



Alliant  
International  
University

**2018-19**

**ONLINE CLINICAL TRAINING MANUAL**  
**COUPLE AND FAMILY THERAPY ONLINE PROGRAM**

A GUIDE TO CFT PRACTICUM TRAINING\*

*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

Welcome to the clinical training portion of your couple and family therapy education. This is a significant milestone on the journey of your professional and educational development. The purpose of this manual is to provide a comprehensive set of guidelines and procedures to assist you through this challenging yet exciting phase of your education.

Alliant International 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. Clinical training, a time-honored skill training modality of almost all the mental health disciplines, is the time when you apply the knowledges that you have gained in the program to real people, real problems, and real human dilemmas.

The Couple and Family Therapy Programs are designed to develop ethical and responsible professional practitioners who are proficient in providing couples, marriage, and family therapy services to the community. The program strives to decrease the distance between academic training and the real world by requiring you to gain your experiences in the community where you live and possibly will work in the future. You are not going through this journey alone. You are under close supervision by qualified supervisors who support and challenge you throughout this process.

This Training Manual is in effect at the time you enroll in the online CFT Program. Please read it carefully as it provides answers to most, if not all, your questions regarding the clinical training process.

Now let's get started.

### What is a Practicum?

A **practicum** is another name for the clinical training portion of the Master's (MA) program. Students are referred to as trainees while in practicum. This is a 12-months training process. The following section will describe the stages of this process.

The purpose of practicum is to develop therapeutic skills with individuals, couples, families from a systemic perspective toward state licensure. You will perform marriage and family therapy under supervision with a qualified supervisor at a site approved by the Clinical Training Coordinator (CTC). While in practicum, you work as a trainee in a local mental health agency where you receive supervision by the site supervisor. You are to accumulate minimum 500 clinical hours (minimum 200 of them are relational hours). You also take practicum courses (PSY 7360 Practicum, 1.5 unit/term) for at least 6 terms from faculty members during this year. Most students can complete the 500 clinical hour requirement during the 12 months. If you cannot complete the required minimum 500 clinical hours after this whole year process, you then take PSY 7369 Practicum Extension (.5 unit/term) till you complete all the required clinical hours. The clinical hours accumulated during practicum will count toward the total hours required for your state licensure.

Practicum is the time you essentially start to function as a practicing professionals. Thus, professionalism is expected of you, which includes being self-directed, and taking responsibility in the observation of

current legal and ethical codes benefiting the public interest and welfare under the jurisdiction of applicable local, state, and national boards or professional associations.

Due to the unique nature of clinical training and supervision, PSY 7360 MFT Practicum will be synchronous, which means, different from all other classes, you will meet with your practicum instructors at set times and days. All sections of PSY 7360 MFT Practicum are to meet synchronously from 6:00 PM to 8:50 PM Pacific Time or Pacific Daylight Saving Time on Tuesdays. This information is to help you arrange your schedule accordingly.

## Practicum Process and Requirements

The following section will cover the general requirements and time line for practicum, required training experiences, responsibilities of practicum sites, student responsibilities, practicum courses, managing problems at the site, and waiver of practicum hours. These experience requirements are guided by policies and regulations of Alliant International University, the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) and the Board of Behavioral Sciences (BBS) of State of California. License requirements vary by states. It is your professional responsibility to be familiar with the requirements of the state where you plan to gain license.

### Practicum Process, Requirements, and Student Responsibilities

The practicum process includes four major components: Pre-requisites, practicum site acquisition, practicum training, and completion. We are going to explain each component in detail:

#### I. Pre-requisites

The pre-requisites of clinical training include two components: a) complete and pass pre-requisite courses, and b) complete and pass Residency I.

**Pre-requisite courses:** Students have five pre-requisite courses: PSY 6312 MFT Theories and Techniques I (A and B), PSY 6322 MFT Theories and Techniques II I (A and B), and PSY 6310 MFT Law and Ethics, PSY6326 Diversity & the Family (A and B), and PSY 6360 Preparing for Community Practice. You should have either completed or simultaneously taking all the prerequisite courses except PSY6360 by the time you take Residency I. You need to have completed PSY 6360 before you start practicum.

The following is a detailed description of Residency I and II.

**Residency:** You are to complete two residency courses during your MA CFT program. Each residency course is one (1) unit. It is the phase of training where you translate knowledge into skills. Residency requirement is a unique feature of Alliant online CFT Program. During the residencies, you interact with your faculty members and fellow students in person; learn, practice, and fine tune the skills required at different stages of your professional and educational development in a simulated environment.

Residency courses will require you to travel to San Diego, CA. Each residency course is a three-day event. We recognize that it may be challenging for you to take time away from work and family. Thus, both residencies are scheduled to be on weekend (Friday, Saturday, and Sunday). We hope the following

information will help you to organize your schedule for this amazing experience that will strongly enhance your online education.

**Time:** Both Residency I and II will be offered twice a year - the first weekend of May and the first week of November. You choose which one you want to attend based on your progress in the program. Please note that Residency I is a pre-requisite for Practicum. So, you must take and pass it before you can start your practicum and start accruing clinical hours. By the time you take Residency I, you need to have completed, or concurrently taking, all the pre-requisite courses for practicum.

**Length:** Each Residency is a one unit 8-week class. It includes an intensive three-day in person meeting, starts at 9:00 AM on Friday and ends at 4:00 PM on Sunday afternoon. This means you may need to arrive San Diego by Thursday night.

**Residency I:** Residency I is part of pre-requisite to start Practicum. It is also a mechanism to assess your clinical readiness before you start seeing clients. By the time you take Residency I, you should either have taken and passed, or simultaneously taking, the pre-requisite courses mentioned earlier, except PSY 6360 Preparing for Community Practice. The course works you have completed and/or are completing give you a firm theoretical knowledge foundation. Residency I is the time to translate this knowledge base into skill set. Before the 3-day in person meeting, you will submit video tapes of your role plays. During the in-person residency, you will practice presentation skills, pair up with different students to practice fundamental therapy skills and group therapy skills, participate in small and large group exercises, observe each other's practice, provide and receive feedbacks from your faculty and your fellow students. This is the first comprehensive experience that covers all the courses you have taken so far, to enhance your understanding of the theory concepts, as well as to increase your awareness of self as a therapist.

**Residency II:** By the time of Residency II, you have taken most of the classes in your curriculum and have been practicing in an agency for several months. It is time to get yourself ready to move on to advanced skill level. Residency II is also a one unit 8-week course. Before the in-person meeting, you will submit videotapes of your role plays of specific theory models and other assignments. During the three-day in person meeting, you will practice applying advanced theory-based marriage and family therapy skills in treatment planning, delivery, and evaluation. You will present your clinical cases and get in person supervision from faculty members. Residency II occurs on the third year.

### **Cost and Logistics**

Each residency carries one (1) credit unit. Extra cost includes travel, lodging, dinners, and miscellaneous personal expenses. The university has partnership agreements with Holiday Inn Miramar <https://www.ihg.com/holidayinn/hotels/us/en/san-diego/sanmm/hoteldetail> that will provide discounted hotel accommodation. Holiday Inn Miramar is within walking distance to Alliant's San Diego campus. It also provides van services to our students to and from campus. Financial aid may help pay for the tuition and most of the cost of residency I and II. Please contact financial aid office directly to inquire eligibility.

## **II. Acquire a Practicum Site**

After you complete and pass all the pre-requisites of practicum, it is time to secure a qualified agency where

you will practice and complete the 12 months clinical training. As a student of online CFT program, you are fully responsible in securing your practicum site. Please know that certain agencies in locations around Alliant's campuses have established relationship and contracts with the university. These agencies may or may not be available to online students. The following are the steps that you need to take to acquire a practicum site. As you can see from the following steps, the process of practicum site acquisition actually starts as soon as you enrolled into the program.

1. As part of the technical training when you enrolled in the program, you should have read the Clinical Training Manual, and signed the Verification page on the requirements and process of practicum site acquisition.
2. You are encouraged to start inquiring into and gathering information on agencies in the area you want to do your practicum as soon as you enroll in the program. Students should start this process no later than T-5 of your first year. Use the Practicum Site Qualification Checklist in this information gathering phase.
3. You will submit to your CTC a minimum three (3) agencies that you are interested in doing practicum at least three terms before you can start practicum. Students should submit the three agencies by the end of T-5. The submission includes the completed Practicum Site Qualification List.
4. CTC will contact and evaluate the agencies, make decision to approve the agencies, and make recommendations to you by the end of T-6.
5. Take and pass Residency I in T-5
6. Start interviewing with the recommended practicum sites in T-1.
7. Finalize the practicum approval by the end of T-1.

Final approval of an agency is contingent upon submission of the following documents:

- a. Practicum approval form
- b. Malpractice insurance certificate
- c. Proof of AAMFT membership  
**Note:** *A current malpractice insurance certificate and AAMFT membership must be maintained during the entire course of the practicum experience.*
- d. Signed page of Clinical Training Manual attesting to having read said manual (at the end of this manual)
- e. Valid and original Agency Agreement signed by all parties.  
**Note:** *A signed valid and original Agency Agreement (by all parties) is required **before** meeting with clients or working in the capacity of a therapist. Students will be dropped from PSY 7360 if any of the documents is missing*
8. Register and attend PSY 7360 in T-6.

### III. Practicum Training:

This is the middle phase of your clinical training or practicum process. This is the time you see clients at your practicum site. The following are the steps that you need to take to complete this stage:

9. Take PSY 7360 at least 6 consecutive 8-week terms. You should have at least 9 units of practicum by the time you complete the clinical training.
10. Become familiar with MFT trainee regulations of the state where you will be licensed. Discuss with CTC about any unique requirement.
11. Record Keeping: MONTHLY HOURS FORMS ARE DUE ON THE 15TH OF THE FOLLOWING MONTH. Keep a copy for your records.
12. All the monthly hours are to be entered in the CFT MONTHLY CLINICAL HOURS REPORT, also referred to as Alliant hourly logs, and submit them through Canvas.
13. Submit Site Evaluation Form once every two terms via Canvas.
14. CTC will send to your site supervisors the link of Online Basic Skills and cc you. You may need to remind your supervisor to meet with you and complete the evaluation once every two terms.
15. Keep regular contact with CTC to discuss any practicum related questions that you may have.
16. Watch the speed that you accumulate clinical hours. You are likely to have a slow start while you are waiting for your case load to build up. You can shadow or do co-therapy with other therapists in the agency during this slow time. You should try to have on average at least 10 to 15 clinical hours each week.
17. Watch the ratio of relational hours and individual hours to make sure they are close to 2:3. If you don't have this ratio, you may will need more time to accumulate the required 200 relational hours before you can complete your clinical training requirements. If the ratio is off, bring it to the attention of CTC and discuss possible solutions.

#### IV. Completion of the Practicum Training

This is the stage where you are approaching the completion of your clinical training. The following steps ensure the completion is smooth.

18. Most of students can complete the practicum requirements in 12 months. If you have not completed the required minimum 500 clinical hours after 6 terms, you can start to register PSY 7369 Practicum Extension. This is a half (.5) unit course. You attend this course just like you attend PSY 7360 Practicum. The function of PSY 7369 Practicum Extension is to ensure that there is no gap in your supervised clinical experiences.
19. In a rare occasion, you may complete all the required 500 clinical hours, including the 200 relational hours, before the 12-month period ends. In this case, you still need to continue to work at the site to complete the contract, unless you get special permission from your agency to leave early.
20. When you have completed the required minimum 500 hours (including min 200 relational hours), request an Official Audit of Hours from Student Advisor or Academic Program Coordinator. **Do not leave your practicum site until you have received the confirmation of completion of your required hours.**

## Professional Development Requirements

In addition to the clinical training requirements, Alliant CFT program requires activities aimed at enhancing your personal and professional development. These include activities that orient students to the profession and provide opportunities for specialized training. These activities also introduce you to the importance of life-long learning and education. Activities include workshops, in-service trainings, professional conferences and personal individual, family, or group therapy experiences. You are required to complete 50 professional development hours, 25 of which may be personal therapy. Personal therapy must be done with a licensed mental health professional. You can only count the therapy hours that are completed after you enrolled in the program and before your degree is posted.

You are strongly encouraged but not required to experience being a client of psychotherapy. This experience will enhance your understanding of the process, stimulate your personal growth, and increase your self-awareness.

**Reporting Professional Development Hours.** Professional development hours are submitted to Academic Assistant of your online program.

1. Psychotherapy hours should be verified by the licensed therapist on his/her letterhead, indicating starting date and number of hours completed.
2. Verification of other development activities should include 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 you have completed a workshop. You should keep copies of the verification for your own records.
3. Up to 8 professional hours can be completed online. This requirement is to encourage you to attend conferences and establish professional network in your community.
4. You are encouraged to attend various professional activities. Therefore, no more than 20 hours can be accrued from any single training.

**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 number and may delay employment.**



## Practicum Site Qualification Checklist

This is the checklist you use for Steps 2 and 3 of your Practicum Acquisition.

Agency Name \_\_\_\_\_  
Agency Address \_\_\_\_\_  
Agency's website \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Supervisor's Phone Number \_\_\_\_\_  
Supervisor's Email \_\_\_\_\_

**An agency qualifies as an Alliant online CFT Program's practicum training site if ALL the following requirements are met.**

- ✓ It is not a private practice
- ✓ It must be licensed and/or certified by the state or federal licensing and certification programs to provide health services
- ✓ It allows trainees to videotaping their sessions
- ✓ It provides two units of supervision per week by the qualified supervisor. One unit of supervision is defined as
  - One (1) hour individual supervision (with maximum two trainees), **or**
  - Two (2) hours of group supervision (with maximum eight trainees)
- ✓ It is capable of providing a caseload of clients that would allow at least 500 clinical hours (including minimum 200 relationship hours) during 12 months
- ✓ The supervisor meets the supervisor requirements by the state. E.g. supervisors in the state of CA must meet all the following requirements:
  - possess a current and valid mental health license (LMFT, LCSW, Psychologist, board certified Psychiatrist) for at least two years prior to the commencement of supervision;
  - have completed a 6-hour supervision training within the two-year period immediately preceding supervision and every renewal period when supervising, **NOTE: If the supervisor has never taken this course, it must be taken within 60 days of commencement of supervision;** and
  - have practiced psychotherapy or directly supervised trainees, interns, or associate clinical social workers who perform psychotherapy as part of their clinical practice in two of the past five years immediately preceding the commencement of supervision,
- ✓ 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).
- ✓ A copy of supervisor's resume
- ✓ A copy of CEU certificate of the supervisor's minimum 6 hours training on providing supervision to MFTs.

### Supervisor Requirements

Primary Supervisors must be licensed marriage and family therapists, psychologists, social workers (LCSW), or board-certified psychiatrists. They must have held their respective license for minimum two years and practice marriage and family therapy from 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 receive one (1) unit of supervision for every five (5) clinical hours. One (1) unit of supervision is defined as one-hour individual supervision or two hours of group supervision.
- Supervision provided by the Primary Supervisor must be at least one hour per week of individual, face-to-face supervision and/or a minimum of two hours of group supervision per week, regardless of the number of client contact hours.
- Group supervision shall at all times consist of a ratio of one supervisor and a maximum of eight students.
- Fifty hours of supervision must be in direct observation, videotape, or audiotape (only up to 25 of those hours may be audio tape).

### **Student Training Experience Requirements**

You are expected to gain your clinical hours at only one practicum site. If you are in good academic standing, have completed your first two terms of practicum, and are not under SERC requirements, you may, under special circumstances, contract with a second practicum site. You must obtain prior approval from the Clinical Training Coordinator before looking for a second practicum site. You are expected to work a minimum of 10 hours per week, but no more than an average of 30 hours per week at your practicum site.

As stated before, you need to accumulate minimum 500 direct client-contact hours and minimum 200 of them must be relational hours. "Relational hours" is defined as clinical work with two or more persons 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. However, there are two exceptions to group therapy. The first exception is when you are working in a residential setting where individuals are living together. Group therapy in this setting would focus on the relationships between and among those individuals living together. The second exception is when you are working in an educational setting conducting group therapy in the classroom. The focus of this group therapy would be on relationships between and among peers in the same classroom. In either of these settings, 100 of these group therapy hours may count as relational hours. These hours are not tallied on your Monthly Clinical Hours Form. You use *Residential-Relational Group Hours Form* to document these relational group therapy hours.

As a professional working in your practicum site, you will gain additional valuable experiences through case conferences, staff meetings, trainings, and other administrative duties. Hours accumulated through these activities may count for the state licensing board but are NOT part of the 500 hours required by the CFT Program.

#### ***Information regarding counting hours at Camps***

Some approved practicum sites offer camps through their programs, such as bereavement camp for children who lost a family member. Camp hours of experience are acceptable when you provide rationale as to how these hours were accomplished. For example, list what you did clinically, whether it

is individual, family or relational work, and have this signed by an officer at the camp. Remember that you cannot claim more experience than what is realistically possible in a 24-hour day (minus sleep time, meals and other miscellaneous non-clinical activities). For example, a reasonable amount would be up to 25 hours per a three-day camp or up to 40 for a full week. Please inform your site supervisor and practicum instructor when they are co-signing the logs, and show your separate count in any kind of format you deem explanatory. This documentation will support the work that you are doing that is different from your usual schedule at the agency. Most camps fill the day with therapeutic activities; however, you may not be able to claim all these activities as client-contact therapy hours on your Alliant logs.

By the end of the 12-month practicum, if you have completed 6 terms of practicums and have not completed the 500 client contact hours (and related supervision hours), you must take at least one of the following options:

1. If you are in good standing at your practicum site and not under SERC requirements related to practicum or clinical performance, you may take PSY 7369 Practicum Extension, which is a .5-unit practicum. In order to enroll for PSY 7369, you must have approval from your practicum site to extend your stay to complete the remaining required clinical hours. If you take this option, you must attend the course and complete all course requirements in a satisfactory manner until the 500 required hours are completed. When the 500 hours are verified by designated program support person, you can receive your grade and have your degree posted, as long as all other units of the program have been met.
2. According to Board of Behavioral Sciences (BBS), the licensing body of the state of California, 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, if you have less than 50 client contact hours to complete and are expected to have your degree posted within 90 days of successfully completing your previous practicum may make request to the CTC to not take an additional practicum. An addendum to the old contract and/or a new contract should be attached to the request with the new termination date and all new signatures. If this request is approved and you are seeing clients while not enrolled in a practicum class, the Alliant hourly logs must be submitted to your Clinical Training Coordinator for approval by the 15<sup>th</sup> of the next calendar month. You will be monitored by the Clinical Training Coordinator and must continue to receive supervision and evaluations from your on-site supervisor. If you are granted this option, you must complete all client contact hours and graduate within 90 days. Otherwise you are operating outside the law and your hours for this period will not be counted.

### **Protecting Clients' Confidentiality**

As a student in practicum (a trainee), you start to handle very sensitive and confidential information. You will submit your recordings of your therapy to the class, and you will view other students' therapy sessions. The legal and ethical responsibility is upon you to safeguard client's confidentiality. Technology provides the convenience for you to access education in your own environment, it also challenges you to be much more vigilance to protect clients' confidentiality in your own environment. You need to know

that your living room where other family members come and go, airport, your favorite coffee shops or restaurants that offer free Wi-Fi, are not the best choice of location when you attend online practicum class. Your family members, including young children, patrons of coffee shops or restaurants, may see your screen and/or overhear the conversation. Public Wi-Fi is not encrypted. Other users can intercept your video transmission.

We require that you take every reasonable step to protect confidential information. This includes but is not limited to

- you pre-arrange your schedule to make sure that you attend practicum class in a location where you have encrypted Wi-Fi, and there is nobody around you. Recommended locations include your office in the agency.
- password protect your computer where you store your video files, and password protect your video files. These two passwords should be unique and different.
- If you use cameras to store your video files, keep your camera behind two locks, e.g., keep it in a locked drawer in a locked room.
- Do not to use insecure means, such as email, to submit your video files.
- when you delete your video files, be aware that the computer does not really delete your files. You need to use the secure delete function of your computer. If your computer does not have it, you need to purchase some software to make sure the files are not recoverable after delete.
- If you are going to retire or sell your computer, or give it to another family member, make sure to use a “white-out” program to wipe the hard drive clean.

### **Student Rights and Responsibilities**

- Report to your CTC any conflicts or breach of contract that may occur during the training period, including changes in supervisor. Your CTC will evaluate and approve each new supervisor.
- Meet all legal, ethical and professional 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 12-month 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: you must maintain satisfactory academic performance, evidence no psychological problems that interfere with your 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 your progress in these areas. Identified problems may result in recommendations for remedial action. Faculty may also recommend review by the Branch Director and Dean, CSPP. You are reminded that you 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

The following procedure provides guidance in the event you encounter problems with your site:

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

Once the site has contacted the CTC regarding the termination of your contract, you must schedule a meeting with the CTC to evaluate the situation and explore potential sites that would be appropriate. Termination by practicum site is a serious matter. It can affect your practicum class, the required sequence of consecutive Practicum courses, and the obtaining of a new Practicum site. Therefore, such decision must include consultation with the CTC. Termination by practicum site is cause for referral to Student Evaluation and Review Committee (SERC).

## Special Policies

### Waiver of Practicum Hours

1. Should transfer students request to waive practicum hours; they must submit a completed Practicum Waiver Form to the designated program support person or CTC. This form requests the following information: (a) the name and address of the site; (b) site director; (c) primary supervisor with license number and date granted, and AAMFT Supervisor status; (d) start and finish dates; (e) number of individual and group supervision hours; (f) specific duties and responsibilities; (g) general evaluation and recommendations regarding the student's clinical performance by the supervisors; (h) percentage of Marriage and Family Therapy client contact hours, and (i) total number of client contact hours in the following categories; individual, individual group, couple, couple group, family and family group. These hours must be separated into these groups to assess equivalency.
2. No more than 50% of the hours for practicum will be waived. Student must still attend practicum classes even if the hours have been waived.
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. They must submit a Practicum Waiver Form the first semester of their programs.
4. Requests for waiver of practicum hours must be submitted before the end of the first semester of graduate study.

## **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.

If appeals are denied by the CTC, the student has the right to contest the decision by requesting, via the CTC, the department faculty to review the request. The Branch Director will appoint a CFT Faculty Appeals Committee to render a decision. This decision is then forwarded to the Branch 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.

## **Limited Confidentiality of Student's Information**

Because of the educational/training nature of the program, it is important for 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 have shared 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 do so under the auspices of a release signed by the client(s) indicating their understanding of the student's role and how information may be shared for educational/training purposes. Students are not at any time to discuss confidential client information outside of the educational/training context.

## Summary of Hours

### Practicum

Client contract hours with couples & family	<b>200 (minimum)</b>
Client contract hours with individuals & group	<b>300</b>
Total practicum hours	<b>500</b>
Supervision hours at a 5 to 1 ratio	

### Professional Hours – MA

Personal therapy hours (strongly suggested)	<b>25</b>
Personal growth, training workshops, etc.	<b>25</b>
Total	<b>50</b>

*Note: Students should not leave their sites until official audits of their hours have been certified by the program designee. For Alliant purposes (not for BBS), Practicum class case presentation time can be claimed as supervision in the program hourly log. If the trainee is presenting with raw data, it should be documented in the proper log category. Video presentations by other trainees can only be claimed as casenote 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"/>

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
<b>Integration of theory and practice</b>	<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
<b>Joining</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Assessment</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Hypothesizing</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Interventions</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Communication skills</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Personal skills</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Session management</b>	<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
<b>Supervision</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Recognition of ethical issues</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Paperwork</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Professional image</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Professional conduct</b>	<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
<b>Evaluation of therapy</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Evaluation of self</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Familiarity with therapy model</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Self as therapist</b>	<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, 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, 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, interventive, 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

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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)

(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

  

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"/>

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
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

Theory (use student's preferred model)

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

## 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 therapist, 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 MFT program maintains for your client contract and supervision hours. Turn in the original signed copy to the Systemwide Clinical Training Administrator or designee and **keep a copy for your records.** If you are at more than one site, turn in a separate form for each site. **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 at the bottom of this document. **ONLY ONE MONTH DATA PER SHEET. PLEASE: do not combine months! Start on Month 1 and adhere to a sequence. Do not skip tabs.**

### Therapy Hours

Week Beginning	Individual		Couple		Family		Total Client Hours
	Non-group	Group	Non-group	Group	Non-group	Group	
Total hours this month	0	0	0	0	0	0	0
Total hours ALL months	0	0	0	0	0	0	0
Total relational hours ALL months			0				0

### Supervision Hours Onsite & Practicum Class Combined

Week Beginning	Live Observation		Audio		Video		Casenotes		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

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

## 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.





## Verification Page

I \_\_\_\_\_, hereby verify that I have read and understand the Alliant online CFT Practicum Clinical Training Manual 2018-19, and I agree to follow the procedures and policies contained in this manual. I understand that I am responsible for securing my practicum site, and 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 in my state.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Please sign and turn this sheet in to Program Support or CTC.