of supervisor: _____

Date: _____ Semester: _____ Site: _____

Please answer the following questions as honestly as you can. Your responses will be utilized in the continuing development of the internship experience. In answering the questions, please use the following scale and circle the appropriate response. Space for written clarification of answers is provided at the end of this form.

- NA = Not applicable
- 1 = POOR, well below an acceptable level
- 2 = FAIR, below an acceptable level
- 3 = ADEQUATE, at an acceptable level
- 4 = GOOD, better than an acceptable level
- 5 = VERY GOOD, significantly better than an acceptable level
- 6 = EXCELLENT, far exceeding an acceptable level

- | | |
|--|----------------|
| 1. The supervisor met with me for one hour per week (other than vacations) for supervision. | NA 1 2 3 4 5 6 |
| 2. The supervisor offered useful suggestions to me in improving my skills as a therapist. | NA 1 2 3 4 5 6 |
| 3. The supervisor contributed to and encouraged my learning about my theory. | NA 1 2 3 4 5 6 |
| 4. The supervisor clearly articulated (verbally or written) his/her expectations for my internship. | NA 1 2 3 4 5 6 |
| 5. The supervisor encouraged me to discuss my expectations of supervision. | NA 1 2 3 4 5 6 |
| 6. The supervisor clearly articulated (verbally or written) his/her expectations for supervision. | NA 1 2 3 4 5 6 |
| 7. The supervisor assisted me in learning methods for writing case notes and treatment plans. | NA 1 2 3 4 5 6 |
| 8. The supervisor contributed to my understanding and application of DSM diagnoses. | NA 1 2 3 4 5 6 |
| 9. The supervisor enhanced my assessment of interaction between couples and families. | NA 1 2 3 4 5 6 |
| 10. The supervisor treated me with respect by conveying understanding, acceptance, and support. | NA 1 2 3 4 5 6 |
| 11. The supervisor encouraged my ideas and opinions, and listened attentively to my suggestions. | NA 1 2 3 4 5 6 |
| 12. The supervisor displayed knowledge of and adherence to ethical and legal guidelines. | NA 1 2 3 4 5 6 |
| 13. The supervisor was aware of and showed sensitivity to cultural and ethnic issues in therapy. | NA 1 2 3 4 5 6 |
| 14. The supervisor was aware of & showed sensitivity to cultural & ethnic issues in supervision. | NA 1 2 3 4 5 6 |
| 15. The supervisor displayed awareness of & sensitivity to gender issues and roles in therapy. | NA 1 2 3 4 5 6 |
| 16. The supervisor displayed awareness of & sensitivity to gender issues & roles in supervision. | NA 1 2 3 4 5 6 |
| 17. The supervisor assisted my understanding of abuse issues in therapy. | NA 1 2 3 4 5 6 |
| 18. The supervisor contributed to my understanding of sexual behavior issues in treating clients. | NA 1 2 3 4 5 6 |
| 19. The supervisor recognized and commented upon my strengths as a therapist. | NA 1 2 3 4 5 6 |
| 20. The supervisor enhanced my understanding of areas in which I desired to grow as a therapist. | NA 1 2 3 4 5 6 |
| 21. How safe was the environment in supervision to allow you to discuss your cases and your own development? | NA 1 2 3 4 5 6 |

-What specific factors contributed to the safety or lack of it in supervision?

-What did the supervisor do to facilitate a safe environment?

-What, if anything, could the supervisor have done to increase your sense of safety in supervision?

- | | |
|--|----------------|
| 22. Overall, how well did your supervisor contribute to your learning this semester? | NA 1 2 3 4 5 6 |
| -What are his/her strengths in this area? | |

-Is there anything he/she could have done to make the internship a better experience for you?

- | | |
|--|----------------|
| 23. How valuable was the feedback you received from your supervisor? | NA 1 2 3 4 5 6 |
|--|----------------|

-What specifically was helpful about the feedback?

-Were there any ways the feedback could have been more helpful?

24. How would you describe the support you received from your supervisor this semester in your journey of being a therapist?
-What, if anything, could the supervisor have done to be more supportive?

25. Overall, how has the experience of meeting with your supervisor been for you this semester? NA 1 2 3 4 5 6

Please use this space below and attach an additional sheet (if necessary) to clarify answers or provide additional comments about the supervisor. When clarifying answers, please refer to answer number.

ADDITIONAL COMMENTS/CLARIFICATION:

APPENDIX H

SITE EVALUATION

STUDENT OPINION & INFORMATION FORM ABOUT CURRENT INTERNSHIP SITE & SUPERVISOR

Name of student completing this form: _____

SITE INFORMATION

Name, Town, & State: _____

Population(s) served: _____

Type of therapy provided by interns (couple, family, outpatient, in-home, etc.): _____

Therapy model(s) taught at the site: _____

When does this site fill its internship slots, how many internship slots, and are they competitive?

Diversity of supervisors, special population consults:

Diversity of populations served (age, ethnicity, race, gender, socioeconomic level, etc.):

Diversity of cases seen (presenting problems, individual/child/couple, family):

Recommendations for or against this site for future students:

SUPERVISION

How many MFT program approved supervisors work directly with the intern(s)? _____

How much supervision did the supervisor(s) give you each week? _____

Type of supervision used (check all that apply):

oral case report ____ audiotape ____ videotape ____ co-therapy with supervisor ____ live observation ____

OTHER

What other types of learning opportunities are there?

Other info you wish to convey?

Appendix I Site Requirements/DCT's Site Visit Checklist

Date of Visit: _____
 Site Visitor: _____
 Name of Site: _____
 Address: _____
 Telephone: _____
 Clinician(s) of Record: _____
 Telephone: _____ email: _____
 _____ email: _____
 Student at Site: _____
 Supervisor Approved: _____
 Telephone: _____ email: _____

COAMFTE 10.3 Accreditation Standards:

Facilities

- 152.04 The MFT program will have access to videotape, audiotape, or direct observation of students' clinical work, at all sites of clinical work
- 160.02 The facilities will offer these [clinical] services to the public.
- 160.03 Clinical facilities used for training purposes will operate on a 12-month calendar year basis.
- 160.04 Clinical facilities will be adequate and conducive to clinical practice.
- 160.05 Clinical facilities will have policies and procedures concerning professional practice and informed consent of clients; including but not limited to such areas as client rights, limits of confidentiality, and the establishment and collection of fees.
- 160.06 Clinical facilities will have reasonable policies and procedures concerning safety, privacy, and confidentiality.
- 160.07 The type of services rendered at clinical facilities and the training status of the therapist will be accurately and well represented to the public.

Supervision

- 410.02 Students will receive at least one hour of supervision for every five hours of direct client contact.
- 410.03 Supervision will occur at least once every week in which students have direct client contact hours.
- 410.05 Students will receive 50% of supervision hours based on direct observation, videotape, or audiotape; half of these supervision hours must be based on either direct observation or videotape
- 410.06 Students should be given opportunities to observe their supervisors' clinical work. In this context, "clinical work" includes therapy in progress, clinical evaluation in progress, and role playing.
- 152.07 Group supervision, if provided, will not exceed six students per group.
- 152.02 All supervisors will be AAMFT Approved Supervisors or Supervisor-in-Training, or an ANE-MFT faculty approved equivalent

- Do we have a current Affiliation Agreement (within the past 3 years)? O Yes O No
- Do we have a current résumé or vitae for the Clinician of Record? O Yes O No
- Do we have a current Qualified to Supervise form completed by the Clinician of Record? O Yes O No
- Will the Clinician of Record be an ANE MFT program Approved Supervisor? O Yes O No
- Is there a designated secondary supervisor? Does he/she meet our requirements? O Yes O No
- Name _____
- Do we have a current vitae? O Yes O No
- Is there a designated off-site supervisor? O Yes O No
- Name _____
- Do we have a current vitae? O Yes O No

What is the theoretical orientation of the Clinician of Record and Site?

Are there other interns, from which schools/programs?

Other Notes and Follow-up:

Appendix J

Qualified to Supervise (completed during a DCT's site visit interview)

The Marriage and Family Therapy program at Antioch University New England has been fully accredited by the Commission of Accreditation for Marriage and Family Therapy Education (COAMFTE). As per COAMFTE criteria, it is necessary for supervisors of our student interns to hold status as either: (1) an AAMFT Approved Supervisor, (2) an AAMFT Supervisor Candidate, or (3) ANE MFT Program Approved Supervisor Equivalent. Supervisors who are not AAMFT Approved Supervisors must be competent to provide couple/marital and family therapy from a systems perspective and be trained in MFT supervision, in addition to whatever other professional skills and training they may have.

On the appropriate line below, check which status applies to you. If you are not an AAMFT Approved Supervisor or AAMFT Supervisor Candidate, please complete the second page of this form. Unless this form is completed during a site visit, please complete and return the completed form along with necessary supporting documents as soon as you are able to Dr. Lyness at the MFT Program at Antioch New England, 40 Avon Street, Keene, NH 03431. Our fax number is (603) 357-0718. If you have questions, contact me at 603-283-2139.

Respectfully,
Kevin P. Lyness, PhD, LMFT
Director of Clinical Training, MFT Program

NAME: _____

Professional Clinical License: _____, State/Province _____ originally licensed in year _____

SITE NAME: _____

The supervisor status that applies to me is:

- ____ (1) AAMFT Approved Supervisor
____ (2) AAMFT Supervisor Candidate (**attach Supervisor Training Verification Form**)
____ (3) Equivalent (**complete other side of this document**)

Education and Licensure:

1. Four graduate courses taken or taught in marital and family therapy or 100 hours taken or taught in marital and family therapy workshops, seminars, or courses.
2. Graduate degree in marriage and family therapy or related mental health discipline.
3. Three years post-graduate experience in clinical practice of marital and family therapy or state licensure in marital and family therapy.
4. One year supervising marital and family therapy in a clinical setting or state credential to provide marital and family therapy supervision
5. One graduate course taken or taught in couple/marital and family therapy supervision or equivalent and AAMFT approved MFT supervision workshops or seminars.

- ____ (4) I do not meet all the Equivalency Criteria (**complete other side of this document**)

Are you a Clinical Member of AAMFT? Yes No

Number of years providing systemic couple/marital and family therapy _____

Number of years supervising clinicians providing marital and family therapy _____

Signature

Date

Please attach a copy of your current vita or résumé.

Note: DCT will file this form and the résumé in the MFT Program's Supervisor's File for COAMFTE review.

*TO BE COMPLETED BY POTENTIAL MFT SUPERVISORS WHO ARE NOT
AAMFT APPROVED SUPERVISORS OR AAMFT SUPERVISOR CANDIDATES*

Please attach a copy of your current vita or résumé.

Name: _____

Program or Agency Affiliation: _____

Address: _____

Phone Number(s) and Email: _____

What are your graduate degree(s) and date(s) awarded?

Degree	Date Awarded	Institution

MFT EDUCATION: Please list graduate level coursework and professional workshops/seminars relevant to systemic and other forms of couple and family psychotherapy that you have attended or taught.
Please be specific and attach copies of transcripts or certificates if you have them.

Courses Taken or Taught				
Title	Credits	Where Taken	Date	

TRAINING to PROVIDE MFT SUPERVISION: Please list coursework and professional workshops/seminars relevant to PROVIDING (not receiving) MFT Supervision that you have attended or taught.
Please be specific and attach certificates of attendance or ceu verification forms you sent to licensure board.

Note: Do not list supervision you received, this is to document your training as a Supervisor

Courses Taken or Taught in MFT Supervision				
Title	Credits	Where Taken	Date	

NOTE: Additional items should be listed on a separate page and attached to this form.

I affirm that the statements made in this form are true.

Signature: _____ Date: _____

Note: DCT will file this form and the résumé in the MFT Program’s Supervisor’s File for COAMFTE review.

APPENDIX K

MFT Learning Contract Outline

Student Initiates and Completes, then Turns in to Prosem Supervisor, who signs and turns in to DCT for AP Student File

Initial: Summer Semester

Amendments: Fall and Spring Semesters

There are three purposes for the MFT Clinical Practicum learning contract:

- (1) To establish mutual understanding of the activities, objectives, and responsibilities of the position
- (2) To provide a record of the activities planned by and for the practicum student and review it with the student's and supervisor's end of semester evaluation.
- (3) To help the student to connect the program's courses to their clinical internship learning

The student therapist is responsible for:

- (1) Negotiating the practicum learning contract with the site supervisor and the professional seminar supervisor (supervision team).
- (2) Type up the contract in a comprehensible format. Make four copies.
- (3) Signatures: Student, Site Supervisor, Antioch Professional Seminar leader, and MFT Director of Clinical Training (Anne). Give an original, signed copy to Dr. Prouty to put into your official student file no later than July 5th. Here are the titles for the ANE faculty signature lines:

Mr. Tim Lowry, LMFT, AAMFT Approved Supervisor, ProSem Supervisor
or Dr. Steve Price, LPP, AAMFT Approved Supervisor, ProSem Supervisor

Dr. Anne Prouty, LMFT, Director of Clinical Training

Use the following as a guideline in writing your contract. Be as specific as possible. You can always re-negotiate and amend it. The purpose is to keep things clear.

Part I

Student Name, degree, masters student in MFT program
Supervisor's name, degree, and license (including off-site supervisor if there is one)
Placement Site and Site address
Date of beginning and end of internship contract
Date and time of internship site orientation meeting(s)

Part II

Days and times that the intern is expected to be at the site
Number of hours per week of general work and of client contact the intern will accrue (at least 50% with couples & families)
Required professional meetings (staffings, team meetings, supervision groups, etc.)
Options for individual and/or group supervision and times (1:5 ratio, based on direct observation, video, or audiotape)
Opportunities to observe the supervisor's clinical work?
Learning activities (observation, co-therapy, staffings, special supervision groups, grand rounds, etc)
Clinical Paperwork requirements and timelines
Vacation rules and what to do when the supervisor is on vacation
Day and time each month to verify and sign student's hours form (student responsible for tracking hours)
Date(s) for evaluation(s) and evaluation criteria

Part III

Courses and parts of courses that the student has had at ANE that will be of primary resource at this internship – how will the student revisit this course material and integrate it?
Student's primary learning objectives/goals for the semester

Signatures (and dates of signatures) of Student, Site's Clinicians of Record with whom the intern will be working closely, Site Supervisor, Professional Seminar Supervisor, and MFT Director of Clinical Training

APPENDIX L BASIC SKILLS EVALUATION DEVICE

by Thorana S. Nelson, PhD

Professional Seminar and Clinical Field Approved Supervisors complete as an evaluation of the student's progress at the end of each semester.

Student: _____ Evaluator: _____

Developmental Level: Beginner Intermediate Advanced Practicum Semester: 1 2 3 4 5

Conceptual Skills	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectation	Exceptional
1. Knowledge Base						
2. Systems Perspective						
3. Familiarity with Therapy Model						
4. Self as Therapist						

Comments:

Perceptual Skills	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectation	Exceptional
1. Recognition Skills						
2. Hypothesizing						
3. Integration of theory and practice						

Comments:

Executive Skills	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectation	Exceptional
1. Joining						
2. Assessment						
3. Hypothesizing						
4. Interventions						
5. Communication Skills						
6. Personal Skills						
7. Session Management						

Comments:

Professional Skills	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectation	Exceptional
1. Supervision						
2. Recognition of Ethical Issues						
3. Paperwork						
4. Professional Image						
5. Professional Conduct						

Comments:

Evaluation Skills	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectation	Exceptional
1. Evaluation of Therapy						
2. Evaluation of Self						

Comments:

Theory _____ (Preferred Model)	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectation	Exceptional
Knowledge of Theory						
Utilizes theory in Practice						
Recognizes Strengths/Weakness of Theory						

Comments:

Evaluator Signature _____ Date _____

The Basic Skills Evaluation Device ©

©Thorana Nelson, Ph.D.
Family and Human Development
Utah State University
Logan, UT 84322-2905
tnelson@cc.usu.edu

The Basic Family Therapy Skills Evaluation Device (BSED) was developed using empirical data from the Basic Family Therapy Skills Project, conducted by Charles Figley and Thorana Nelson. The items and descriptions were developed from information gathered from nearly 500 experienced marriage and family therapy trainers and supervisors.

The device serves several purposes, including that of evaluating therapist trainees in their first 500 hours of training. The scale is used at the experience level of the trainee. That is, “meets expectation” means “in your experience, compared with other trainees with this level of experience and training” which may differ from supervisor to supervisor. Included are descriptions for each training dimension based on data from the Basic Family Therapy Skills Project. Please use these descriptions when evaluating your trainees.

Included in the Device is a non-generic theory section that you may want to use, filling in the blank for the theory that the trainee is currently working with. Evaluate each trainee using your best judgment from the descriptions given plus your subjective ideas about each item.

General Guidelines Regarding Developmental Levels

Beginner: First 50-75 hours of experience, less, perhaps, if under intensive live supervision. The beginner will need more direction and structure, clearer session plans, and more freedom to go in a direction that may seem less productive but which follows the trainee’s plan for the session and the supervisor’s plan for what the trainee is currently working on. For example, the supervisor may see an opportunity for a paradoxical or solution oriented approach, but the trainee may be working on structuring the session with parents and children. The trainee can discuss case material based on one theoretical perspective, but may get confused if trying to use more than one. The trainee is eager for supervision and may feel confused or anxious in new situations.

Intermediate: Between 50 or 75 hours of experience and 350 or 400 hours. The trainee is comfortable joining with clients, can structure sessions and execute session plans, and is able to provide hypotheses or direction for therapy based on theoretical concepts. The trainee can be flexible during a session, changing the session plan easily and with little confusion. The trainee can discuss cases from multiple theoretical viewpoints and evaluate both treatment and self-as-therapist progress based on clear goals. The trainee may be uneven in evaluations of therapy and self. The trainee benefits from supervision, but may appear at times to not want supervision, wanting, instead, to be allowed to work on one’s own unless asking for help.

Advanced: Between 350 or 400 hours of experience and 500 hours. The trainee is comfortable and does well in most therapy situations, managing most case situations smoothly and professionally. Supervision focuses on microskills and finer, abstract points of therapy and theory. The supervisor and trainee may engage in debate regarding theoretical perspectives and interventions. The trainee is able to evaluate both therapy and self. The trainee may appear eager for supervision and may express concern that s/he is inadequate as a therapist, unable to evaluate progress in therapy or supervision.

The Basic Skills Evaluation Device © Conceptual Skills

Knowledge Base

The trainee has a basic understanding of family systems theory. The trainee is able to articulate principles of human developmental, family developmental, and family life cycle issues pertaining to the case. The trainee communicates an understanding of human interaction and normal family processes. The trainee can articulate how gender, culture, and class have an impact on the client and on therapeutic issues (including interaction with one’s own gender, culture/ethnicity, and class). The trainee is able to determine and work within the clients’ world view. The trainee has an understanding of human

sexuality. The trainee has knowledge of assessment strategies (e.g., interviewing skills, various assessment devices, DSM IV).

Systems Perspective

The trainee understands and can articulate basic systems concepts. When talking about client problems the trainee employs systemic concepts and perspectives, thus showing that s/he is thinking in systemic and contextual terms. Formed hypothesis are systemic. The trainee can articulate the difference between content issues and process issues. The trainee can recognize hierarchy problems.

Familiarity with Therapy Models

The trainee has a basic knowledge of family therapy theories. The trainee's goals, hypotheses, session plans, interventions, and evaluation strategies for terminating therapy are all linked to a specific employed and articulated therapeutic model (which may be an integrated model). The trainee also recognizes his/her own perceptions, client resources, and links between problems and attempted solutions.

Self as Therapist

The trainee can articulate his/her own preferred model of therapy. The trainee is also aware of how his/her communication style influences therapy and is curious in learning about himself/herself. The trainee is aware of and able to manage his/her own anxiety in therapy. In talking about cases the trainee is able to reframe or positively connote issues from cases for her- or himself. The trainee has an understanding of how to use a sense of humor in therapy. The trainee recognizes her/his ability to be flexible and curious and to think critically and analytically, expressing authenticity and accepting feedback. The trainee is able to recognize how her/his own developmental or other issues interact in therapy.

Perceptual Skills

Recognition Skills

The trainee shows the ability to recognize hierarchies, boundaries, dynamics of triangling, family interaction, and family behavioral patterns. The trainee can also recognize gender, ethnic, cultural, and class issues in client dynamics and in therapy.

The trainee is able to recognize clients' coping skills and strengths and can understand dynamics and patterns in presenting problems. The trainee recognizes how patterns associated with presenting problems may be similar to other patterns of interaction in clients' lives.

The trainee recognizes and can articulate her or his impact as part of the client/therapy system.

Hypothesizing

The trainee can formulate a systemic hypothesis and can generate general hypotheses as well as theory (or model) specific hypotheses. The trainee can formulate long and short term treatment plans based on hypotheses. The trainee is able to distinguish process from content at an appropriate level and include process issues in hypotheses. The trainee reframes patterns and problems appropriately.

Integration of Theory and Practice

The family therapy trainee is able to articulate theory as it is applied in practice, utilizing concepts appropriately, and describing interventions that fit with the theory and hypotheses. If using an integrated theory, the trainee is able to differentiate concepts and provide rationale for choices of hypotheses and/or interventions. The trainee is able to evaluate the appropriateness (positives and negatives) for a theory or integrated theory using concrete data from therapy cases.

Executive Skills

Joining

A trainee skilled in the technique of joining is able to engage each family member in a therapeutic alliance and relationship by establishing rapport through clear communication that conveys a sense of competency, authority, and trustworthiness while at the same time demonstrating empathy, warmth, caring, and respect. The trainee is capable of gathering information without making the client feel interrogated, laying down the ground rules for therapy, and setting up a workable treatment contract by exploring the client's expectations, point of view, and preparedness to make changes. These goals are accomplished in conjunction with setting appropriate boundaries and avoiding triangulation.

Assessment

The family therapy trainee demonstrates the ability to assess clients through use of genograms, family histories, suicide/depression interviews or inventories, and discussion of SES, employment, school, and developmental stages. The trainee is familiar and skilled in basic interviewing techniques and strategies. Assessment is formulated and appropriate to an articulated theory of change. The trainee is able to clarify the presenting problem, explore previous solutions to the problem, gather information regarding sequences and patterns in the family, and determine the strengths and resources that the family brings to therapy. Assessment strategies are sensitive to gender, race, and cultural issues.

Hypothesizing

The trainee exhibits the ability to formulate multiple hypotheses about a case based on articulated principles of a theory of change. S/he can develop treatment plans which include a rationale for intervention based on hypotheses; set clear, reachable goals in consultation with the family; focus the treatment toward a therapeutic goal; and modify the existing case plan when appropriate.

Interventions

The trainee demonstrates an understanding of intervention techniques by structuring interventions that defuse violent or chaotic situations, deflect scapegoating and blaming, and interrupt negative patterns and destructive communication cycles. The ability to intervene also includes appropriately challenging clients on their position, explicitly structuring or directing interactions among family members, and helping families establish boundaries. The trainee is able to elicit family/client strengths and utilize them in both session discussions and homework assignments.

Other interventions that illustrate skill include normalizing the problem when appropriate, helping clients develop their own solutions to problems, giving credit for positive changes, reframing, and the appropriately using self disclosure. The trainee uses theory-specific interventions appropriately and is able to articulate a rationale for these interventions.

Communication Skills

Communication skills are demonstrated by active listening and reflecting; the use of open-ended questions; and short, specific, and clear oral forms of communication. The trainee's body language should convey a relaxed state and match the tone of the conversation. The trainee is also able to coach clients in learning communication skills rather than merely "lecturing" and instructing.

Personal Skills

Personal skills that are important for a successful therapy trainee to possess include a desire to be a family therapist, intelligence, curiosity, common sense, self-direction, commitment, patience, empathy, sensitivity, flexibility, the ability to manage his/her anxiety, authenticity, expression of a caring attitude, and acceptance of others. The trainee should also exhibit warmth, a sense of humor, a nondefensive attitude, congruency, the ability to take responsibility for his/her mistakes, the ability to apply his/her own personal mode of therapy, and possess no debilitating personal pathology. The trainee demonstrates emotional maturity and the ability to be self-reflexive. The trainee demonstrates an appropriate attitude of expertness toward clients, congruent with her/his theory of change.

Session Management

The trainee is able to manage the therapy process by effectively introducing clients to the therapy room, explaining equipment and setting, if necessary, and explaining the policies and procedures of the agency/clinic. The trainee is able to engage the family in therapeutic conversation, controlling the flow of communication as per her/his therapy plan. The trainee is able to manage intense interactions appropriately, demonstrating skill at both escalating and de-escalating intensity at appropriate times. The trainee is able to manage time, finishing sessions as scheduled and is able to schedule further appointments, consultations, and referrals smoothly and effectively. The trainee is able to collect fees in an appropriate manner.

Professional Skills

Supervision

The trainee attends supervision meetings as scheduled and is prepared to discuss cases with colleagues, to formally present her or his own case, and to present audio or video material as requested. The trainee is respectful and positive about other trainees' cases and presentations, is helpful and not demeaning about a fellow trainee's skills. The trainee makes use of supervision by

accepting and utilizing supervisory feedback.

Recognition of Ethical Issues

A marriage and family therapy trainee knows and observes the code of ethics of AAMFT and is familiar with the laws of the state regarding privileged communication, mandatory reporting, and duty to warn issues. The trainee follows the supervisor's policies regarding reporting and consulting with the supervisor and/or other authorities; the trainee appropriately uses supervision and consultation regarding ethical issues. The trainee avoids potentially exploitative relationships with clients and other trainees. The trainee deals appropriately with his or her own issues as they affect therapy and is willing to take responsibility for her or his own actions.

Paperwork: The trainee maintains case files appropriately and follows clinic procedures for paperwork in a timely manner.

Professional Image

The trainee dresses appropriately according to the standards of the setting. The trainee is able to present an aura of confidence without arrogance and presents herself/himself to other professionals in an appropriate manner. The trainee is on time for sessions and supervision and treats staff with respect.

Professional Conduct

The trainee has the ability to initiate and maintain appropriate contact with other professionals along with maintaining a personal professional image. The trainee does not publicly denigrate or criticize colleagues. The trainee consults with professionals and others involved with cases appropriately, with appropriate signed releases, and in a professional manner, always keeping the client's welfare foremost. The trainee shows the ability to handle unexpected and crisis situations with poise and skill, using consultation when appropriate. The trainee is punctual with therapy sessions and other professional meetings. The trainee follows clinic policies in setting and collecting fees.

Evaluation Skills

Therapy

A trainee skilled in evaluating therapy is able to verbalize the thoroughness of assessment; the link between theory, assessment, and hypotheses/interventions; the effectiveness of interventions; and how well the objectives of the therapy have been met in terms of both the clients' goals and the therapist's perspective and analysis. The trainee can articulate aspects of the clients' feedback in relation to assessment and intervention. The trainee is able to articulate links between conceptual, perceptual, interventive, and outcome data.

Self

The trainee therapist is skilled in evaluating him or herself in terms of skills: conceptual, perceptual, executive, professional, and evaluative. The trainee is able to recognize signs in him or herself that contribute to the ongoing understanding and analysis of the case and is able to articulate personal issues that may be interacting in therapy. The trainee is not unduly defensive about feedback, but is able to integrate multiple perspectives and incorporate them into a plan for enhancing his or her development as a family therapist. The trainee works with the supervisor in an ongoing evaluation of therapy skills and strives to improve areas that require it and, at the same time, clearly articulate strengths in behavioral terms.

Theory of Choice

The previous skill areas were generic; i.e., they apply across theoretical models of intervention. This section is for the trainee therapist and supervisor to use to evaluate the trainee's growing knowledge and expertise in a model or theory that is identified by the supervisor and trainee together. The trainee is able to identify assumptions and concepts of the theory, the primary techniques used in the theory, the role of the therapist, and evaluation strategies. The trainee is able to use the concepts and interventions in practice, identifying data to the supervisor that illustrate the concepts. The trainee is able to recognize and identify the strengths and weaknesses of the theory as used in practice