



Alliant
International
University

2018-19

CLINICAL TRAINING MANUAL

COUPLE AND FAMILY THERAPY GRADUATE PROGRAMS

A GUIDE TO CFT PRACTICUM TRAINING*



Alliant
International
University

*Note: These policies are Alliant policies and may or may not reflect current policies of the Board of Behavioral Sciences (BBS) or Board of Psychology (BOP). Students are responsible for keeping informed of current licensure policies. Alliant policies are also subject to change.

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Introduction

The purpose of this section is to provide a comprehensive set of guidelines and procedures for students in the Master's programs in Couple and Family Therapy at Alliant International University.

The University strives to prepare students to function at the highest levels of professional excellence in their respective field, emphasizing the benefits derived from academic and experiential training. Knowledge and skills acquired by the student are to be applied in supervised field placements approved by the University.

The Couple and Family Therapy Programs are designed to develop responsible professional practitioners who are proficient in providing couples, marriage, and family therapy services to the community.

Practicum students must follow the Training Manual that is in effect at the time they began their fieldwork unless instructed otherwise.

What is a Practicum?

A **practicum** is the clinical training portion of the Master's (MA) program. Students are referred to as trainees. It may also be part of the program plan for PsyD students, depending on the level of training where they begin the doctoral program. Students take practicum courses while they are in their practicum. All information on practicum relates to the MA course: PSY7360 (Practicum) or PSY7369 (Practicum Extension). Once the degree is granted, students can then apply to the BBS for an MFT registered intern number, which allows them to collect the remainder of hours needed for MFT licensure. This number must be applied for within 90 days of the MA degree being posted on their transcripts. These posted Master's Degree hours are not part of the degree program. Students do not report any BBS logged hours to the Alliant Clinical Training Office. Due to differences in BBS and CFT Program standards the total hours of experience allowed to be claimed will not be the same.

Training Goals

The training program prepares the student in developing professional competence within the field placement. Students are expected to be self-directed and responsible in the observation of current legal, ethical, and moral codes benefiting the public interest and welfare under the jurisdiction of applicable local, state, and national boards or professional associations.

Professional Development Requirements

In addition to the clinical training requirements, the master's program requires activities aimed at enhancing students' personal and professional development. Students are eligible to begin professional development once their coursework has commenced. These include activities that orient students to the profession and provide opportunities for specialized training. These activities also introduce the importance of life-long learning and education. Activities include workshops, in-service trainings, professional conferences, personal individual, family, or group therapy experiences and supervision with PsyD CFT doctoral student enrolled in Supervision Internship. Master's students are required to complete 50 professional development hours. Of the 50 professional development hours, 25 hours may be personal therapy. Therapy must be done with a licensed mental health professional. Ten of the 50

professional development hours may be gained from participating in video supervision with PsyD CFT doctoral student enrolled in Supervision Internship.

The program strongly encourages that students have the opportunity to experience being a client of psychotherapy, both to enhance one's understanding of the process and to further stimulate personal growth and self-awareness that are useful in the role of therapist.

These 50 hours must be completed in order for the degree to be posted.

Reporting Professional Development Hours. Professional development hours are submitted in writing to the Clinical Training Coordinator or program support staff/designee on each campus, as follows:

1. Verification of professional development activities should be submitted with dates and descriptions of the training event, with a signature by a person in charge of the event, or a certificate of completion. It should be submitted as soon as students have completed a workshop. Students should keep copies of the verification for their own records.
 - a. No more than 20 professional hours can be accrued from any single training.
 - b. No more 8 professional hours can be completed online.
 - c. Include your student ID number on the document.
2. Verification of individual psychotherapy hours from the student's therapist on his/her letterhead indicating starting date and number of hours completed to date.
 - a. No more than 25 professional development hours can be accrued for individual psychotherapy.
 - b. Include your student ID number on the document.
3. Verification of video supervision with PsyD CFT doctoral student should be submitted with dates and number of hours completed to date.
 - a. Include your student ID number on the document.
 - b. If utilizing these hours as professional development, these hours are not eligible to tracking as video supervision while in practicum.

Academic and Professional Titles

The title you use on all business-related correspondence should be your professional title.

Professional (BBS) title	(None)	MFT Trainee	Effective 01/01/2018: Associate Marriage Family Therapist (AMFT) or Registered Associate Marriage Family Therapist (RAMFT)	MFT or LMFT (Licensed)
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Year	0	1	2	3	4	5
	Begin MA		Complete MA			Complete PSYD

Academic (Alliant) title	Master's student	Master's student in Practicum	Doctoral student	Doctoral candidate in Internship
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NOTES:

- “Year 0” is the time at which you begin your graduate program.
- This chart assumes you complete the master’s program in two years and/or the doctoral program in five years as described in the program plan.
- You must have a current and valid intern registration number from the BBS to use the title “Associate Marriage and Family Therapist” or “Registered Associate Marriage and Family Therapist.”
- You must have been issued a valid license number from the BBS to use the title “Licensed Marriage and Family Therapist” or simply “Marriage and Family Therapist.”

Student Use of Professional Titles

Listed below are some of the most important legal rules to follow in regard to professional titles, though they are by no means the only ones. Misuse of professional titles leaves you vulnerable to action against your intern registration (current or future) or license, and because it displays a failure to understand the legal requirements of the profession, can also result in disciplinary action within the university.

1. **Email can qualify as a form of advertising.** While not every email message may count as an advertisement in state law, your email signature and email address are both likely to be considered "public communications" about your services if they in any way suggest that you provide therapy or counseling services. In such cases, all the rules of advertising would apply: You must not be in any way misleading, and you must include all legally required disclosures. **You cannot use any email address that includes the abbreviation "MFT" or any other title that suggests licensure if you are not yet licensed.**

2. **The abbreviation "AMFT" or "RAMFT" can only be used if it is accompanied by the fully spelled-out title "Associate Marriage Family Therapist" or "Registered Associate Marriage Family Therapist" and all other disclosures required by law.** These other required disclosures include your registration number, employer's name, and whether you are under the supervision of a licensed therapist.
3. **It is never acceptable, under any circumstances, to use "MFTA" or any other abbreviation for the title "MFT Associate."** Use of such abbreviations may be considered misleading by the BBS.
4. **You may not use the term "Doctoral candidate" until you have advanced to doctoral candidacy status,** which for our program means that you must have successfully completed the doctoral exam.
5. **You may not advertise any degree that is not directly related to the services you are providing under your license or registration.** For example, if you have a PhD in Architecture from another university, and a master's in MFT from us, you cannot use the title "Doctor" or "Dr." to advertise your therapy services.
6. **Facebook pages, Twitter feeds, and other electronic communications can qualify as advertisements under the law if they are in any way public and make any mention of your therapy services or therapist role.** When in doubt, err on the side of caution. If you are an intern, include your formal title and all required disclosures. If you are a student or trainee, make communication private or remove any content that suggests you are in any way advertising therapy services.
7. **Trainees cannot advertise themselves.** While it is okay for clinics to advertise services provided by trainees (within legal requirements, including a number of required disclosures), state law does not allow trainees to advertise their own services. You should not build a therapy-related web site or Facebook page, or in any other way independently advertise your services, as a master's student or trainee.

The BBS is frequently advancing regulations to clarify elements of advertising law for MFTs in California. We encourage you to stay aware of changes in law through AAMFT-CA and the BBS.

Effective January 1, 2018, the titles for marriage and family therapist interns and professional clinical counselor interns will change, as follows:

Marriage and family therapist registrants must use the title "Associate Marriage and Family Therapist" or "Registered Associate Marriage and Family Therapist."

Faculty & Supervisor Roles in Professional Training

The following are definitions and descriptions of the various people involved in clinical training at Alliant.

Clinical Training Coordinator (CTC)

San Diego, Irvine, Los Angeles, Sacramento, and San Francisco each have a Clinical Training Coordinator (CTC) for their campus. The roles of the CTC's include but are not limited to:

1. Determine student eligibility for field placement by verifying that the student has met all prerequisites of practicum, detailed on the Practicum Approval Form and consulting with faculty.

2. Visit, evaluate and approve sites, and maintain liaison with Alliant-approved agencies and the professional community. CTC's conduct a site visit once a year and re-evaluate as needed.
3. Coordinate placement and evaluation with the Clinical Training Office for Couple and Family Therapy (CFT) at the CSPP.
4. Monitor student's progress and address issues and concerns related to student's clinical competence
5. Ensure compliance with training program's goals and community agency-CFT program's contractual agreements.
6. Engage in the continuing development of the training program, curriculum, and growth of the CFT programs with the Systemwide Program Director and the Branch Directors available on each campus.
7. Be available as a training consultant to students, faculty, practicum instructors, administration, and sites.

Practicum Course Instructors

Practicum course instructors are core faculty members or adjunct faculty members who are AAMFT Approved Supervisors or AAMFT Approved Supervisor Candidates. The practicum course is designed to supplement the experience and learning provided by the practicum sites. The class serves as an integrative link between the university, the practicum sites and the student trainee who is engaged in meeting the clinical requirements listed above. While the primary case supervision comes from the on-site supervisor, this course will assist the students to focus on skill development, help the student develop theoretical understanding, and keep ethical and legal issues at the forefront of the experience.

The roles of the practicum course instructors include but are not limited to:

1. Review with students how to use the CFT Alliant Monthly Clinical Hours Report and Alternate Relational Hours form
2. Evaluate and sign the students' progress on the CFT Alliant Monthly Clinical Hours Report.
3. Provide supplemental supervision on case presentations and provide guidance with special problems and professional issues arising on the field placement.
4. Advise students of deficiencies and/or to address personal issues that may interfere with their professional development.
4. Exchange information with the Clinical Training Coordinator regarding the students' progress in their fieldwork and any problems that might arise.
5. Contact the site supervisor at the beginning of each semester to identify themselves as the practicum instructor for their students and to set up a site visit for consultation on students' progress, which may include live supervision of a case on the practicum site. Practicum Instructors must have contact through phone or e-mail if a site visit is not scheduled.
6. Require formal case presentations and view videotape of students' work.
7. Ensure that all practicum evaluation forms are completed accurately and submitted in a timely manner.

Student Advisors

This person certifies completion of degrees and other certifications. Students turn their Internship Registration packet (Registered Marriage Family Therapist Associate as of 01/01/2018) for the BBS for verification of their degree into their respective student advisor. The Student Advisor is responsible for other duties at Alliant not listed here.

Academic Program Coordinator

This person collects and tracks all practicum paperwork, including contracts, practicum approval form, malpractice insurance, signed form stating that Clinical Training Manual has been read, and proof of AAMFT membership, and monthly Alliant CFT Clinical Hours Report. At the end of Practicum, students submit the Audit of hours for practicum form in to this person prior to leaving their site. The Academic Program Coordinator is responsible for other duties at Alliant not listed here.

Agency and Agency Supervisor Responsibilities

On-site Supervisors

Agency on-site supervisors provide critically important supervision and professional mentoring for students. This training includes individual and group supervision, didactic information, direct observation supervision, audio-video tape supervision. On-Site Supervisors act in accordance with the rules and regulations of supervision for the Board of Behavioral Sciences (BBS) and agree to be the students' supervisor of record for the BBS.

This training includes individual and group supervision, didactic information, direct observation supervision, audio-video tape supervision. Individual supervision is defined as **one** supervisor with **one or two** supervisees. Group supervision is defined as **one** supervisor and **eight or fewer** students.

Practicum Agencies

The Alliant approved agencies have the following functions and responsibilities to the students and the University:

1. Provide a continuous twelve (12) month (or longer) clinical experiences in CFT.
2. Provide adequate facilities and equipment for the student to carry out designated responsibilities.
3. Provide training for the student in a manner consistent with the highest ethical, academic, and professional standards of excellence based on local, state, and national boards, and the appropriate codes of professional ethics.
4. Provide student with appropriate orientation and training to the policies and procedure of the Agency
5. Have and adhere to published procedures for Students with respect to 1) handling grievances; 2) prohibiting discrimination on the basis of age, culture, ethnicity, gender, physical disability, race, religion, sexual orientation, and socioeconomic status; 3) informed consent of clients, including

but not limited to client rights, limits of confidentiality, and establishment and collection of fee; and 4) safety, privacy and confidentiality.

6. To give students qualified licensed supervision in compliance with the Board of Behavioral Sciences. The supervisor or designee will be available to the student 100 percent of the time when the student is on site. This may be in person or by phone.
7. To provide a work setting that fosters personal development, professional growth, and meaningful staff interactions.
8. To expose students to a diversity of fieldwork experiences including systemic family/couple assessment and treatment, in-service training, case conferences, group staff meetings, and individual and/or group supervision.
9. To complete the University's evaluation forms and sign Alliant hourly logs each month.
10. To protect and safeguard both students and their clients in the conduct of mental health services.
11. To immediately inform the CTC of any changes in clinical supervisors or problems arising in the course of student's training requiring attention.
12. To obtain a new Alliant contractual agreement resulting from any changes.
13. To accommodate students with appropriate physical space, materials, and equipment required to perform clinical services adequately.
14. To provide students to the best of agency ability, with a caseload that includes couples and/or families.
15. To provide opportunity for students to videotape sessions and to share those tapes in site supervision and practicum class.
16. To communicate with practicum instructors each semester to discuss student progress.
17. To provide students with 2 hours of group supervision and 1 hour of individual supervision weekly. Individual supervision is defined as one supervisor with one or two supervisees. Group supervision is defined as one supervisor and eight or fewer students.

Video and Audio Recording Confidentiality Policy

Videotapes and other recordings of therapy must be treated in the same manner as any other confidential materials. This means that videotapes and audiotapes of therapy must be kept in a locked place on the site where the therapy was conducted and any place off site where it may be left. While transporting a tape from the site to the university, all precautions must be taken to guard the tape's security and confidentiality. This includes having no identifying labels on the tape and keeping it locked in a safe place such as the glove compartment or trunk of the car. When using other means of recording, recordings need to be password protected and/or students must adhere to confidentiality policies put forth by their agency and Site Supervisor.

The Master's Level Practicum

This section will cover the general requirements and timeline for practicum, and how this relates to the pre-doctoral internship, required training experiences, responsibilities of practicum sites, student responsibilities, practicum courses, managing problems at the site, and waiver of practicum hours.

The purpose of practicum is to develop therapeutic skills with individuals, couples, families from a systemic perspective toward licensed practice by the BBS and/or toward advanced doctoral training in marriage family therapy and licensure. Students are required to perform marriage and family therapy under qualified supervision with a supervisor and site approved by the CTC. Private practice cannot be approved for practicum.

Each campus has lists and descriptions of the pre-approved practicum sites. Students must use these sites. Should a student wish to use a site not on the approved list, a request must be made to the CTC at least one semester prior to beginning the practicum. Students may not accept a position at any site until the CTC has approved it.

The following practicum experience requirements are guided by policies and regulations of Alliant, the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) and the Board of Behavioral Sciences (BBS), State of California.

Supervisor Requirements

Primary Supervisors must be Licensed Psychologists, Social Workers (LCSW), Marriage and Family Therapists, or board-certified Psychiatrists. They must have held their respective license for two years support a systems orientation. The Primary Supervisor must work at the agency for at least half of the hours being claimed by the student (i.e., 10 hours for 20 hours per week of practicum).

Supervision Requirements

- Students must attend 2 hours of group supervision and 1 hour of individual supervision weekly
- Students must receive at least one unit (1-hour individual or 2-hour group) of supervision for every five hours of client contact. Individual supervision is defined as **one** supervisor with **one or two** supervisees. Group supervision is defined as **one** supervisor and **eight or fewer** students.
- Group supervision at the clinical site shall consist of a ratio of one licensed (and approved) supervisor and a maximum of eight students. Additional supervisors attending the group cannot increase the cap of 8 supervisees.
- Fifty hours of supervision must be in direct observation, videotape, or audiotape (25 hours max). Of these 50 hours, 10 hours may be gained by engaging in video supervision with a PsyD CFT doctoral student enrolled in Supervision Internship. If utilizing these 10 hours as video supervision, these hours are not eligible to tracking as video supervision while in practicum.

Student Training Experience Requirements

Students are expected to gain their hours of experience at one practicum site. Students in good academic standing who have completed their 1st semester of practicum and who are not under SERC requirements may, under special circumstances, contract with a second practicum site. Students must receive prior approval from the Clinical Training Coordinator before looking for a second practicum site. Students must complete the Dual-Practicum Site Approval form (on Moodle) and turn into the Clinical Training Coordinator. Students are expected to work a minimum of 10 hours per week, but no more than an average of 30 hours per week in their practicum setting. Students may not count more than 20 client-contact therapy hours a week. Students may count up to 30 client-contact therapy hours a week if placed at two practicum sites. Students may count more than 20 hours of client contact when participating in therapeutic camps. In the event of participating in therapeutic camps, students may not count more than 40 client- contact therapy hours in a week.

A minimum of 500 direct client-contact hours of supervised experience is required, with a minimum of 200 relational hours. Relational hours of experience are defined as clinical work with two or more clients in the session who are related by blood, law, or are in a romantic relationship. Group therapy with children or adults who are not related is not considered relational therapy. A maximum of 100 relational hours may be counted as Alternate Relational hours.

Definitions of Alternate Relational Hours:

1. Residential or Shelter Environment: Group therapy with group members who live together at the same shelter or group home where clients can stay up to 6 weeks or more. At the end of each month the form should be signed by the student therapist, the on-site clinical supervisor, and your practicum instructor. This form then becomes the record that the CFT program maintains for your client contact and supervision hours. Turn in the original signed copy to Academic Program Coordinator and keep a copy for your records. If you are doing residential home / relational group hours at more than one internship or practicum site, turn in a separate form for each site.
2. Educational environment: Conducting group therapy or psychosocial groups in the classroom. The focus of this therapy would be on relationships between and among peers in the same classroom. In middle school and high school, it may be peers in the same grade.

Additional experience associated with activities normally performed in a field placement program such as case conferences, staff meetings, trainings, and other administrative duties may count for the Board of Behavioral Sciences (BBS) but are not part of the 500 hours required by the CFT Program for graduation.

Associated Coursework:

Trainees must complete at least three practicum (PSY7360) classes. Trainees who have completed 3 practicum classes and have not completed their 500 client contact hours with supervision, must contact the Clinical Training Coordinator (CTC) at their campus to review the following options:

1. Trainees may take an additional 4th practicum class (PSY7360) in place of an elective.

2. Students register for PSY7369 Practicum Extension (0 unit) if they have completed all coursework **and** have 100 hours or less to meet the 500 hours requirement. Students will arrange to meet with their campus CTC for weekly supervision and continue to submit signed monthly hour logs. Students enrolled in PSY7369 must attend the scheduled supervision meetings and complete all course requirements in a satisfactory manner until the terms of the extended contract and the hours are completed. Grading policy for PSY7369 is Credit/No Credit. If applicable, a new contract with updated dates must be completed and submitted to the CTC. Proof of AAMFT membership and malpractice insurance must also be submitted to ensure that the trainee has renewed and holds a current malpractice insurance policy. When the required hours are verified by the designated program support staff, the trainees can receive a grade and the process to post their degree will begin. Students register for PSY7360 MFT Practicum (3 unit) if they have 101 hours or more to complete their degree.
3. According to the Board of Behavioral Sciences (BBS) students who begin graduate study after August 1, 2012 or complete graduate study after December 31, 2018, may see clients while not enrolled in a practicum course if the period of lapsed enrollment is less than 90 calendar days, and if that period is followed by enrollment in a practicum course or posting of the degree. Therefore, students who have less than 100 client contact hours to complete and are expected to have their degree posted within 90 days of successfully completing their previous practicum, will register for PSY7369 Practicum Extension. Prior approval is required for this extended traineeship option. This does not apply to students who are enrolled in MFT Practicum to fulfill their degree credit requirement. A new contract with updated dates must be completed and brought to the CTC. Proof of AAMFT membership and malpractice insurance must also be submitted again to ensure that the trainee has renewed and holds a current malpractice insurance policy.

If the extended traineeship request is approved and the student is seeing clients while enrolled in PSY7369 Practicum Extension, the Alliant hourly logs must be submitted to the campus CTC for approval by the 15th of the next calendar month. The student will be monitored by the CTC and must continue to receive supervision and evaluations from the on-site supervisor. If a student is granted this option, the student must complete all client contact hours and graduate within 90 days. The student must notify the CTC when the extended traineeship has ended. Extended traineeships may not exceed 90 days from the last practicum class.

Student Responsibilities and Requirements

Practicum Pre-requisites: PSY 6310, 6311, 6312, 6313, 6322, 6323, 6326, 6360,

- Approval is contingent upon submission of the following documents:
 - Practicum approval form
 - Malpractice insurance certificate
 - Proof of AAMFT membership
 - Signed page of Clinical Training Manual attesting to having read the manual
- Attend mandatory information sessions and agency fair; review approved site lists; interview at approved sites.

- A signed contract (by all parties) is required **before** meeting with clients or working in the capacity of a therapist. *Note: only those students with an approved site, malpractice insurance, verification of membership in AAMFT, and signed contract will be allowed to register and attend PSY7360. A current malpractice insurance certificate and AAMFT membership must be maintained during the entire course of the practicum experience. Students will be dropped from PSY7360 if these forms are not turned in following the direction of the CTC.*

Practicum Timeline

Refer to Program Plan for specifics of appropriate start date. To be approved for practicum, students need to complete the following steps.

STEP 1. 1ST YEAR SEMESTER ONE

- Attend MANDATORY Practicum Information Meeting
- Submit all the required documentation
- Read the CFT Practicum Training Manual
- Prepare draft of resume & cover letter for practicum sites
- Begin to attend conferences, workshops, etc. to meet professional development requirement and turn professional development documentation in to designated program support person at your campus.
- Become familiar with Board of Behavioral Sciences requirements via the website <http://www.bbs.ca.gov>

STEP 2. 1ST YEAR SEMESTER TWO

- Attend MANDATORY Agency Fair and information meeting
- Contact CTC to discuss site options and any practicum related questions that you may have.
- If desired, set an appointment with the designated program support person to review prior student evaluations of approved sites found in Clinical Training Office.
- Respond to all agencies' phone calls and e-mails, whether you are interested in an interview or not. Attend interviews with appropriate persons at selected sites, per their policies. You must attend interviews that you agree to attend.
- Upon agreement, all parties sign and date Alliant Contracts. A signed contract is due prior to the beginning of practicum. Follow additional CTC instructions per your campus.
- Obtain individual malpractice insurance and provide verification to the designated program support person with the rest of your required documentation. Malpractice insurance can be obtained through AAMFT at no cost.
- You may volunteer at the site before the start of practicum to sit in on supervision groups and trainings but these hours do not count for Alliant or the BBS. You may not begin work as a therapist until the start of Practicum class.
- Continue to submit documentation of professional development experiences.

STEP 3. 2ND YEAR SEMESTER ONE

- Take PSY7360 at least 3 consecutive semesters.
- CFT monthly hourly logs are due on the 15th of the following month. Keep a copy for your records.
- All the monthly hours are to be entered in the CFT Monthly Clinical Hours Report also referred to as Alliant hourly logs. Download this form from Moodle in CFT Program. The Monthly Clinical

Hours Report adds the hours automatically. Therefore, always use the same spreadsheet for the entire duration of the field experience for an accurate computation of your hours. Manual entries, photocopies or older versions of the form will not be accepted.

- Become familiar with MFT trainee regulations on the BBS website (www.bbs.ca.gov).
- Track hours on BBS forms as well as Alliant forms noted above. Note: Be aware that BBS forms are not to be submitted to the CFT program; and that the CFT monthly clinical hours report is not compatible with how the BBS tracks hours.
- The CTC will forward the Basic Skills Evaluation link directly to the site supervisor and practicum instructor. The link is always the same and can be re-used as it opens a new blank version that can be submitted. The link can be saved as a bookmark. When submitted online, a copy of the evaluation will be sent automatically to the student's email inbox. Alliant e-mails should always be used since the information in the form is FERPA protected.
- The CTC will forward the Site Evaluation link directly to students. Alliant e-mails should always be used since the information in the form is FERPA protected.
- Credit for the practicum course will be given only when the following forms are turned in: (1) Online Basic Skills Evaluation by the site supervisor (electronic); (2) Online Basic Skills Evaluation by Practicum Instructor; (3) Student's evaluation of the site (electronic); (4) Alliant hourly logs
- All required forms are to be submitted to the Practicum Instructor before the end of the practicum class. Keep a copy for your records.
- When you have completed your 500 hours, request an audit of hours from the CTC. Do not leave your practicum site until confirmation of completion of your required hours has been received by you.
- Submit documentation of professional development experiences (50 hours total).

Degrees cannot be posted by the Registrar until practicum and professional development requirements are verified. Note: Delays in your degree posting will slow down the process of obtaining a BBS Registered Intern (Registered Marriage Family Therapist Associate) number.

Student Rights and Responsibilities

- Report to the CTC any conflicts or breach of contract that may occur during the training period, including changes in supervisor. CTCs evaluate each new supervisor.
- Meet all professional, ethical, legal and moral obligations during the training period.
- Obtain a new contract between Alliant and the agency in the event of change of supervisors or if staying at the site past the contracted time period.
- Continue in fieldwork placements except for times of personal illnesses, emergencies, vacations, and holidays allowed at the fieldwork site.
- Keep updated on changes in licensure board rules and regulations.
- Keep updated regarding any changes in the training program.
- Be responsible for checking Alliant e-mail.
- To remain in good standing in the CFT Training Program: students must maintain satisfactory academic performance, evidence no psychological problems that interfere with their work performance, receive satisfactory evaluations from supervisors, and comply with the terms of the contract signed with the agency providing the supervised training. The CTC, Practicum Instructor and/or CFT program faculty will review student progress in these areas. Identified

problems may result in recommendations for remedial action. Faculty may also recommend review by the Program Director and Dean, CSPP. Students are reminded that they must meet the academic student code of conduct and ethics and that failure to do so may result in disciplinary action up to and including dismissal from the University.

Procedures for Managing Site Problems

In the event students encounter problems with their sites, the following procedures should dictate their responses:

- Students should first attempt to resolve the problem with the Primary Supervisor
- If problem remains, students should then discuss it with the Agency Director/Administrator.
- If this does not solve the problem, students should immediately advise the CTC of the unresolved difficulty.
- If appropriate, the CTC will attempt to intervene on the student's behalf.
- If there are no solutions to the unresolved problem, students may submit a letter of intent, stating reasons for leaving the site with at least 30 days' notice and request a release from their contract. Copies should be sent to the Branch Director, Primary Supervisor, and the CTC. If the student is leaving the site, they must still submit a site and supervisor evaluation with all appropriate signatures.

Once the site has contacted the CTC regarding the termination of the student contract, the student must schedule a meeting with the CTC to evaluate the situation and explore potential sites that would be appropriate. Note: Depending on the circumstances, terminating a Practicum can affect the Practicum class, the requirements of remaining in Practicum courses, and the obtaining of a new Practicum site. Therefore, this decision must include consultation with the CTC.

Special Policies

Waiver of Practicum Hours

1. Should transfer students request to waive practicum hours; they must submit a completed Request for Waiver of Practicum Hours form to the designated program support person or CTC. Please visit the CFT Program Moodle, Topic 10 for the form.
2. The decision to waive practicum hours will be based on the completion on this form with necessary documentation attached.
3. Doctoral students who are either licensed MFTs or who have obtained master's degrees from ALLIANT or other COAMFTE approved programs will not be required to do a practicum if their experience is evaluated to be equivalent to the practicum experience.
4. Requests for Waiver of Practicum Hours must be submitted **before the end of the first semester of graduate study**. It is strongly recommended that the waiver of practicum hours be completed immediately in order for the Academic Advisor to create an accurate Program Plan. No more than 18 doctoral units may be completed prior to the practicum hours being completed.

Appeal Process

Students have the right to appeal any of the provisions set forth in this manual by submitting in writing their request to the CTC and Program Branch Director

If appeals are denied, the student has the right to contest the decision by requesting, via the Program Branch Director, the department faculty to review the request. The Program Director will appoint a CFT Faculty Appeals Committee to render a decision. This decision is then forwarded to the Program Director. Final decision-making power is vested in the authority of the System-wide Program Director.

The purpose of the CFT Faculty Appeals Committee (FAC) is to consider students' requests for appeal relative to any decisions made by the Director of CFT programs, CTC, the academic instructor for field placement (practicum courses), or any other instructor.

Confidentiality

Because of the educational/training nature of the program, it is important for students, faculty, supervisors, and administrators (both at Alliant and at training sites) be able to share information openly and honestly. Students are hereby notified that faculty, supervisors, and administrators (both at Alliant and at training sites) can and will share both academic and personal information with one another for training purposes. This includes information students may share about themselves, their backgrounds, and their experiences. Students understand that the classroom setting is not by nature a confidential setting and the program cannot prevent other students from sharing at their discretion personal information they hear in class or other settings.

Students who discuss client cases must inform their client(s) of their role and how information may be shared for educational/training purposes. This must be part of Informed Consent. Students are not at any time to discuss confidential client information outside of the educational/training context. All video and audio permissions must include signed consent by the client(s).

Summary of Hours

Practicum

Total Client-Contact Hours:	500
Required Relational (couple and family) hours	200
▪ Possible Alternative Relational Hours	100

Professional Development Hours

Total Professional Development Hours	50
▪ Possible Personal Therapy Hours	25
▪ Possible supervision with PsyD CFT doctoral student	10

Note: Students may not leave their sites until official audits of their hours have been certified by the program designee on each campus. For Alliant purposes (not for BBS), Practicum class case presentation time can be claimed as supervision in the AAMFT hourly log. If the trainee is presenting with observable (live observation, video, audio) data, it should be documented in the proper log category. Video presentations by other trainees can only be claimed as case presentation supervision.

Basic Skills Evaluation (Practicum Instructor Form)

(Copyright © 1999 Thorana Nelson and Lee Johnson. Reprinted with permission.) In this revision Alliant has added Diversity Skills and Community Engagement as areas for evaluation.

Identifying Information

Date (mm/dd/yyyy)

Semester

Fall Spring Summer

Year

Student's Last Name

Student's First Name

Student is in the _____ program

MA PsyD

Student ID

Student's ALLIANT email address (THIS MUST BE LISTED). Listing the student's email address will assure that the student receives a copy of this completed form

Practicum Instructor

Your email address (THIS MUST BE LISTED) listing your email address will assure that you receive a copy of this completed form.

Student is currently enrolled in

Practicum Advanced Practicum

Student's Home Campus:

Irvine Los Angeles Sacramento San Diego San Francisco

This is the student's _____ practicum

1st 2nd 3rd 4th 5th 6th

Please list the names of all agencies/placements

Please list the names of all supervisors

Placement/Agency Location:

Orange County

Los Angeles / San Bernardino

Sacramento Area

San Diego Area

San Francisco Area

Date that you last contacted this agency

How did you make contact with this agency this semester (check all that apply)

In Person

By Phone

By email or mail

I did not contact the agency this semester

Date you reviewed and discussed this evaluation with the student

Revised Basic Skills Evaluation

Guidelines for Assigning Ratings are Appended to this Document.

Student experience level:

- Beginner (0-75 hours of client contact experience)
- Intermediate (76-400 hours of client contact experience)
- Advanced (400-500 hours of client contact experience)
- Doctorate (more than 500 hours of client contact experience)

Conceptual skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Knowledge base	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Systems perspective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Familiarity with therapy model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self as therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Perceptual skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Recognition skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypothesizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integration of theory and practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Executive skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Joining	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypothesizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Professional skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognition of ethical issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paperwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional image	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Evaluation skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Evaluation of therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation of self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Familiarity with therapy model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self as therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Diversity Skills:

	Deficient	Below expectation	Meets expectations	Exceeds expectation	Exceptional skills	Inadequate information
Self as a cultural being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client as a cultural being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culturally appropriate interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Community engagement

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Community knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engagement skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Student's Preferred Theoretical Model

Theory (use student's preferred model)

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Knowledge of theory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizes theory in practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizes strengths and weaknesses of theory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Recommendations for further training, areas needing special attention, supervisory problems and suggested approaches:

What reservations do you have about this student's future performance as a clinical practitioner?

CONCEPTUAL SKILLS GUIDELINES

Knowledge Base: The trainee has a basic understanding of family systems theory. The trainee is able to articulate principles of human developmental, family developmental, and family life cycle issues pertaining to the case. The trainee communicates an understanding of human interaction and normal family processes. The trainee can articulate how gender, culture, and class have an impact on the client and on therapeutic issues (including interaction with one's own gender, culture/ethnicity, and class). The trainee is able to determine and work within the clients' worldview. The trainee has an understanding of human sexuality. The trainee has a knowledge of assessment strategies (e.g., interviewing skills, various assessment devices, DSM).

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 he or she is thinking in systemic and contextual terms. Formed hypothesis are systemic. The trainee can articulate the difference between content issues and process issues. The trainee can recognize hierarchy problems.

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

Self as Therapist: The trainee can articulate his or her own preferred model of therapy. The trainee is also aware of how his or her communication style impacts therapy and is curious in learning about himself or herself. The trainee is aware of and able to manage his or her own anxiety in therapy. In talking about cases the trainee is able to reframe or positively connote issues from cases for herself or himself. The trainee has an understanding of how to use a sense of humor in therapy. The trainee recognizes her or 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 or his own developmental or other issues interact in therapy.

PERCEPTUAL SKILLS GUIDELINES

Recognition Skills: The trainee shows the ability to recognize hierarchies, boundaries, and dynamics of triangulating, 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 GUIDELINES

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. She or 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 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 or her anxiety, authenticity, expression of a caring attitude, and acceptance of others. The trainee should also exhibit warmth, a sense of humor, a non-defensive attitude, congruency, and the ability to take responsibility for his or her mistakes, the ability to apply his or 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 or 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 or his therapy plan. The trainee is able to manage intense interactions appropriately, demonstrating skill at both escalating and deescalating 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 GUIDELINES

Supervision: The trainee attends supervision meetings as scheduled and is prepared to discuss cases with colleagues, to formally present her or his own case, and to present audio or video material as requested. The trainee is respectful and positive about other trainees' cases and presentations, and 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 or 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 GUIDELINES

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, executive, and outcome data.

Self: The trainee therapist is skilled in evaluating himself or herself in terms of skills: conceptual, perceptual, executive, professional, and evaluative. The trainee is able to recognize signs in himself 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.

DIVERSITY SKILLS GUIDELINES

Self as a Cultural Being: The trainee has knowledge, awareness, and understanding of her/his own dimensions of individual and cultural diversity (e.g., cultural, individual, and roles differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and how they influence her/his attitudes toward diverse clients. The trainee demonstrates this knowledge, awareness, and understanding (e.g., articulates how ethnic group values influence who one is and how one relates to other people). The trainee monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation. The trainee critically evaluates feedback and initiates supervision regularly about diversity issues.

Client as a Cultural Being: The trainee has knowledge, awareness, and understanding of her/his clients as cultural beings with dimensions of individual and cultural diversity (e.g., cultural, individual, and roles differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status). The trainee has knowledge, awareness, and understanding of the way culture and context shape the behavior of her/his clients. The trainee applies knowledge of clients as cultural beings in assessment, treatment, and consultation of clients. The trainee critically evaluates feedback and initiates supervision regularly about diversity issues with clients.

Culturally Appropriate Interventions: The trainee has the basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to individual and cultural diversity (e.g., cultural, individual, and roles differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status). The trainee demonstrates basic knowledge of literature on individual and cultural differences and engages in respectful interactions with clients that reflects this knowledge. The trainee demonstrates awareness of effects of oppression and privilege on self and on her/his clients. The trainee applies knowledge, sensitivity, and understanding regarding individual and cultural diversity issues to work effectively with diverse clients in assessment, treatment, and consultation. The trainee adapts her/his professional behavior in a culturally sensitive manner, as appropriate to the needs of the client that improves client outcomes and avoids harm. The trainee articulates and uses alternative and culturally appropriate repertoire of skills and techniques and behaviors. The trainee seeks consultation regarding addressing individual and cultural diversity as needed.

COMMUNITY ENGAGEMENT GUIDELINES

Community Knowledge: The trainee has knowledge and understanding of the social and psychological impact of socioeconomic community and the basics of recovery oriented care. The trainee has knowledge of local community resources and systems (including but not limited to medical, behavioral, economic, educational, social, legal, and crisis resources). The trainee demonstrates such knowledge in treatment planning, conceptualization and intervention. The trainee is aware of legal and ethical standards for different types of work setting and how to use ethical reasoning appropriate to the community.

Engagement Skills: The trainee demonstrates community knowledge by integrating knowledge in treatment plan, and through skills such as engaging and collaborating with professionals of other social systems, making appropriate referrals when needed, and responding to disaster and/trauma in the community when the needs arises. The trainee demonstrates the use of ethical knowledge and reasoning appropriate to the community.

THEORY OF CHOICE GUIDELINES

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.

Basic Skills Evaluation (Site Supervisors Form)

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Identifying Information

Date (mm/dd/yyyy)

Semester

Fall Spring Summer

Student's Last Name

Student's First Name

Student is in the _____ program

MA PsyD

Student's email address (THIS MUST BE LISTED). Listing the student's email address will assure that the student receives a copy of this completed form

Student's Practicum Instructor's email address (THIS MUST BE LISTED). Listing the student's practicum instructor's email will assure that the practicum instructor receives a copy of this completed form

Your name

Your Agency Name

Phone Number

Your email address (THIS MUST BE LISTED) listing your email address will assure that you receive a copy of this completed form

Student's Home Campus:

Irvine Los Angeles Sacramento San Diego San Francisco

Placement Type

Trainee Internship

Agency Location:

Orange County Los Angeles / San Bernardino Sacramento Area San Diego Area San Francisco Area

Name(s) of Other Supervisor(s) (if applicable)

Date you reviewed and discussed this evaluation with the student

Revised Basic Skills Evaluation

Guidelines for Assigning Ratings are Appended to this Document.

Student experience level:

- Beginner (0-75 hours of client contact experience)
- Intermediate (76-400 hours of client contact experience)
- Advanced (400-500 hours of client contact experience)
- Doctorate (more than 500 hours of client contact experience)

Conceptual skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Knowledge base	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Systems perspective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Familiarity with therapy model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self as therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Perceptual skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Recognition skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypothesizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integration of theory practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Executive skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Joining	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypothesizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Personal skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment	<input type="text"/>					

Professional skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognition of ethical issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paperwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional image	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Evaluation skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Evaluation of therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation of self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Familiarity with therapy model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self as therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Diversity Skills:

	Deficient	Below expectation	Meets expectations	Exceeds expectation	Exceptional skills	Inadequate information
Self as a cultural being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client as a cultural being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culturally appropriate interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Community engagement

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Community knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engagement skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Theory (use student's preferred model)

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Knowledge of theory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizes theory in practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizes strengths and weaknesses of theory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Major strengths of your site

Recommendations for further training, areas needing special attention, supervisory problems and suggested approaches:

What reservations do you have about this student's future performance as a clinical practitioner?

CONCEPTUAL SKILLS GUIDELINES

Knowledge Base: The trainee has a basic understanding of family systems theory. The trainee is able to articulate principles of human developmental, family developmental, and family life cycle issues pertaining to the case. The trainee communicates an understanding of human interaction and normal family processes. The trainee can articulate how gender, culture, and class have an impact on the client and on therapeutic issues (including interaction with one's own gender, culture/ethnicity, and class). The trainee is able to determine and work within the clients' worldview. The trainee has an understanding of human sexuality. The trainee has a knowledge of assessment strategies (e.g., interviewing skills, various assessment devices, DSM).

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 he or she is thinking in systemic and contextual terms. Formed hypothesis are systemic. The trainee can articulate the difference between content issues and process issues. The trainee can recognize hierarchy problems.

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

Self as Therapist: The trainee can articulate his or her own preferred model of therapy. The trainee is also aware of how his or her communication style impacts therapy and is curious in learning about himself or herself. The trainee is aware of and able to manage his or her own anxiety in therapy. In talking about cases the trainee is able to reframe or positively connote issues from cases for herself or himself. The trainee has an understanding of how to use a sense of humor in therapy. The trainee recognizes her or 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 or his own developmental or other issues interact in therapy.

PERCEPTUAL SKILLS GUIDELINES

Recognition Skills: The trainee shows the ability to recognize hierarchies, boundaries, and dynamics of triangulating, 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 GUIDELINES

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. She or 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 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 or her anxiety, authenticity, expression of a caring attitude, and acceptance of others. The trainee should also exhibit warmth, a sense of humor, a non-defensive attitude, congruency, and the ability to take responsibility for his or her mistakes, the ability to apply his or 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 or 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 or his therapy plan. The trainee is able to manage intense interactions appropriately, demonstrating skill at both escalating and deescalating 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 GUIDELINES

Supervision: The trainee attends supervision meetings as scheduled and is prepared to discuss cases with colleagues, to formally present her or his own case, and to present audio or video material as requested. The trainee is respectful and positive about other trainees' cases and presentations, and 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 or 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 GUIDELINES

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, executive, and outcome data.

Self: The trainee therapist is skilled in evaluating himself or herself in terms of skills: conceptual, perceptual, executive, professional, and evaluative. The trainee is able to recognize signs in himself 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 trainees work 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.

DIVERSITY SKILLS GUIDELINES

Self as a Cultural Being: The trainee has knowledge, awareness, and understanding of her/his own dimensions of individual and cultural diversity (e.g., cultural, individual, and roles differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and how they influence her/his attitudes toward diverse clients. The trainee demonstrates this knowledge, awareness, and understanding (e.g., articulates how ethnic group values influence who one is and how one relates to other people). The trainee monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation. The trainee critically evaluates feedback and initiates supervision regularly about diversity issues.

Client as a Cultural Being: The trainee has knowledge, awareness, and understanding of her/his clients as cultural beings with dimensions of individual and cultural diversity (e.g., cultural, individual, and roles differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status). The trainee has knowledge, awareness, and understanding of the way culture and context shape the behavior of her/his clients. The trainee applies knowledge of clients as cultural beings in assessment, treatment, and consultation of clients. The trainee critically evaluates feedback and initiates supervision regularly about diversity issues with clients.

Culturally Appropriate Interventions: The trainee has the basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to individual and cultural diversity (e.g., cultural, individual, and roles differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status). The trainee demonstrates basic knowledge of literature on individual and cultural differences and engages in respectful interactions with clients that reflects this knowledge. The trainee demonstrates awareness of effects of oppression and privilege on self and on her/his clients. The trainee applies knowledge, sensitivity, and understanding regarding individual and cultural diversity issues to work effectively with diverse clients in assessment, treatment, and consultation. The trainee adapts her/his professional behavior in a culturally sensitive manner, as appropriate to the needs of the client that improves client outcomes and avoids harm. The trainee articulates and uses alternative and culturally appropriate repertoire of skills and techniques and behaviors. The trainee seeks consultation regarding addressing individual and cultural diversity as needed.

COMMUNITY ENGAGEMENT GUIDELINES

Community Knowledge: The trainee has knowledge and understanding of the social and psychological impact of socioeconomic community and the basics of recovery oriented care. The trainee has knowledge of local community resources and systems (including but not limited to medical, behavioral, economic, educational, social, legal, and crisis resources). The trainee demonstrates such knowledge in treatment planning, conceptualization and intervention. The trainee is aware of legal and ethical standards for different types of work setting and how to use ethical reasoning appropriate to the community.

Engagement Skills: The trainee demonstrates community knowledge by integrating knowledge in treatment plan, and through skills such as engaging and collaborating with professionals of other social systems, making appropriate referrals when needed, and responding to disaster and/trauma in the community when the needs arises. The trainee demonstrates the use of ethical knowledge and reasoning appropriate to the community.

THEORY OF CHOICE GUIDELINES

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.

ALLIANT CFT MONTHLY CLINICAL HOURS REPORT

Name:	ID#	Semester:
Practicum or Internship Site:	MONTH:	YEAR:

This form is to be completed each month, printed and signed by the student, the on-site clinical supervisor, and the practicum instructor. You must turn this form in at the end of every month, no exceptions. This form then becomes the record that the CFT program maintains for your client contact and supervision hours. Turn in the original signed copy to the Clinical Training Coordinator or Program Designee and keep a copy for your records. If you are at more than one site, turn in a separate form for each site, including camps. The hours on this form are to be tabulated according to COAMFTE standards, not BBS standards, which must be tracked on a separate form. Please find the COAMFTE clinical and supervision hours definitions on Moodle. ONLY ONE MONTH DATA PER SHEET. DO NOT COMBINE MONTHS. Start on Month 1 and adhere to a sequence. Do not skip tabs.

Therapy Hours								
Week Beginning	Individual		Couple		Family		Alternate	Total Client Hours
	Therapy	Group	Therapy	Group	Therapy	Group		
								0
								0
								0
								0
								0
								0
Total hours this month	0	0	0	0	0	0	0	0
Total hours ALL months	0	0	0	0	0	0	0	0
Total alternate relational hours ALL months	0		0		0		0	0

Supervision Hours									
Onsite Practicum Class Combined									
Week Beginning	Live Observation		Audio		Video		Case Presentations		Supervision Total
	Indiv.	Group	Indiv.	Group	Indiv.	Group	Indiv.	Group	
									0
									0
									0
									0
									0
Total hours this month	0	0	0	0	0	0	0	0	0
Total hours ALL months	0	0	0	0	0	0	0	0	0

Student Signature:	Date:
Onsite Supervisor's Name (please print):	Signature:
Practicum/Pre-Doc Internship AAMFT Supervisor (please print):	Signature:

Definitions of Hours for Alliant and AAMFT

Client Contact Hours

Individual Therapy: Therapy with one person in the room (i.e., 1:1 therapy).

Individual Group Therapy: Group therapy with a group of individuals unrelated to one another.

Couple Therapy: Therapy with a couple unit in the room.

Couple Group Therapy: Group therapy with at least one couple unit in the room.

Family Therapy: Therapy with at least two members of a family present in the room.

Family Group Therapy: Group therapy with at least one family unit in the room.

Alternate Relational Therapy: A maximum of 100 relational hours comprised of therapy groups offered in residential, shelter and or educational environments (participants are not related). Once 100 Alternate Relational Group hours are met, any hours in excess count towards the overall 500 but not relational.

Shadowing and or Co-therapy: Track the experience of shadowing and or co-therapy *as if* you are the only therapist in an individual, couple and or family therapy session. Shadowing and or co- therapy experience can also include group therapy.

Camp Hours: Many students will seek additional hours at camps within the community. Track the time you spend providing therapeutic support to camp attendees towards your 500 hours in the column that most accurately captures your experience. Note: Camp hours are not guaranteed relational. Please contact CTC for clarification if needed.

Supervision Hours

Live Observation Individual Supervision: Supervisor is supervising a live session during the students' individual supervision. When a student is simultaneously supervised and engaged in direct client contact, log this time as supervision and direct client contact time. Individual supervision is defined as one supervisor with one or two supervisees.

Live Observation Group Supervision: Supervising a live session during group supervision, the student conducting therapy counts the time as live group supervision. While simultaneously supervised and having direct client contact, log this time as supervision and direct client contact hours. Note: The students who are observing the live session count the supervision as Case Presentation Group Supervision. Group supervision is defined as one supervisor and eight or fewer students.

Audio Individual Supervision: Student presents audio tape during individual supervision with one supervisor and one or two supervisees.

Audio Group Supervision: Student presents audio tape during group supervision or practicum class with one supervisor and eight or fewer students.

Video Individual Supervision: Student presents video during individual supervision with one supervisor and one or two supervisees. Students participating in additional supervision with supervisor engaged in supervision of supervision may log those hours here IF these hours have not been logged as professional development.

Video Group Supervision: Student presents video during group supervision on site and or presents video during practicum class with one supervisor and eight or fewer students.

Case Presentations Individual Supervision: Engagement in individual supervision with one supervisor and one or two supervisees. not consisting of live observation, audio or video supervision.

Supervisee-Supervisor Co-therapy: If a supervisor and no more than two supervisees are physically present in the treatment room, the supervisee may receive client contact, (if the supervisor and supervisee are co-therapists), or supervision, but not both. The role of the supervisor (supervisor or co-therapist) should be defined prior to the session.



Signature Page

I _____, have read and understand the CFT MA Level Practicum Clinical Training Manual 2018-19, and I agree to follow the procedures and policies contained in this manual. I also understand that I am responsible for obtaining and reading any and all licensing laws that I may be involved with. I also understand that these laws change frequently and it is my responsibility to know and comply with these laws and ethics that govern the practice of MFT and Psychology.

Student Signature: _____

Date: _____

Note: Submit signature page to Clinical Training Coordinator or program designee.