## Table of Contents

Introduction to Clinical Training ................................................................. 3  
CTP Purpose ................................................................................................. 3  

Information for Students ........................................................................ 5  
CTP Prerequisites......................................................................................... 5  
The Practicum Preparation Process ......................................................... 6  
Overview of the MA Clinical Training Courses ...................................... 7  
  Practicum I and Practicum II ................................................................. 7  
  Internship I and Internship II ............................................................... 8  
  Internship III - Capstone ..................................................................... 10  

Frequently Asked Questions ................................................................. 10  
Technology for Clinical Training ............................................................ 12  
Video Recording your client sessions ...................................................... 16  
Self-Care During Clinical Training ......................................................... 17  

The Process of Clinical Training ............................................................... 19  
Course requirements ................................................................................ 19  
Clinical case presentations .................................................................... 20  
Evaluation of your clinical training experience ...................................... 21  
Documentation of Your Clinical Experience ........................................... 22  
Completion of Practicum and Internship ................................................ 22  
Failure to Meet Standards ....................................................................... 24  

Information For Site Supervisors ........................................................... 25  
Site supervisor responsibilities ............................................................... 26  
Direct Acces in Supervision ................................................................... 27  
Student development during clinical training ........................................ 28  
  Practicum I ......................................................................................... 28  
  Practicum II......................................................................................... 29  
  Internship I ....................................................................................... 29  
  Internship II and III ......................................................................... 30  
Summary of behavioral cues at each level .............................................. 30  
The AAMFT Core Competencies ............................................................. 31  
  Conceptual Skills .............................................................................. 31  
  Perceptual Skills ............................................................................... 32  
  Executive Skills ................................................................................ 32  
  Professional Skills ........................................................................... 34  
  Evaluation Skills ............................................................................... 35  
The Core Competencies Mapped to NCU Clinical Courses ................. 35  

CTP vs Licensure ....................................................................................... 39  
Appendix - NCU Ethics Protocol for MFT Students .............................. 40
Introduction To Clinical Training

Welcome to Clinical Training. This will be a demanding, yet rewarding, year – perhaps one of the most demanding yet rewarding years of your life. You will need the support and understanding of your partner (if you are in a committed relationship), your family, and your friends. Though you most probably will not receive pay, you will in essence be taking on a second, part time job.

Clinical training in MFT differs from the training students in other mental health disciplines receive in two very significant ways. First and foremost, our training is systemic, that is, we focus on the person and the person’s web of relationships. Since the earliest days of the profession as a separate discipline, MFT has been marked by our preference for having couples and families in the room for the majority of the sessions. You will learn that as well as how to work with larger systems (e.g., the community, the school, the employer, etc.). The other major difference is that MFT has historically been grounded in a “health” model – a focus on strengths and abilities that can be activated, rather than a focus on pathology. You will be entering a unique mental health discipline with its unique skill sets and unique body of knowledge.

MFT clinical training is a crucible into which you place all you are and all you have learned, and you are slowly refined through the fires of human interaction. Your illusions of omnipotence get burned away. You learn in your gut, not just your head, the necessity of therapeutic competence and the limits of human knowledge. Life, in all its awful complexity, happens in front of you. You cannot enter the crucible and leave the same person, unless you cheat both yourself and your clients.

Please read this handbook carefully, and keep it handy for ready reference. It will be your guide through the crucible to help you successfully emerge on the other side, wiser and fitter to help those whose lives come into your professional life. The handbook is designed to answer most of the questions that students just like you have asked over the years. It is your best source of help to successfully set up and complete your clinical training. Be sure you also give a printed or digital copy of this document to your local supervisor. There are sections specifically designed to help your supervisor help you. Of course, you should read these sections, too.

Clinical Training Program Purpose

The Clinical Training Program (CTP) at Northcentral University (NCU) is a capstone experience in a MFT student’s professional training. NCU’s CTP consists of 2 practicum and 3 internship 12-week courses to be taken when the student has completed the Practicum Preparation Process (PPP). The student will begin the PPP after completing 3 courses and complete that process before the end of the 6th course. CTP will take a minimum of 52 weeks, or one full calendar year.
There are two components to this statement of purpose, and both are equally important. The first component is competence. Students will demonstrate competence in applying a variety of theories of therapy within a variety of therapeutic situations. Furthermore, students will demonstrate competence in applying the AAMFT Code of Ethics to given clinical situations, as well as applying the diagnostic standards as defined by the current edition of the *Diagnostic and Statistical Manual* of the American Psychiatric Association. The professional competencies for the CTP are defined by the American Association for Marriage and Family Therapy (AAMFT), and include the AAMFT Code of Ethics; the CAMFT Code of Ethics and the AAMFT Core Competencies. The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) defines the educational competencies which the CTP, and indeed the entire MFT program, follows.

The CTP provides the student with a high quality opportunity for developing therapy skills. We believe clinical skill development includes, as a minimum, the following:

- An understanding of MFT specific models of therapy and theories of change
- Specific interventions skills linked to specific MFT models;
- Understanding of and ability to use conceptual skills;
- Personal growth of the therapist as it relates to awareness of and appropriate handling of emotional reactions to clients;
- Appreciation for human diversity;
- Development of and demonstration of professional communication skills;
- And development of mature professionalism and ethical behavior.

The other component regarding professional identity is the narrative component. Professional identity comes from a shift in the person’s life-narrative, from “This is what I do” to “This is who I am.” The student therapist begins to shift the way she or he sees the world around them, becoming more keenly aware of how relationships and interactions can so powerfully influence our thinking, behaviors, and emotions (systems thinking). The supervised application of clinical skills is necessary, but not sufficient, for this change in identity. The change comes from interactions with clients, colleagues, and supervisors, all of whom influence the way the student thinks about him or her self. The changed life-narrative implies not merely following the standards but actually internalizing them, making them part of “me.”

The CTP at NCU measures the accomplishment of these outcomes through:

- Regular (twice each course) clinical presentations. These presentations are based on video clips from the student’s own clinical work, and supplemented with PowerPoint slides to demonstrate clear systemic case conceptualization.
- Formal competency-based evaluations by the local clinical supervisor and by the NCU clinical faculty at the end of each semester. See the later sections of this handbook for a full explanation of this process.
- Formal and informal evaluations by the local supervisor of the student’s clinical work throughout each course.
- Formal and informal evaluations in each course of the student’s ability to use the “person of the therapist” as a tool for therapy.
- Formal and informal evaluations in each course of the student’s ability to apply MFT specific models of therapy to their clinical cases.
There will be more information about these outcome measures later in this handbook. You will find specific learning outcomes for each course later in this handbook.

Clinical Training Program Overview

The various terms in this table are defined in detail later in this handbook.

<table>
<thead>
<tr>
<th>Pre-Requisites:</th>
</tr>
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<tbody>
<tr>
<td>• Complete the <strong>Practicum Preparation Process</strong> in Taskstream</td>
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<tr>
<td>• Complete the <strong>first six courses</strong> in the MA in MFT curriculum</td>
</tr>
<tr>
<td>A minimum of <strong>52 weeks experience</strong> (MFT6951, MFT6952, MFT6991, MFT6992, MFT6995). NOTE: This may be longer if the student does not complete the required clinical experience within the 52-60 weeks allotted by these five courses. Minimum Clinical Experience Requirements:</td>
</tr>
<tr>
<td>❖ 500 hours of client contact</td>
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<tr>
<td>➢ At least <strong>250 hours with couples and/or families</strong> (relational hours)</td>
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<tr>
<td>➢ Up to 250 hours with individuals and/or groups of individuals</td>
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<tr>
<td>• Up to 100 of these hours may be psychoeducational</td>
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<tr>
<td>❖ 100 hours of supervision</td>
</tr>
<tr>
<td>➢ At least 50 of these must be based of your supervisor’s <strong>direct access</strong> to your clinical work (See page 27 of this handbook for the definition of “direct access”)</td>
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<tr>
<td>➢ At least 50 of these 100 hours must be with your local supervisor; you must <strong>meet at least weekly</strong> with your local supervisor</td>
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<td>➢ NOTE: Some states explicitly prohibit counting web-cam based supervision. Students in those states may count the weekly NCU clinical training classes toward the NCU graduation requirement but may not count those hours toward their state’s requirements for licensure as LMFT. <strong>It is the student’s responsibility to verify whether the NCU clinical classes can count as “group supervision” for state licensure or not.</strong></td>
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**Participate weekly in the NCU clinical classes** and complete all course requirements as specified in the respective course syllabi. Course requirements include submitting video clips of the student’s own clinical work at least twice each course.

Successfully complete the **final case presentation** – the capstone of MFT6995.

Information Especially For Students

CTP Prerequisites

Before enrolling in MFT Practicum I at NCU, students must successfully complete the PPP. This process is designed to assess the student’s readiness to begin seeing clients as measured by an application-level test of theoretical knowledge, a application-level essay on a given ethical issue, and satisfactorily completing the requirements to secure a site and a **Qualified Local Systemic Clinical Supervisor** (QLSCS). A QLSCS for NCU MAMFT practicum and internship students is an **AAMFT Approved Supervisor**, an AAMFT Approved Supervisor Candidate, or equivalent who provides supervision **locally** (i.e., in the same room). Equivalent supervisors are
determined by the Director of Clinical Field Placement based on the legal and ethical practice in the student’s jurisdiction/locale with considerations given to whether the supervisor is qualified to supervise for post-degree experience for MFT licensure and competent to supervise MFT students in systemic therapy.

While students should be looking for a practicum site and supervisor well before this time, the **PPP begins when the student has completed the first three courses** in his or her degree plan. This process is spelled out in more detail in the NCU MFT Program Handbook.

**Taskstream – The Practicum Preparation Process**

In your 3rd course you will complete the Initial Review Process, which will include a “self-enrollment code” for the Practicum Preparation Process DRF in Taskstream. If you have trouble enrolling in the MAMFT Practicum Preparation Process DRF (PPP DRF) you should contact your Academic Advisor immediately.

There are four sections to the PPP DRF:

1. **Introduction to Practicum Preparation**
   a. Welcome letter
   b. Clinical Training Handbook (required download)
   c. Tips for finding a clinical placement
   d. Tips for acing your clinical placement interview
   e. Informed consent (required response)

2. **Clinical Readiness Activities** (Primary contact: Director of Clinical Training [DoCT] – all activities required)
   a. Ethics essay
   b. Clinical readiness quiz
   c. Proof of malpractice insurance
   d. Technology checklist
   e. Clinical readiness interview (schedule with the DoCT after all requirements in all three sections are complete)

3. **Site and Supervisor Vetting and Contracting** (Primary contact: Director of Clinical Field Placements [DoCFP] – all activities required)
   a. Agency & Supervisor Vetting Information
   b. Agency Information Received (Agency Information form has been returned to the DoCFP by the Agency Director or Designee)
   c. Supervisor Information & Credentials Received (the QLSCS must provide this information before the DoCFP can send the Supervisor Agreement form)
   d. Supervisor Documents Upload (a copy of the supervisor’s clinical license, Approved Supervisor certificate, vita or resume, and proof of malpractice insurance must be uploaded here before the DoCFP can send the Supervisor Agreement form)
   e. Agency Affiliation Agreement Received (this document is returned by the Agency Director or designee)
   f. Supervisor Agreement Received (this document comes from the supervisor to the DoCFP).
g. Student Supervision Agreement.

h. Site video walk through (a roughly 5 minute video to show what the site looks like. Start in the parking lot and show what a client would see. Do not show any clients in this video).

4. NCU Clinical Feedback System (CFS)—Contact Hour and Clinical Outcomes Tracking
   a. To ensure that students are getting the required client contact and supervision hours, as well as monitor clinical outcomes, NCU requires students to utilize a web-based Clinical Feedback System for tracking clinical hours and client outcomes. Subscription costs for NCU students $50/year. Instructions for purchasing a subscription and links to the tutorials are contained in the DRF. It is recommended that you purchase your subscription the week before you begin Practicum I. It is noteworthy that NCU students may continue to subscribe to the system for the same price that NCU has negotiated to keep track of your post-degree hours.

When you log into Taskstream, you can always click on the Scores/Results tab. If the DoCT of DoCFP (as appropriate) has evaluated your work as satisfactory, you will see Completed or Meets Requirement something similar in the Results column, and you will see a check mark with Evaluation Released in the first column, the Status column. You can and should always check the last column, the History column, to see if the evaluator has included any comments regarding your evaluation.

Please note that many of the requirements in the Site and Supervisor Vetting and Contracting process are documents that your site and/or supervisor must complete. If you see areas here that are not marked as complete, you should check with the Agency Director or QLSCS (whoever is responsible for the particular form/artifact) to see that the documents have been returned to the DoCFP.

Remember you must complete all six of the pre-requisite courses AND all of the PPP DRF before you actually begin MFT6951 Practicum I.

Overview of the MA Clinical Training Courses

Practicum I and Practicum II – The Beginning Trainee

• Practicum I Hours Benchmarks
  o Client Contact: 100 hours total, with at least 50 relational hours
  o Supervision: 20 hours total, with at least 10 based on direct access

• Practicum II Hours Benchmarks
  o Client Contact: 200 hours total, with at least 100 relational hours
  o Supervision: 40 hours total, with at least 20 based on direct access

The focus of Practicum I and Practicum II is to begin practicing, under supervision, the skills that you learned about in your previous didactic course work. You will meet with your QLSCS at least one hour each week, AND you will participate in the two-hour online course with your
NCU Clinical Faculty member and members of your Practicum group. You may not count any client contact hours during a week in which you did not see an AAMFT Approved Supervisor (which will include your NCU Clinical Faculty member).

The following outcomes are based in the categories of the MFT Core Competencies and and the developmental work of Dr. Sandra Riaggio-Digillio.

Expected student learning outcomes by the end of Practicum I:

- **Cognitive Skills**
  - Able to speak at length about various theories of change
  - Able to identify appropriate interventions in a given situation
- **Perceptual Skills**
  - Able to track here-and-now interactions fairly accurately
  - Able to identify transference and countertransference emotions in a given session
- **Executive Skills**
  - Often starts session on time, and usually ends session on time
  - Able to effectively join with the majority of clients
- **Professional Skills**
  - Open to supervision; on time and prepared for local supervision and online clinical course.
  - Handles site paperwork as required by the site
- **Evaluation Skills**
  - Frequently needs assistance organizing fragmented data into a working hypothesis
  - Often unsure of his/her own evaluation and needs confirmation and support

Expected student learning outcomes by the end of Practicum II:

- **Cognitive Skills**
  - Able to articulate cause-effect, linear transactions accurately and make predictions based on these linear transactions
  - Able to list the facts that support their hypotheses
- **Perceptual Skills**
  - Able to articulate the basic behavioral dynamics of a case (i.e., what the client actually said or did in session)
  - Able to effectively join with almost all clients
- **Executive Skills**
  - Always starts sessions on time, and usually ends sessions on time.
  - Able to de-escalate some clients without becoming emotionally hyperstimulated.
- **Professional Skills**
  - On time and prepared for local supervision and online clinical course.
  - Forms professional relationships with peers and colleagues
- **Evaluation Skills**
  - Asks for validation of hypotheses rather than asking “what should I do?”.
  - Self-evaluation agrees with the supervisor evaluation of performance at least 50 percent of the time.

**Internship I and Internship II – The Intermediate Trainee**
• Internship I Hours **Benchmarks**
  o Client Contact: **300 hours total**, at least 150 of them relational hours
  o Supervision: **60 hours total**, at least 30 based on direct access
  o NOTE: students who have not achieved these benchmarks by the end of Internship I will need to plan on taking MFT6993 before they take MFT6995.

• Internship II Hours **Benchmarks**
  o Client Contact: **400 hours total**, at least 200 of them relational hours
  o Supervision: **80 hours total**, at least 40 based on direct access

**Expected student learning outcomes** by the end of Internship I:

• Cognitive Skills
  o Able to apply **recursive and circular reasoning** to describe case dynamics
  o Able to conceptualize a case from multiple perspectives (**theories of change**)

• Perceptual Skills
  o Able to identify and articulate **recurring circular patterns** within session
  o Able to **modify treatment plans** based on emerging data, including supervisor feedback and within-session sensory data

• Executive Skills
  o Able to articulate how the student’s own patterns are impacting therapy and supervision, both positively and negatively.
  o Able to **effectively manage client reactivity** within the session and de-escalate or intensify the emotional intensity in the room, as appropriate

• Professional Skills
  o **Well prepared** for supervision, both local and online class.
  o All **required paperwork** is turned in on time and is accurately completed

• Evaluation Skills
  o Usually able to **identify therapeutic themes** across sessions of a given case.
  o May still need assistance applying the **good theoretical knowledge** to the specific case situation; may need assistance to focus within a case rather than generally across cases.

**Expected student learning outcomes** by the end of Internship II:

• Cognitive Skills
  o Able to **articulate larger system issues** that both assist and hinder client progress
  o Able to **challenge assumptions** about a given case and about the process of therapy. Able to take a “meta” stance to their work

• Perceptual Skills
  o Able to **effectively use verbal and nonverbal communication** to shape ongoing treatment plans and to inform the overall process of therapy.
  o Able to articulate **how questioning style and presence** in the room are impacting therapy progress.

• Executive Skills
  o Able to **employ information from the larger socio-cultural context** to give a more accurate case conceptualization and more focused interventions.
  o Able to **employ the model of change** chosen for this case in a natural style, as an
extension of the self.

- **Professional Skills**
  - **Open to challenging feedback** and able to incorporate views that do not necessarily fit with previous case conceptualization.
  - Demonstrates **effective working relationships** with therapy peers and colleagues.

- **Evaluation Skills**
  - Self-evaluation closely matches the supervisor’s evaluation at least 75% of the time as measured by written evaluations from the local supervisor.
  - Able to **identify incidents in therapy sessions** when the trainee got too theoretical and/or lost the client in psychobabble.

### Internship III – Capstone – Ready For the Next Stage

Hours **requirements** (not just benchmarks) by the end of Internship III:

- Client contact: At least **500 hours**, with at least 250 of those relational
- Supervision: At least **100 hours**, with at least 50 hours based on direct access
  - At least 50 of the 100 hours must be individual supervision
  - NOTE: If your state allows you to count the NCU class as group supervision, you may count as “direct access” only the class session during which you presented video of one of your cases.

Student learning outcomes, given below, are all demonstrated through a) completing the final case presentation rehearsal with the class, and b) successfully completing the final case presentation, including evidence of having incorporated feedback from the final case presentation rehearsal:

- Students will demonstrate knowledge of family systems oriented models of therapy (SLO #1).
- Students will apply family systems oriented clinical skills across a variety of contexts (SLO #2).
- Students will demonstrate an applied knowledge of the AAMFT Code of Ethics (SLO #3).
- Students will advance their understanding of systemic dynamics within diverse client populations (SLO #4).
- NOTE: Students will be expected to demonstrate these learning outcomes across all five domains: conceptual skills, perceptual skills, executive skills, professional skills, and evaluation skills.

### Frequently Asked Questions About Clinical Training

**Q:** Can I be paid for clinical training?
**A:** Yes. To be absolutely safe, you should check to make sure your state has no such prohibition (most do not, but that is no help if your state prohibits student therapist from being paid).

**Q:** Can I do my practicum/internship in a private practice setting rather than an agency?
**A:** Yes. Some states may not allow student therapist to work in private practice settings. As
always, it is the student’s responsibility to verify that the selected clinical site conforms to state licensing board requirements. As an example, California does not allow student therapists, accruing hours for their clinical degree, to work in a private practice setting. With this said, as long as the private practice otherwise meets the standards given in the CTP Application forms, there is nothing in NCU policy to prohibit this. However, you should be aware that since you are not licensed, the private practitioner will NOT be able to bill insurance companies for your work. Before you agree to work in a private practice setting, you need to be sure that the practice has a sufficient volume of clients that they can guarantee you will be able to see 10 or more clients per week who pay for therapy out of their own pockets, rather than billing any sort of third-party payer. Gaining sufficient client contact hours, generally speaking has been the biggest struggles for students working in a private practice setting.

Q: Will I have to pay for clinical supervision?
A: No. The majority of students are able to find sites that offer supervision for free. In some instances the sites where students wanted to do their clinical work did not have a QLSCS and they opted to contract with an “off-site” supervisor to provide the required supervision. Those who did pay for supervision typically paid whatever their supervisor normally charged for an hour of therapy. You are not required to select a placement site that will require you to pay for supervision, but some students whether because they were seeking a specific type of clinical experience to further their career, or because of limited options available to them in their area have paid for clinical supervision.

Q: How long will it take me to find a site and local supervisor?
A: 4 months. Based on the data from the 50 most recent students the average time to get a practicum site and supervisor was 15 weeks. Some students, unfortunately, took longer, up to a year. So allow yourself plenty of time to find a site and supervisor. Do employ the tips in the tip sheets available from the DoCT. Above all, network, network, network and start this process of looking and networking as soon as possible. Finding a site and local supervisor takes work and persistence on your part. This is the same kind of persistence and networking that you will need to build a successful practice after you are fully licensed, so this effort now can pay dividends later.

Q: Can I finish my clinical experience in less than one year?
A: No. Students must have a full year of clinical experience, which includes completing 500 hours of client contact plus 100 hours of supervision. Students who are on track to complete the 500/100 hours within 52 weeks can overlap the last 2 Internship courses (MFT6692 and MFT6695). For those who need 60 weeks to accumulate their hours the practicum and internship courses are taken consecutively.

Q: Does it really matter what kind of clients I have as long as I get the 500 hours?
A: Yes. NCU’s MAMFT is accredited by COAMFTE, and those standards require that at least ½ of the student’s client contact hours (i.e., at least 250 hours) are relational client contact hours. Although you will be trained to work with all your clients regardless of whether that client is coming in by their self or with others, a Relational Therapy hour, is anytime you have two or more people that have some type of relationship (e.g. husband/wife,
parent/child, siblings, partners, best friends, co-workers, etc.) physically present in the same therapy session with you. MFT are the one mental health profession that is specifically trained how to work with multiple people in the room/therapy session, thus half of your clinical training must be working with these types of cases. This is an important requirement to talk with your local supervisor about – being able to get the right kind of clinical experience is at least as important as getting the total number of hours. Many students find as they become more comfortable with this model of therapy and consistently invite other family members in to the therapy process, when appropriate, are able to turn may of their “individual” therapy sessions into relational therapy sessions, which when done correctly helps clients overcome clinical concerns more quickly and make positive change more long lasting, as you help to change the environment and relationships that can help sustain and reinforce the changes clients strive to make.

Q: Can I count group therapy?
A: Yes. You can count up to 100 hours of the 500 hours of INDIVIDUAL client contact as group therapy. This also includes various psychoeducational approaches, such as parenting groups or couple enrichment groups. Similarly, you can count therapy hours with individuals. However, at least ½ of your work must be with couples and/or families. Group therapy does not count toward the required “relational” hours, with the exception that group family therapy does count as relational hours. Your NCU clinical faculty member can help you if you have specific questions.

Q: May I have more than one clinical site at a time?
A: Yes. This is not recommended, but some students decide to have an additional site in order to get additional hours or to gain experience with a particular client group. All sites must be vetted and approved by the Director of Clinical Field Placements. Most students will only have one site, but Yes you are permitted to have more than one at the same time. And, depending on your local supervisor, it is possible that you could have only one local supervisor to sign of for on your work at both sites. Your local supervisor is legally and ethically responsible for your work, so only your local supervisor can decide whether she/he is comfortable supervising your work at more than one site. If not, you will need to have more than one local supervisor if you are going to work at more than one site.

Q: Do I have to change sites during my clinical training experience?
A: No. If you are struggling to get the hours needed for graduation you can change or add an additional site. This should be discussed with your NCU clinical faculty and the Director of Clinical Training.

Technology for Clinical Training

Northcentral University makes extensive use of its own proprietary Virtual Campus interface, as you well know by now. We also make extensive use of web conferencing software, currently WebEx, for our weekly online course sessions. WebEx supports both Apple Computers (OS 10.5 Leopard and above) and Microsoft Windows XP and above, so you should have no problems. For iPad users, there is even a WebEx app from the App Store (free) that works well as long as you have an adequate Internet connection. There are some tips you need to know, however.
Follow this section closely and you should have very few problems. Many of these suggestions are based in past experience. As Admiral Hyman Rickover, the father of the nuclear Navy, said, “It is necessary for us to learn from others’ mistakes. You will not live long enough to make them all yourself.” (Admiral Hyman Rickover quotes, n.d.)

Before we turn to technology, do remember that we are, by virtue of the course material, talking about very sensitive material in our classes. You are ethically mandated to **take reasonable steps to safeguard the client’s confidentiality**. This requirement is doubly important due to the convenience that technology allows. It is all too easy to forget while sitting at home that this is a confidential, professional conference to which other family members, including children, have no business having access. Even more to the point, though the iPad app makes it very easy to attend your online course while sitting at your favorite coffee shop or fast food restaurant, that would be an even more serious breach of confidentiality due to the ease with which someone could intercept an insecure transmission (if you are using their free Wi-Fi) and/or overhear some or all of the conversation or see your screen. You are ethically responsible to treat every supervision session with the same degree of professionalism that you would as if you were sitting in your Clinical Faculty member’s office – or your local supervisor’s office (or sitting in as a co-therapist). The Ethics Protocol in the Appendix of this handbook will give you some specific guidance on applying the Code of Ethics in this digital environment.

Now, let us turn to technology. For most of the NCU courses, a slower Internet connection will usually suffice due to the asynchronous nature of the course interactions. For your clinical courses, however, **you will need a broadband Internet connection** (i.e., FiOS, cable, or DSL). Satellite does not have sufficient upload speed to work well, and dial up is very unsatisfactory. As you may or may not recall when you applied to the program one of the technology requirements for the program was high speed internet services. The main reason for the high speed internet is for the practicum/internship courses. One suggestion: If you live in an area where broadband is not available, you might check the various cell phone companies (Verizon, Sprint, AT&T, T Mobile) for their data card coverage (aka 3G or 4G coverage - it will not necessarily be the same as their voice service). All of these companies are working hard to expand their broadband cell service, and you may find you can get a broadband cellular connection where nothing else will work. Typically, this costs about $40-$60 per month for a 3-5 gig allowance – only a little more than cable or DSL. In the DoCT’s experience, cellular broadband is faster than DSL (and significantly faster than satellite or dial up), but not quite as fast as cable. Still, it is a very good option if nothing else works, or if you travel a lot. The DoCT has successfully taught class many times using a cellular data card, so he knows from experience, it works.

Second, check your computer. If you have a Yahoo or Google tool bar on your Internet browser, get rid of it. WebEx is Java-based, and these **tool bars may block WebEx’s load**. AOL uses a proprietary browser that is not totally compatible with Adobe Acrobat documents or WebEx. Some people have AOL and report no problems. Others use AOL and have constant problems. If you use AOL, be warned that you could be in the “problems” category and there is little our excellent IT Service Desk staff can do to help with that. Bottom line: be sure you are using a current version of Java and be sure you have the most current version of your web browser installed and equipped to allow Java.
Third, buy a **noise-canceling headset**. **Please note that a handheld microphone plus your computer speakers will NOT work.** Neither will the microphone built into your webcam (or laptop) plus your computer speakers. If you do not use a headset or ear buds it will create a very annoying echo for everyone trying to listen to you, which makes understanding you very difficult. You also want to make sure that the audio card in your computer is full duplex. Most are. In essence, this means that when you plug your headset in, your speakers are muted. That, too, is essential to keep down the echo. This is an easy test. Plug in your headset but do not put it on your head. Speak into the microphone. If you hear anything from the speakers, you have to take one additional step. If your speakers do NOT mute when you plug in the headset and you have external speakers (not built-in like most laptops), try turning the volume on your external speakers all the way down. There is almost always a volume control/on-off switch on one of the external speakers or on the speakers’ power supply. Do not mute the volume control in your system tray of your computer (the little icon that looks like a speaker in the lower right hand corner of your Windows screen; upper right of the Apple screen); that will mute your headset, too, and you won’t be able to hear anything. If that doesn’t work, contact the NCU IT Service Desk for other assistance. Now, as for buying a headset, go for comfort. You will be wearing the headset for about 2 hours at a time, so you want it comfortable. You do not need a lot of fancy features, other than echo-canceling ability. As long as the headset is comfortable and echo-cancelling, cheaper is better. You should be able to get a very serviceable one for $30 or less. Once you have the headset properly installed and working, make sure you do NOT turn the audio up too high. Having your microphone and headphones’ audio set too high (e.g., you see a lot of “red” in the audio setup wizard for WebEx) will also create an annoying echo. Note; Although it is not required, you will likely find that a USB headset will work more satisfactorily than the mini-plug headsets.

Check your router. Ideally, **you should plug directly into your router** rather than working on a wireless connection. A wireless connection is usually quite satisfactory for text-based work like email and some web pages, but for video and for graphics intensive work you will want to be plugged in to your router directly if at all possible. Check to be sure that your router is an 802.11g or 802.11n or newer. 802.11b will work for pure text work, but for video it simply does not allow enough through-put, even with a wired connection. Newer is not always better, but in this case it is. If you do not have at least an 802.11n router, you should very seriously consider replacing your old router and installing the new, much faster and more capable one in your home network. You can purchase an Ethernet cable to plug your computer into your new router from Wal-Mart, Best Buy, Amazon, or a number of other sources. If you have a broadband connection, **you will also need a webcam**. If you only have satellite or dial up, you won’t have enough bandwidth, so don’t bother. For the webcam, once again, cheaper is better. Most laptops built in the last few years have built-in webcams, and these should work well with WebEx. For those of you who do not have a built-in webcam, Logitech has one for about $29.99 which will work well. The more expensive web cams tend to have higher resolution – a nice feature, but not at all necessary for our purposes. In fact, the higher resolution tends to require more bandwidth, which can be problematic even with a good broadband connection due to ‘net congestion. ‘Net congestion is, of course, beyond Northcentral University’s control. Do get a webcam (if you don’t already have one), but cheaper is better.
because it increases your chance of not getting stepped on by the Internet congestion.

Be aware of your surroundings. Most webcams have a broad focus, which means we can typically see you and everything behind you – typically up to 150 degrees. You might think about what is in your background before you set up your camera. Family members should never come into the room where you are discussing clinical cases, but if they do, remind them that they are being observed by people literally all over the USA – and perhaps several foreign countries. Also, do provide sufficient light for us to see you. Most students will be in a well lit room so this should not be an issue. But if you work or prefer to work in a dimly lit room several stores sell some relatively cheap “natural daylight” lamps in desk and floor models. These daylight lamps are also very important if you are working with bright sunlight behind you – all we will see is a shadow. Set one of these daylight lamps BEHIND the camera pointing at you and it should greatly help. Don’t put the lamp too close to the camera or it may overpower the camera, effectively leaving you in the dark. Likewise, don’t put it too close to you or it may leave you looking “washed out.” A little experimentation will allow you to quickly set up the same way each week. Pay attention to your video in the WebEx preview so you can see what others are seeing.

The very first time you try to access WebEx on a PC, most likely your Internet browser will block the load and give you a warning about “Active X” [most Macs do not report this warning]. Simply click the warning to allow the download. Then try to load again. It should load itself on your computer very quickly now. The same will be true about the WebEx player you will use when you access any of the archived classes.

IF ALL ELSE FAILS. If you have taken all steps in this section and you have consulted with our excellent IT Service Desk professionals and you still cannot get a satisfactory connection, or if you are away from your home computer, you have two other options. First, you can try to use someone else’s computer, perhaps a friend or a relative. Many libraries have free wireless access for public use. In each of these cases, you will need to obtain advanced permission to install the WebEx software on that computer, so plan ahead and allow plenty of time to obtain the necessary permission and properly install the software. Also remember the risks to confidentiality that being in any public environment entails and take appropriate steps to safeguard the confidential material you will be discussing in class. Don’t forget you will need your headset, too. Second, if you have a laptop you can travel to a nearby hotel. Many hotels have free broadband service to attract customers, and the DoCT’s experience is that many are willing to allow others to use this connection in their “business” office on a free or very low cost basis. This also works if you are traveling. Once again, just plan ahead and don’t wait until the last moment before you start checking.

One final suggestion. To test your set up, get on class and join the active discussion as often as possible. You will know if your camera and headset are working properly. Do not wait until the afternoon that you are supposed to present to try your equipment out for the first time. If you find you are having problems, by all means, contact our excellent folks at the NCU IT Service Desk as far in advance of your presentation as possible. If you give them enough time, they can probably walk you through resolution of most of the technical problems you are likely to have.
Video recording your client sessions

Summary of technology needs:

- Camera set to record **SD video** (NOT HD – HD video, though far better resolution, takes too much bandwidth)
- Camera set to export video file in *mov, or *.mp4 format
- Simple **video editing software** for your computer (so you can cut clips to use in local and in online supervision; typically your clips will total NO MORE than 15 minutes per supervisory session)
- **External omni-directional microphone** connected to the video camera
- **Tripod** or other device to hold the camera during your session

Video recording one’s therapy sessions has been a major tool for MFT training since the early 1980s, when video recording equipment first became easily accessible to the general public. NCU follows a well-established practice in the field by requiring that students **video record at least one client session each week**. Practically speaking, you will probably want to **record every session** for which the client will sign the appropriate release, for the simple reason that you never know when a really valuable learning experience might happen during a session. You will want to be sure to properly destroy any unneeded or unwanted video recordings, and you will need to properly safeguard the videos that you do keep for your local supervisor and/or your NCU clinical classes. The NCU Ethics Protocol (found in the appendix of this document) gives more details on this, and other, issues related to confidentiality. You must follow the Ethics Protocol closely, as well as any additional guidance from your clinical site.

If your site has its own video recording equipment, you will, of course, be limited to what the site has provided. If your site does not have video recording equipment permanently built in (and many do not), you will need to provide your own video equipment. Here are some practical suggestions for that likely scenario.

You will need a **video camera, a tripod, and an external microphone**. If you do not already have a video camera, you can purchase a Flip camera for around $100; just about any inexpensive video camera works very well for this purpose. You may need a tripod for mounting the camera; usually a very inexpensive model is sufficient for the lightweight camera you will use. You will set up the tripod so that the camera is mounted behind the client pointed at you. There are two reasons for this suggestion. First, by not having the client’s face on camera, you are providing an extra layer of protection for the client’s confidentiality. Second, you get to see you the way the client sees you. Your actions, and reactions, will be the focus of the supervision.

To make this focus on your work for supervision purposes, we need to be able to hear the client well. For that reason, you will want to buy an external omnidirectional microphone and connect that to the camera. Video camera microphones, even for professional video cameras, are notoriously poor. Your external microphone will give a much, much improved audio. Acceptable microphones can be found for sale in the $20 to $40 range from Amazon, Best Buy, Radio Shack, Wal-Mart, and other vendors. There are, of course, much more expensive models available, but these lower end omnidirectional microphones should provide sufficient audio quality, and a significant improvement over the camera microphone. To get the best quality,
place the microphone on a table in the center of the room, approximately equidistant between you and the clients. As you run the cord from the camera to the microphone, be sure you do not create a trip hazard.

Before you first use your camera and microphone set up with clients, take a few minutes to practice your set up. Ideally, you should do your practice in the therapy room at your site. If this is not possible, try to simulate the setup at home. With a little practice, your set up and take down should add only a very few minutes to the time you spend at your site.

To use your camera, turn it on just before the client comes into the room (this assumes you have already secured the clients’ signed release to allow you to record). Just allow the camera to run the entire session and then turn it off after the clients have left. When clients do not see the set-up and take down of the equipment they are less likely to be “camera shy.”

Unless your QLSCS specifically directs you otherwise, you should plan to use no more than 15 minutes of video for each supervision session in which you present a recording. This will certainly be true of the videos you present in the NCU clinical classes. Ten minutes would be a more normal video length. If at all possible, you should use video editing equipment to save the clip you want to present as a separate file. For Mac users, QuickTime Pro or iMovie are very good, and very inexpensive, options. For Windows users, Real Player has some inexpensive software that works well. You are free to use other video editing software as long as it works and exports to the proper format (preferably *.mov or *.mp4). These are just suggestions to get you started. Once your file is loaded into the video editor, select the clip based on your learning goal for choosing this particular clip. In other words, what are you hoping to gain from presenting this particular clip? Out of all of the hours of video you have to choose from, what is it that makes this particular 10 minutes worth talking about for you? If you are not able to edit a clip out of the entire video, then you should at least have the video cued up to the desired starting point so there will be no wasted time in your supervision session while you look for the appropriate starting place.

One final word: Video is an excellent learning tool. It is the only one of the tools that effectively allows you to see you as others see you. However, it does raise the level of ethical risk for a violation of the client’s confidentiality. As is the case with any powerful tool, you will want to take extra care to use it properly. In this case, carefully follow the NCU Ethics Protocol and additional instructions from your site, to guard client confidentiality.

Self-Care During Clinical Training

This year of clinical training will be a time of tremendous growth for you. There will be many joys and accomplishments. Yet there will also be many stressors. It will be emotionally and intellectually intense. During this year of clinical training, make a point of practicing good self-care. Start the habits that you will need to carry you though your entire career – good self-care is essential for every therapist to prevent burn out, or worse. Good self-care includes:

- Physical – adequate rest and sleep; physical exercise for at least 30 minutes at least 3 times a week (check with your physician before beginning any exercise program).
- Emotional – time to de-stress in ways that do no jeopardize client confidentiality;
conversations with your supervisor and with trusted peers about what you are experiencing; appropriate sharing with your significant other so you do not grow apart; doing “fun” things.

- Relational – time with your significant other and your family and your friends keeping your own relationship healthy; building and maintaining peer consultation networks so you do not feel isolated and alone.
- Spiritual – time connecting with your spiritual self, what ever that means for you.

It would be tragic to spend a year learning how to help others heal and in the process to find you and your relationships are broken. Good self-care is an essential skill for every therapist, and this is an excellent time to develop that habit.
The Process of Clinical Experience Training

The five Practicum and Internship classes are academic classes. Like any other academic classes, there are course requirements. One variation, though, is that the primary text for each of these courses is what Anton Boisen (Gerkin, 1984) called “the living human document,” that is, the living, breathing, hurting client with whom the student is working. The Syllabus for each course lists the specific academic learning activities you will need to complete during the course. There are more of these activities during the two Practicum courses, and fewer of them during the three Internship courses. There are some general requirements that apply to all of the clinical courses.

Course Requirements

Counseling/Therapy: All students will:

- Engage in the provision of ongoing therapy during each course. Students should average approximately **100 hours of client contact plus 20 hours of supervision** during each 12-week course.
- Keep MFT sessions to a minimum of **fifty (50) minutes**.
- Have a minimum of **four long-term clients** – at least four MFT sessions – each course.
- Obtain **professional liability (malpractice) insurance** before beginning the Practicum course and submit proof of insurance to the University Director of Clinical Training. NOTE: student membership in the AAMFT includes free malpractice insurance coverage. If you are not a member yet, contact your NCU Academic Advisor for information about how to join.
- Insure each and every client receives an **informed consent document** (a copy is provided in Practicum I). In addition to the site’s standard informed consent, the informed consent document must tell each client about the student licensure status as a therapist trainee or student therapist (which includes participation in the Practicum/Internship class) and tell each client that the local supervisor supervises the student’s work. Additionally, this informed consent serves as the client’s release to allow video or audio recording of the sessions.
- **Track and schedule** all client appointments and supervision session in the NCU Clinical Feedback System (CFS).
- Check with the QLSCS to see if the clinical site requires a background check, a record of inoculations, or other actions. If so, the student will comply with the site’s requirements before beginning clinical work.

Supervision: All students will:

- **Participate in individual (and possibly group supervision) every week** with the QLSCS, and participate in regular NCU clinical classes (i.e., Practicum and Internship Courses). Each student will meet for two hours of class every week. Starting in January 2015, every student must have at least one hour with an AAMFT Approved Supervisor every week in which they see clients. **Students may not count client contact occurring during weeks in which they did not also receive supervision.**
- Ensure that at least half (i.e., 50 hours) are individual supervision. Regardless of the hours of client contact, **students must be supervised by the QLSCS each and every week during which they see clients.**
- Ensure that they keep their QLSCS **apprised of ALL clients.**
• Ensure that they actively **protect the client confidentiality** during all supervision and clinical class sessions. This means, among other things, that students have an ethical responsibility to be sure that during online clinical classes no one other than the NCU clinical instructor and the clinical class members is able to overhear any of the conversations or see the student’s computer/tablet screen. This also means that students are to be sure that no personally identifiable information is transmitted during online sessions; students transmit only the minimum amount of information necessary to help the class instructor and other students understand the case.

• Ensure that documents sent to the instructor and to other students will **never contain names** (other than the student’s name and the supervisor’s name) or any other personally identifiable information about the client. **Protecting client confidentiality is a prime ethical responsibility** of all therapists, including student-interns.

**Records:** All students will:

• Scheduled appointments and **track clinical and supervision hours** in the NCU CFS. The QLSCS will digitally sign a log of all clinical activity at the end of each course. The clinical instructor will review and approve the hours submitted.

• **Complete a Release Form** on each client that the student audio or video records. Students will file these release forms as directed by the site’s record keeping policies. These release forms may be either the site’s standard release or may be the NCU form (the NCU informed consent). They are not routinely sent to NCU.

• Maintain all client contact records in accordance with the site’s requirements and in a secure manner. **Students are responsible for guarding the confidentiality of information related to all clients with whom they work.** This includes handling video or audio recordings, and written documents (including PowerPoint slides). Client names are never used in any work sent to NCU.

• Maintain all **clinical experience records** until the **statute of limitations** on malpractice expires in the student’s state of practice, or until graduation, which ever happens last.

• To protect client confidentiality, students will **shred all material** they receive from other students regarding that student’s clinical work. In the case of electronic records, “shred” includes using a secure delete, not just the regular moving to the Trash or Recycle Bin. See your computer operating system instructions for performing a secure delete.

• Students will never discuss case material either from their own work or case material reviewed with their QLSCS or case material reviewed during the Clinical Training Class with anyone other than their supervision group at the site, their QLSCS, or the Clinical Training class instructor or course colleagues. This specifically prohibits discussing case material with spouses, friends, and family members, to name only a few.

**Clinical Case Presentations**

After a reasonable orientation period (usually no more than a week or two), you will start seeing clients, either in co-therapy with your QLSCS or another therapist, or on your own. Either way, **you should start seeing clients very early in your first Practicum class.** When you meet at least weekly with your local supervisor, you should plan to present one or more of these cases you are working on. This is your responsibility. Just how you present cases to your local supervisor is up to you and your supervisor. **You should remember that COAMFTE standards**
require that at least ½ of the 100 supervision hours (i.e., at least 50 hours) are based on the supervisor’s “direct access” to your clinical work. This handbook defines “direct access” in some detail in the Supervisor section.

In addition to your work with your QLSCS, you will also meet with the NCU Practicum or Internship class weekly via videoconference session. Each of these classes meets online for two hours. Currently, we use WebEx for our face-to-face conversations. Unless your state has an explicit prohibition to the contrary (only a few do), you can count your NCU class time as group supervision; up to 50 of the 100 required hours of supervision may be group supervision. Your class will consist of your Clinical instructor, who is a NCU faculty member with an earned doctorate in MFT and an AAMFT Approved Supervisor, plus four to six students. Since NCU literally has students from all over the world, you will gain an opportunity to experience the work of your fellow group members through their shared videos. This sharing allows you to directly experience, through video recordings and case discussions, a variety of cultures, clinical settings, presenting problems, and styles of therapy that would simply not be possible in any other way.

**Weekly participation in the Practicum or Internship class is required**, and your level of participation will directly affect your grade in these classes. The only exceptions will be genuine emergencies approved by your clinical instructor. Remember, this is not about earning a piece of paper. It is about constructing your preferred stories of identity as a marriage and family therapist. The more actively you participate in the class, the more solid your foundation will be, the more meaningful your preferred stories of identity will be, and the more you will gain from your supervision with your local supervisor.

**Evaluation of Your Clinical Training Experience**

Since the focus of the NCU CTP is your growth in competence and in your professional identity, having both formal and informal evaluations is expected and necessary. At the end of each course, you will receive a formal evaluation from your QLSCS and another, very similar, evaluation from your NCU clinical faculty member. Your supervisor and your clinical faculty member should discuss these evaluations with you for your continued growth.

One of the things you should expect to find is that as you progress through your clinical training, your self-evaluation should more and more closely match the evaluation given to you by your fellow students in the NCU clinical classes and given by your local supervisor and your NCU clinical instructor. The Information for the Supervisor section of this handbook will give you more information about this to help you grow in your ability to self-evaluate. The ability to accurately self-evaluate your work is a vital professional competence you will want to cultivate during your time at NCU and during your post-degree supervision toward MFT licensure.

Another piece of your self-evaluation is your evaluation of your ability to use the **person of the therapist (i.e., who you are) as a tool for therapy**. A good part of your data will be how clients, supervisors, faculty, and your fellow students respond to you. There is an old principle in leadership theory: “If you think you are leading but others are not following, you are really just taking a walk.” In other words, it is not enough to intend to act “therapeutically.” The proof of
your ability to be therapeutic will be your clients’ reactions to you. For example, if you find that you are having trouble getting long-term clients, you should discuss this with your supervisor. If your experience is not mirrored by others at that site, it may be a good time to discuss how you are coming across to your clients – how your presentation of “self” may be helpful, or not.

Your experience is a critical part of the evaluation process, so you can expect to complete some formal evaluations, too. You can expect to submit a **formal evaluation of your local supervisor, the NCU clinical faculty, and the site itself.** All of these formal evaluations are currently completed online. Your clinical instructor will view your evaluation of the local supervisor and the site. The Director of Clinical Training will view the evaluation of the NCU clinical faculty. **Your clinical faculty instructor will not see the evaluation you complete regarding her or him.**

**Documentation of Your Clinical Experience**

NCU has an ethical, legal and moral responsibility to verify that all students have, in fact, **completed the required clinical training.** From the legal perspective, our diploma is verification to a licensing board that you have met the standards contained in this document. Additionally, licensing boards and accrediting agencies can legitimately ask us how we know that students who live at some distance from campus, and who may never have come on campus, have in fact met these standards. We have two means of fulfilling our ethical, legal, and moral responsibility, both of which have been described in the Course Requirements section of this handbook. This section simply provides a rationale for and amplification of those requirements.

All therapists have an ethical and legal responsibility to **maintain accurate client records** and to **maintain those records in such a way as to protect the client’s confidentiality.** Therapists who do not properly maintain records leave themselves open to an ethics complaint to the professional association ethics’ committee or to the state licensing board, and possibly to civil court action (a malpractice suit). Please remember that, according to well-established practice in the profession, the supervisor (including the NCU clinical faculty instructor and the Director of Clinical Training) is bound by the same standards of confidentiality as the client’s own therapist.

The QLSCS will verify this knowledge and activity by completing, at the end of each course, a **digital form in CFS.** Additionally, the QLSCS submits a formal evaluation of the student’s work. The due date for these assignments is specified in the course syllabi. These two sets of documentation – the evaluation and the logs – compliment each other and provide us at NCU the confidence that we can indeed certify that our students have met the standards for competence and professional identity.

**Completion of Practicum and Internship**

There are two equally important requirements to mark the completion of Practicum and Internship. **One is the hours (both client contact and supervision) requirements.** Your QLSCS is primarily responsible for certifying your completion of these requirements to the standards specified in this handbook. The other is the **academic requirements.** The five practicum and internship courses are academic classes, just alike any other course at NCU. You
must complete all of the syllabus requirements to pass the course, and you must pass all five of these courses to meet the clinical training requirements of the MA in MFT degree plan.

The academic and clinical requirements come together in the Final Case Presentation, the capstone assignment for MFT6995 and for clinical training. As the name implies, you will make a formal presentation of a case you have been working on using video recordings and a PowerPoint presentation to at least three of the Northcentral faculty, as well as your classmates and, hopefully, your local clinical supervisor. You will find full information about the final case presentation in the MFT6995 syllabus, including a rubric to guide both the preparation and the evaluation. You should know that in the event that you do not pass the Final Case Presentation, you will have another opportunity. If you choose to use the same family for the re-presentation, you need to show different video clips. Additionally, you must update your PowerPoint presentation to reflect the feedback given during your first presentation. You cannot simply re-presentation the material that was judged unsatisfactory the first time.

Students sometimes wonder if they can finish in less than 60 weeks. The answer to that is – it depends. Students must take Practicum I, Practicum II, Internship I and Internship II in sequence. If students can document having met most of their hours requirements when they are early into MFT6992 Internship II, they can contact the DoCT for permission to start MFT6995 Internship III early. **All students will still have a practicum and internship of at least 52 weeks**, but being able to finish Internship III a few weeks early may be helpful to some students, provided they have already completed all of the hours requirements and all of the other syllabus requirements.

This chart provides a summary of the hour requirements for the MA in MFT:

### Client Contact
- **At least 500 hours total client contact.** This does not include shadowing (i.e., merely observing) and it does not include administrative time.
  - At least **250 of these 500 hours must be relational** (i.e., with couples and/or families or other ongoing, committed relationship systems).
  - **Video recording of at least 1 client per week** is required. In addition using video with your local supervisor, you will need video for uploading to your practicum and internship classes and for your final case presentation.

### Supervision
- **At least 100 total hours of supervision**
  - You must receive **supervision in any week you see clients.**
  - At least **50** hours must be by the supervisor’s **direct access** to your clinical work.
    - Direct Access includes co-therapy, direct observation by the supervisor (in the same room; one-way mirror, closed circuit tv), video recording, audio recording
    - No more than 25 hours of the Direct Access supervision can be based on audio recording.
Failure to Meet Standards

We want all our students to succeed. However, research and experience both confirm that a certain percentage of students in clinical programs throughout the United States fail to satisfactorily complete their clinical training. This can be for a variety of reasons. Students should refer to the course syllabi and the Northcentral University catalog, both available online, for a clear statement of what kinds of behavior might result in a student failing clinical training, and a statement of the procedures that will be followed should that happen. In essence, any serious violation of the NCU Code of Conduct or any serious violation of the AAMFT Code of Ethics can result in a failure in the program. Students are responsible for knowing and following the information in the all of these documents.
Information For Local supervisors

Northcentral University (NCU)’s clinical training program normally lasts 60 weeks and consists of five courses that are taken successively. These courses are, in order, Practicum I, Practicum II, Internship I, Internship II, and Internship III. The five courses fill the 60 weeks, but we expect that normally the actual clinical work will last only 52 weeks. The last eight weeks of Internship III are for the student to prepare for the Final Case Presentation. If necessary, these last eight weeks can also be used to complete the student’s experience requirement. During these five courses the student will accumulate a total of at least 500 hours of client contact, and will receive a minimum of 100 hours of supervision. This is in addition to any case preparation or administrative time the student may be required to accumulate. NCU’s Master of Arts in Marriage and Family Therapy is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). The standards define the expectations within this handbook.

NCU requires that all MAMFT students have a Qualified Local Systemic Clinical Supervisor (QLSCS) for the practicum and internship courses. A QLSCS is an AAMFT Approved Supervisor, an AAMFT Approved Supervisor Candidate, or equivalent who provides supervision locally (i.e., in the same room). Generally, a licensed mental health professional who meets the state’s requirements for post-degree supervision toward LMFT and has training and experience in systemic supervision is considered an equivalent. Approved Supervisor Candidate. However, NCU will accept as a practicum supervisor. Our minimum requirements meet or exceed the state’s post-degree requirements for supervision toward LMFT. This is because NCU is focused on our student’s obtaining a license as a LMFT, and not merely earning a degree. We want our QLSCS to meet the same standards as would be required after the student graduates.

NCU Practicum/internship Courses vs. Local On-site Supervisor.

It is important to distinguish between the role of the NCU practicum/internship faculty and the QLSCS. NCU students will attend weekly practicum/internship two-hour, face-to-face, video conference sessions. These practicum/internship sessions are facilitated by AAMFT Approved Supervisors or Candidates, and are designed to provide group supplemental clinical consultation and/or training to NCU students. Many, though not all, states will allow students to count this digital face-to-face contact with clinical faculty as supervision hours to meet state regulations and licensing requirements. However it is important that we clarify for both students and QLSCS that this is not comprehensive supervision being provided. This is group clinical training in which different students will present cases for the group to discuss and use in their clinical development. NCU faculty will not review each of the student’s clients on a weekly basis, nor have time to answer all clinical questions for each student each week. We expect that QLSCS will provide supervision in sufficient volume to provide students ample time and access to review each of their clinical cases and answer questions as necessary, in addition to reviewing and signing all clinical notes and client charts as required by their local state and/or site policies. For all legal and ethical purposes the QLSCS is the supervisor-of-record and is responsible to provide adequate supervision for students to practice ethically and legally within their assigned

25
QLSCS Responsibilities

The QLSCS is a clinical mentor who:

• Assesses the student’s clinical readiness and oversees the student’s clinical training.
• Mentors and guides the student through the clinical training process.
• Models ethical practice and multicultural competence.
• Protects the public through gatekeeping.

The QLSCS accomplishes these functions by:

• Modeling appropriate boundaries and appropriate uses of power within the supervisory relationship.
• Sharing ideas, giving timely feedback and providing evaluations.
• Respecting the student’s therapeutic decisions – differences in approach are fine, as long as the student intern is performing within the bounds of acceptable clinical practice, including using only standard theories of therapy to guide the therapeutic process.
• Ensuring the student provides each and every client an appropriate informed consent document stating, in addition to other items the site normally provides clients, that the student is a trainee whose work is carefully supervised.

The QLSCS must:

• Be familiar enough with the major MFT models of therapy to be able to help the student accurately apply his or her preferred model to the specific client. NCU does not adhere to any single theory and instead expects students to be familiar with and able to apply a variety of standard systemic theories. If you are an AAMFT Approved Supervisor or Supervisor in Training, you probably reviewed these theories as part of your training in supervision.
• Facilitate, evaluate, and identify problems in the co-evolving student therapist-client relationship, and the student therapist-supervisor relationship.
• Be sensitive to contextual values such as culture, gender, ethnicity, and economics inherent in the student and in the student’s clients.
• Be knowledgeable of ethical and legal issues in supervising student therapists, and help the student therapist identify and resolve, as needed, ethical and legal issues in their cases.

The QLSCS will perform these specific tasks:

• Introduce the student therapist to the clinical staff and other appropriate staff members of the agency.
• Review and sign all clinical charting and papers as required by their state and agency policies and laws.
• Acquaint the student with the agency’s program rules, regulations, traditions, and social codes. Insure the student knows who to contact in the event of a crisis, emergency or a problem. Insure that the student has proof of liability insurance before allowing client contact and that such proof has been provided to the NCU Director of Clinical Training.
• Insure the student therapist has a **place to counsel** that offers privacy for both individual and family counseling, to the extent that such facilities are available.

• Insure the student therapist gains a **broad experience** in treating a variety of clients, including experience with diversity in presenting problems, client needs, ethnicity, etc.

• Provide opportunities for the student counselor to **demonstrate the competencies** listed in this handbook.

• When appropriate, provide opportunities for the student therapist’s **participation in ancillary activities** (in-service training, staff sessions, etc.) that might prove beneficial to her or him.

• Help the student therapist **relate** his/her experiences in the agency setting to the **theoretical constructs** of the MFT profession.

• Submit a formal evaluation of the student at the end of each 12-week course. The student will notify you of the precise calendar dates upon which these deadlines fall in each course. The QLSCS performs a vital, indispensable “gatekeeper” function for the University, for the mental health profession, and for the public at large. **QLSCS should be totally honest in their evaluations of students and not simply pass on students who do not meet at least minimum standards of personal and clinical competence.**

As a general rule, the QLSCS should not call a student’s work (including both the narrative self-evaluation and the weekly clinical contact) “acceptable” unless the QLSCS would be willing, considering the student’s level of experience, to refer a member of his/her own family to that student-therapist.

• **Verify the student’s therapy and supervision hours** using the NCU Clinical Feedback System (CFS).

• **Contact the NCU Clinical Faculty and the Director of Clinical Training** (Wayne Perry, PhD, wperry@ncu.edu) any time questions or concerns arise. The NCU Clinical Faculty and the Director of Clinical Training welcome and encourages frequent contact with local supervisors. If you need/want to discuss an issue by telephone, Skype or WebEx, please email first to set up a mutually convenient time for the conversation.

**Direct Access in Supervision**

You are an experienced supervisor or you would not be working with one of our NCU MFT student therapists. Our intention in this section is to simply highlight some of the expectations that the Northcentral University MFT program has of you.

There are a number of modalities of supervision, and they each have their advantages and disadvantages. Precisely how you work with your supervisee is up to the contract between the two of you. Within that contract, however, you need to know that the COAMFTE accreditation standards under which NCU operates requires that at least one-half (i.e., at least 50 of the 100 hours) of the supervision hours are based on your **direct access to the student’s clinical work**.

There are a number of ways “direct access” can happen.

**Video recording** has been a standard in mental health training since video cameras first became readily available to the consuming public in the 1980s. This is one way you have direct access to the trainee’s work and it has a number of advantages. You can, of course, see and hear the trainee the way the client sees and hears the trainee. This enables you to pick up on subtle cues
that might be missed on an audio only recording (which is still a means of direct access, though less desirable than video recording). Even more to the point, the supervisee gets the opportunity to observe his or her behavior from the point of view of the client. This enables the trainee to build essential skills in self-evaluation and self-supervision that are simply not possible any other way. While some sites prohibit video recording, if it is at all possible, use of video recording is the “gold standard” in supervision.

Very close in desirability is doing co-therapy. The name describes what happens. You and the trainee jointly work with the client, and when the trainee is taking the lead, you have the opportunity to get a bit “meta” in the process and directly observe the trainee’s work from within the room. The key here is that the trainee is not a passive observer. As this handbook as already noted, simply having the student “shadow” or observe another therapist work is not acceptable.

The third option is direct observation. There are several ways this can happen. The low-tech way is, of course, to simply sit in the room with the client and the trainee without your taking an active role in the process. If technology allows, you could also observe through a one-way mirror or through closed circuit television. In your supervisor training you probably had experience using these methods, along with variations on these themes.

The other 50 hours of supervision can use one or more of these direct access methods, or some of the more indirect methods, such as case report, verbatims, etc. We encourage you and your supervisee to contract together how to use these other hours for the student’s maximum benefit – and, of course, the clients’ maximum benefit. Do be sure that you make at least 50 of the 100 hours of supervision firmly grounded in some means of direct access.

Student Development During the Clinical Training Program

Student interns should show development and growth throughout the course of the clinical training program. As supervisors, we know that. But just how does one know where a given student “ought” to be? And how does that knowledge influence the actual conduct of supervision? This section of the handbook provides some guidelines.

Although the research delineating firm developmental criteria is somewhat scant, we have tried to operationalize the expectations of what a clinical student “ought” to be able to do at his or her particular stage of professional development. This work is fundamentally grounded the work of Dr. Carl Stoltenberg and Dr. Sandra Riaggio-Digilio. The “hours” here are hours of client contact, not merely clock hours spent at the site.

Practicum I [Beginner Experience Level (0 to 50 hours)] – Supervisor’s Role: Structuring, Step-by-Step Guidance

Overall. The student counselor should have completed at least six courses within the degree program. The student should be able to talk at some length about the theory undergirding his/her chosen career field (i.e., systems theory for MFT). However, at this stage, the student counselor relies primarily on immediate sensory experience to understand and work with clients. Their case descriptions will be composed mostly of sensory-based data (e.g.,
feelings). Professional identity as a MFT is just one identity among many, and likely not the dominant one.

**Common Requests.** Student interns will **commonly request assistance** organizing fragmented pieces of data into workable hypotheses. They will also request assistance understanding and clarifying strong emotional exchanges. Frequently, they will require assistance developing well-formulated treatment plans.

**Competencies.** Student interns can draw on here-and-now skills. They can directly experience and track emotional exchanges without becoming reactive or overwhelmed. They can identify their personal feelings during therapy and supervision. This enables them to be able to work through transference and counter transference issues.

**Constraints.** Some student interns are very affected by intense emotional exchanges and are prone to their own emotional hyperstimulation. Their intense affective involvement interferes with their conceptual and executive skills. Finally, their interventions are restricted to what “feels right” at the time, resulting in random, haphazard treatment planning.

Practicum II [Upper end of the Beginner Experience Level (50 to 75 hours)] – Supervisor’s Role: Coaching

**Overall.** Student interns **can describe, in depth, the events that take place in therapy** and supervision. Their ability to articulate linear cause-effect transactions permit them to operate with some predictability. Rather than relying on feelings, student interns now rely on situational constructions (e.g., facts) to understand clinical data.

**Common Requests.** They may request **help regarding how to accomplish interventions** and develop treatment plans. This is especially true of developing treatment plans over time. They often ask supervisors to validate (rather than question) their observations and behaviors.

**Competencies.** Student interns can apply if/then reasoning and **can develop linear hypotheses** which enable them to better anticipate client reactions. They are able to provide accurate and logical descriptions of the basic dynamics of a case.

**Constraints.** Student interns will **tend to rigidly adhere to one method, theory, or technique.** While they can accurately articulate facts, once they define the basic dynamics, their definition becomes “truth” which must be supported; they will have a hard time seeing or integrating conflicting data. They may also have difficulty seeing how they themselves play into the basic dynamics of the MFT situation. Furthermore, they have trouble seeing situations from alternative perspectives or applying circular reasoning. This difficulty may in turn create difficulty recognizing how specific interventions fit into a wider, comprehensive treatment plan.

Internship I [Intermediate Experience Level (75-350 hours)] – Supervisor’s Role: Consulting

**Overall.** By this point in their development, the student intern **can articulate recurring patterns in the client or in the therapist.** In other words, they can use reflective and circular reasoning. They are able to analyze situations from multiple perspectives.

**Common Requests.** They often request help **deciphering typical patterns** within or across cases or in relation to themselves. Student interns are now interested in examining theoretical or therapeutic themes present in their case material, and will often request help in doing so.
Competencies. All the theoretical material is beginning to “click.” Student interns can access several orientations to synthesize ideas and strategies. They are able to use this synthesis to help them modify their treatment plans based on emerging data, either from clinical encounters or supervisory feedback. They can now examine how their own patterns impact therapy and supervision. This reflective ability enables them to directly link what they are doing with an overall treatment plan.

Constraints. Rigid student interns can eloquently assess clients and treatment objectives but have difficulty transferring these to effective executive skills during therapy. They will minimize affective and behavioral data, preferring to analyze themes across situations. In other words, they may “forget” the skills they learned at earlier levels. They may have difficulty challenging the assumptions underlying their construction of the therapeutic or supervisory reality.

Internship II and Internship III [Advanced Experience Level (350-500 hours)] – Supervisor’s Role: Collaborating

Overall. Student interns can challenge their own assumptions about the client, about themselves, and about the case. This enables them to seek out the origins of what and how they learn, and the rules governing their thoughts, feelings, and actions. They can articulate at least some of the wider socio-cultural context of therapy and use this information to give them more accurate conceptualizations of their casework.

Common Requests. They may request help organizing their thoughts and questions into appropriate treatment plans. They may over-examine their cognitions and need assistance with analyzing the client without resorting to high levels of abstraction. They seek assurance on their treatment plans because they recognize the limitations inherent in any one choice they make.

Competencies. Student interns are aware of wider contextual and historical influences and can articulate these. They are able to see solutions that are focused both on the client and on the environment. They can assist clients to deconstruct and reconstruct their own rules, assumptions, and themes.

Constraints. Student interns can be so overwhelmed by the multiple perspectives and contexts that they cannot commit to a course of action. They can speak in such an abstract or theoretical language that the client has difficulty understanding or integrating the student counselor’s ideas. In so doing, they replicate in their clients their own inability to commit to a course of action.

Summary – Behavioral Cues at Each Developmental Level

Practicum I (Beginner Level)
• Random, disorganized thoughts and emotions; predominantly lives in the moment
• Random, chaotic, or impulsive behaviors (“feels right”)
• Inappropriate emotions for the actual situation
• Thoughts, behaviors, or affect controlled by an emotional frame

Practicum II (Upper level Beginner)
• Concrete, specific, linear descriptions of events
• Concrete descriptions of feelings, rather than directly experiencing emotions
• If/then thinking hypothesizing and descriptions

**Internship I (Intermediate Level)**
• Extensive analysis of self, system, or situation, including an examination of patterns
• Difficulty moving to action
• Difficulty examining assumptions
• Reflecting or examining feelings rather than directly experiencing emotions

**Internship II and Internship III (Advanced Level)**
• Reflections related to the holistic context of influence
• Complex thinking patterns
• Examination of assumptions, rules, policies, and operations

In evaluating student progression, remember it is **hours of client contact**, not clock hours in the site and not the student’s chronological age or other degrees which determine the expectations of where the student “ought” to be. For example, a 45 year old student in Practicum II who has only 40 hours of client contact would still be a Beginner.

**The AAMFT Core Competencies**

**Conceptual Skills**

**Knowledge Base**
The trainee has a **basic understanding of family systems theory**. The trainee is able to articulate principles of human development, family development, 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 a knowledge of assessment strategies (e.g., interviewing skills, various assessment devices, DSM-5).

**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 hypotheses 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 a clearly articulated 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 impacts 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 triangulation, 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 cases, 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.

**The MFT Core Competencies Mapped to NCU Clinical Courses**

<table>
<thead>
<tr>
<th>MFT6951 Practicum I</th>
<th></th>
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<tbody>
<tr>
<td><strong>Number</strong></td>
<td><strong>Competence</strong></td>
</tr>
<tr>
<td>1.3.2</td>
<td>Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extrafamilial resources).</td>
</tr>
<tr>
<td>1.3.4</td>
<td>Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.</td>
</tr>
<tr>
<td>1.3.5</td>
<td>Obtain consent to treatment from all responsible persons.</td>
</tr>
<tr>
<td>1.5.1</td>
<td>Understand the legal requirements and limitations for working with vulnerable populations (e.g., minors).</td>
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<tr>
<td>Number</td>
<td>Competence</td>
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</tr>
<tr>
<td>2.3.3</td>
<td>Apply effective and systemic interviewing techniques and strategies.</td>
</tr>
<tr>
<td>2.3.6</td>
<td>Assess family history and dynamics using a genogram or other assessment instruments.</td>
</tr>
<tr>
<td>2.3.8</td>
<td>Identify clients’ strengths, resilience, and resources.</td>
</tr>
<tr>
<td>2.4.2</td>
<td>Assess ability to view issues and therapeutic processes systemically.</td>
</tr>
<tr>
<td>4.3.3</td>
<td>Reframe problems and recursive interaction patterns.</td>
</tr>
<tr>
<td>4.3.4</td>
<td>Generate relational questions and reflexive comments in the therapy room.</td>
</tr>
<tr>
<td>4.3.5</td>
<td>Engage each family member in the treatment process as appropriate.</td>
</tr>
<tr>
<td>5.1.1</td>
<td>Know state, federal, and provincial laws and regulations that apply to the practice of marriage and family therapy.</td>
</tr>
<tr>
<td>5.3.3</td>
<td>Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting.</td>
</tr>
<tr>
<td>5.3.4</td>
<td>Develop safety plans for clients who present with potential self-harm, suicide, abuse, or violence.</td>
</tr>
</tbody>
</table>

**MFT 6952: Practicum II**

<table>
<thead>
<tr>
<th>Number</th>
<th>Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2.2</td>
<td>Consider health status, mental status, other therapy, and other systems involved in the clients’ lives (e.g., courts, social services).</td>
</tr>
<tr>
<td>1.3.1</td>
<td>Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors.</td>
</tr>
<tr>
<td>1.3.3</td>
<td>Facilitate therapeutic involvement of all necessary participants in treatment.</td>
</tr>
<tr>
<td>2.3.5</td>
<td>Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.</td>
</tr>
<tr>
<td>2.3.9</td>
<td>Elucidate presenting problem from the perspective of each member of the therapeutic system.</td>
</tr>
<tr>
<td>3.5.3</td>
<td>Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.</td>
</tr>
<tr>
<td>4.2.2</td>
<td>Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes.</td>
</tr>
<tr>
<td>4.3.12</td>
<td>Integrate supervisor/team communications into treatment.</td>
</tr>
<tr>
<td>4.3.6</td>
<td>Facilitate clients developing and integrating solutions to problems.</td>
</tr>
</tbody>
</table>

**MFT6991: Internship I**

<table>
<thead>
<tr>
<th>Number</th>
<th>Competence</th>
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</thead>
<tbody>
<tr>
<td>1.2.1</td>
<td>Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).</td>
</tr>
<tr>
<td>1.3.6</td>
<td>Establish and maintain appropriate and productive therapeutic alliances with the clients.</td>
</tr>
<tr>
<td>Number</td>
<td>Competence</td>
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<tr>
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</tr>
<tr>
<td>1.3.7</td>
<td>Solicit and use client feedback throughout the therapeutic process.</td>
</tr>
<tr>
<td>1.3.9</td>
<td>Manage session interactions with individuals, couples, families, and groups.</td>
</tr>
<tr>
<td>1.5.2</td>
<td>Complete case documentation in a timely manner and in accordance with relevant laws and policies.</td>
</tr>
<tr>
<td>2.2.1</td>
<td>Assess each clients’ engagement in the change process.</td>
</tr>
<tr>
<td>2.2.2</td>
<td>Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process.</td>
</tr>
<tr>
<td>2.3.1</td>
<td>Diagnose and assess client behavioral and relational health problems systemically and contextually.</td>
</tr>
<tr>
<td>2.3.2</td>
<td>Provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, elders, and persons with special needs.</td>
</tr>
<tr>
<td>2.3.7</td>
<td>Elicit a relevant and accurate biopsychosocial history to understand the context of the clients’ problems.</td>
</tr>
<tr>
<td>3.3.3</td>
<td>Develop a clear plan of how sessions will be conducted.</td>
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<tr>
<td>3.3.4</td>
<td>Structure treatment to meet clients’ needs and to facilitate systemic change.</td>
</tr>
<tr>
<td>3.3.5</td>
<td>Manage progression of therapy toward treatment goals.</td>
</tr>
<tr>
<td>3.3.6</td>
<td>Manage risks, crises, and emergencies.</td>
</tr>
<tr>
<td>4.3.2</td>
<td>Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).</td>
</tr>
<tr>
<td>5.3.6</td>
<td>Report information to appropriate authorities as required by law.</td>
</tr>
<tr>
<td>5.5.1</td>
<td>Maintain client records with timely and accurate notes.</td>
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</tbody>
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**MFT 6992: Internship II**

<table>
<thead>
<tr>
<th>Number</th>
<th>Competence</th>
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<tbody>
<tr>
<td>3.2.1</td>
<td>Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.</td>
</tr>
<tr>
<td>3.3.2</td>
<td>Prioritize treatment goals.</td>
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<tr>
<td>3.4.2</td>
<td>Recognize when treatment goals and plan require modification.</td>
</tr>
<tr>
<td>4.3.10</td>
<td>Modify interventions that are not working to better fit treatment goals.</td>
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<tr>
<td>4.3.11</td>
<td>Move to constructive termination when treatment goals have been accomplished.</td>
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<tr>
<td>4.4.4</td>
<td>Evaluate clients’ reactions or responses to interventions.</td>
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<td>4.4.5</td>
<td>Evaluate clients’ outcomes for the need to continue, refer, or terminate therapy.</td>
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**MFT6995: Practicum III & Capstone**

<table>
<thead>
<tr>
<th>Number</th>
<th>Competence</th>
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<tbody>
<tr>
<td>2.2.3</td>
<td>Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.</td>
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<tr>
<td>Number</td>
<td>Competence</td>
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<tr>
<td>2.2.4</td>
<td>Consider the influence of treatment on extra-therapeutic relationships.</td>
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<tr>
<td>2.4.4</td>
<td>Assess the therapist-client agreement of therapeutic goals and diagnosis.</td>
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<tr>
<td>2.5.1</td>
<td>Utilize consultation and supervision effectively.</td>
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<tr>
<td>3.3.1</td>
<td>Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.</td>
</tr>
<tr>
<td>3.3.7</td>
<td>Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present.</td>
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<tr>
<td>3.3.9</td>
<td>Develop termination and aftercare plans.</td>
</tr>
<tr>
<td>3.4.1</td>
<td>Evaluate progress of sessions toward treatment goals.</td>
</tr>
<tr>
<td>3.4.3</td>
<td>Evaluate level of risks, management of risks, crises, and emergencies.</td>
</tr>
<tr>
<td>4.5.3</td>
<td>Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients’ context and dynamics.</td>
</tr>
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</table>
**CTP versus Licensure**

Students are sometimes confused by what a licensing body or an accrediting body requires versus what Northcentral University requires. Though these two sets of requirements do not always mesh, here is the bottom line.

**Northcentral University graduation requirements.** To graduate from Northcentral University with a MA in Marriage and Family Therapy, the student must accumulate at least 500 **client contact hours**, supervised by an additional 100 **hours of supervision** of that client contact. This is not 600 hours. It is 500/100. They are separate but equally important categories. 525 hours of client contact and 75 hours of supervision will not work. It must be at least 500/100. In keeping with the COAMFTE standards, NCU further requires that **at least 250** of your 500 hours of client contact are “relational,” that is, with couples and/or families in the same room. Please refer to the chart on page 17 of this handbook for a complete breakdown of the requirements.

You must also spend **one full year** (5 12-week courses) completing this requirement. **All exceptions to the 5 course rule require pre-approval from the Director of Clinical Training.**

**License/Accreditation requirements.** You should use your state license board requirements and the COAMFTE standards given here to guide how you complete the NCU graduation requirement.

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*If there is ever a disagreement between your state licensure standards and the NCU graduation standards, always go for the higher standard. In most cases, that will be the NCU graduation requirement. Should your state require more than NCU, follow the higher standard. You will almost always be safe that way.*
Appendix – NCU Ethics Protocol for MFT Students

Northcentral University’s marriage and family therapy (MFT) program is committed to the highest standards of professional competence and excellence. We expect MFT faculty and students to abide by both the letter and the spirit of the 2012 AAMFT Code of Ethics (hereafter referred to as “the Code”), as well as applicable state and federal codes and statues. This protocol is intended to provide guidance on actually implementing the Code. If you have any questions, you should always consult your local supervisor and/or your NCU clinical instructor.

Duty to Clients

Everything we do should be for the good of the client (Section 1). This has two direct implications for NCU practicum and internship students.

Evidence-based practice. During your course work, you have been introduced to accepted theories of family therapy. You have also been introduced to articles that support certain kinds of therapy for certain kinds of presenting problems. While it is true that there is no such thing as a “one size fits all” therapy, you should select the therapy for your client that evidence suggests has the best chance of actually benefiting the client. For example, the research is very clear that a cognitively-focused therapy or a relationship-focused therapy is the treatment of choice for a depressed client (Sprenkle, 2002). Your supervisor can help you choose the best “fit” for your and your client until you gain the experience to make these choices alone. The point is, you chose based on the needs of the client, not based on what you happen to like best.

Therapist impairment. Section 3.3 of the Code requires that therapists seek assistance for any situation that could impair their professional judgment or ability to work for the good of the client. Going to graduate school, and especially going to graduate school while working full time, is inherently stressful. You need to monitor yourself and the feedback you receive from others (spouse or significant other, friends, supervisors, co-workers, etc.) for any signs that the stress may be causing a degradation of your performance, clinically or in any other area of your life. While your supervisor cannot engage in therapy with you (Section 4.2), you and your supervisor can engage in “self-of-the-therapist” conversations any time you have reason to believe that you could possibly be impaired. Your supervisor can, if necessary, refer you to appropriate professional resources to help you with the situation. Remember, it is never a problem to have a problem. It is only a problem if you do not deal with the problem.

Informed consent. Section 1.2 of the Code requires that therapists provide an informed consent process/form to the client. This section of the Code is firmly rooted in the ethical principle of autonomy, that is, that clients have a right to the information they need to be able to make an informed choice about what happens to them. Since this principle is also found in numerous laws, state and federal, it is highly probable that your site will have an informed consent that all clients receive. Follow your local supervisor’s directions in providing and briefing the standard informed consent to your clients. In addition, you need to also provide information about your intern status. The NCU Informed Consent document, found in the Resources section of your course syllabi, is intended for that purpose. Be sure you provide your clients with a copy of this informed consent at the same time and in the same manner as you do your site’s regular
informed consent.

**Client Confidentiality**

Short of having sex with a client, there is little that will put your future career at greater jeopardy than violating client confidentiality. In addition to the standards of Section 2 of the Code, most states list violating client confidentiality as an unintentional tort and therefore grounds for a malpractice suit against the therapist.

**Mandated reporting.** As indicated in Section 2.1 of the Code, every state has statutory limits to confidentiality. Among these are the mandated reporting laws. You must be aware of these limits and brief them to clients as early in the therapy process as possible. Discuss your state’s mandated reporting requirements and processes with your local supervisor. This is the other side of maintaining confidentiality. Failure to report something that should have been reported could be a very serious offense on your part.

**Discussing cases.** Discussing cases with a supervisor is the norm in our profession, and all states require supervision of clinical work as part of their license requirements. You should remember that discussing cases with your supervisor and your supervision group members, and with your Practicum and Internship classmates, is for the good of the client. However, discussing your cases outside of these tightly constricted exceptions is strictly prohibited. You should always be aware of the possibility of your conversations being intercepted or overheard. To guard client privacy and confidentiality, you should only use the minimum necessary identifying information about your client so that even if the conversation should be intercepted, electronically or any other way, or overheard, the client’s confidentiality is still protected. Outside of the secure location of your local supervisor’s physical office, you should never use first and last name of your client.

**Security of video recordings.** Video recordings been a major tool for clinical education since the 1980s, and they continue to be a major tool for MFT therapy training. Video is the only tool that allows you, the trainee, to observe your own work and grow in your ability to “self-supervise,” a critical skill once you become licensed. However, video does present some unique risks to client confidentiality. There are some steps you should take to be sure you are properly protecting your client confidentiality, especially in our digital environment (Section 2.4 and 2.7).

- If you have the option, set the video camera to record you, not the client. Not only does this protect the client’s identity, it also lets you see you the way the client sees you. If you are able to do this, be sure you use an off-camera microphone placed so that all voices are clearly audible.
- Download the video from your camera and keep it in a secure location. Alternatively, keep the camera under lock and key. The principle for years has been that adequate security requires a double lock (e.g., a locked file cabinet inside a locked closet). The digital equivalent would be to put the video file inside a password-protected folder inside of an encrypted folder on an external hard drive – and both passwords must be unique, just as the two keys in the physical world had to be unique. If you download to a thumb drive or some other easily transportable media, then the old physical double-lock
standard applies. Be sure to have a means of securing the thumb drive when you transport it so that it is not lost or stolen.

- Upload video for class supervision to a secure site using a secure channel. Currently, NCU uses webex.com for this purpose. Never post these clips on public YouTube channels or any social media (e.g., Facebook) or media sharing site (e.g., Flickr, Photobucket, etc.).
- Maintain the video only as long as you actually need it. Generally, that will be only until you have presented the case to your local supervisor and/or NCU clinical instructor. If this should be a case you are considering for your final case presentation, be very sure you keep the video using the security standards listed above. When you are ready to delete the video, be sure you securely delete it – do NOT just hit the “Delete” key on your computer. If your computer operating system does not come with a secure delete method, there are commercially available products which will securely delete the file and make it unrecoverable.

**Security of client records.** Most states have requirements for how long client records must be maintained. Your site will most probably have procedures for secure, proper storage of client records. Follow your site’s protocols for client records exactly. For any notes you make for your own use (e.g., for the final case presentation or getting ready for a case presentation to your practicum or internship class) follow the same security protocols as for the video files. You will delete your text records using the secure delete process just as you will for video files.

**Summary**

This protocol is not intended to be exhaustive. Follow the AAMFT Code of Ethics, plus your state and federal laws. Where there appears to be a conflict, always follow the most restrictive or the most stringent guidelines or rules. This is a way you build for yourself a narrative of success.
References


