

THE

MASTER OF ARTS IN
MARRIAGE AND FAMILY THERAPY DEGREE PROGRAM

AT

LOUISVILLE PRESBYTERIAN THEOLOGICAL SEMINARY

(Revised August 2021)

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TABLE OF CONTENTS

Section I Master of Arts Degree in Marriage and Family Therapy

Program Description	1
Admission Requirements	
Transfer of Credit Policy	
Program Goals, Student Learning Outcomes	
COAMFTE Developmental Competencies	
Accreditation and Professional Affiliation	3
Liability Insurance	4
Educational Requirements of the Program	4
Portability	
Academic Requirements	
Marriage and Family Therapy Standard Curriculum	
Clinical Requirements	
APA Style	
Student Technology Requirements	
Graduation Competency Assessments	
Personal Therapy Requirement	
Self-Development	
Pastoral and Spiritual Formation	
Concentration in Black Church Studies	8
Dual Degree Opportunities.....	8
Seminary Policies	8
Diversity Statement and Demonstration Chart	
Use of Inclusive Language	
Policy Regarding Students with Learning Differences	
Policy on Sexual Harassment	
Grievance Process	
MFT Program Evaluation Policy and Procedures	11
Guidance and Evaluation: An Overview	12

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Following Graduation from the Marriage and Family Therapy Program	14
Continuation in the MFT Program	15
MFT Program Personnel	17
Student Representatives	19
MFT Administrative Structure	22
Section I Forms.....	23
MAMFT Degree Worksheet	
MFT Program Mission, Program Goals and Points of Assessment for Outcome Based Education	
Important Definitions to Know	
MFT Student Guide: Writing Case Studies and Clinical Files as a Professional Report	

Section II Practicum

Practicum: Clinical Experience and Practicum Sites

Clinical Experience Requirements	1
Practicum Sites	2
Louisville Seminary Counseling Center (LSCC)	
Placement at Off-Campus Sites	
Student Employment and Clinical Hours	
Clinical Pastoral Education (CPE)	3

Practicum: Supervision

Definitions	6
Program Supervision Requirements	7
Preparation for Supervision	8
Individual/Dyadic Supervision Structure and Procedure	10
Group/Live Supervision	11
Theological Reflection & Spiritual Integration	13

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Practicum: Evaluation Policy and Procedure

Clinical Competence 14
Evaluative Standards 14
Criteria for Final Practicum Grade 14
Psychotherapy 15
Section II Forms..... 16

- Practicum 2 Case Study Guide for Individuals
- Practicum 2 Case Study Guide for Couples or Families
- Fall 2021 Group Supervision Expectations and Procedures
- LPTS Reflect Team Approach for MFT Supervision Groups
- What to Expect When Attending the Therapeutic Group Process

Section III The Practicum Log

Client Contact Hours 1

- Constellation of Client Contact
- Standard Practicum Log Definitions
- Client Information Needed to Complete the Practicum Log

Supervision Hours 3

- Constellation of Supervision
- Types of Client Documentation Used in Supervision
- Supervision Information needed to Complete the Practicum Log

Completing the Practicum Log 5

Section III Form 8

- Practicum Record Log
- Off Campus Log

Section IV Graduation

Requirements 1

Graduation Policy 2

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MFT Exit Examination & the AMFTRB Exam 3

Senior Integration Experience (SIE) 4

Section V Marriage and Family Therapy Licensing & Professional Organizations

MFT Licensing in Kentucky 1

Professional Memberships 3

Section V Form: 4

Application for Permit as a Marriage and Family Therapist Associate
 Supervision Plan for Clinical Experience

Louisville Presbyterian Theological Seminary

MASTER OF ARTS DEGREE IN MARRIAGE AND FAMILY THERAPY

Louisville Presbyterian Theological Seminary offers a Master of Arts in Marriage and Family Therapy (MAMFT). **The mission of the Marriage and Family Therapy Program is to educate persons with theological or spiritual commitments to become marriage and family therapists competent to practice in a diverse, multicultural, and interfaith world. We accomplish this by balancing classroom and intensive supervised experience in an on-campus counseling center and a broad range of off-campus sites.**

At Louisville Seminary, Marriage and Family Therapy is framed as a professional expression of pastoral care and counseling. Individuals trained in the MFT Program gain theoretical and practical tools to work as comprehensive mental health providers in a broad range of treatment contexts with careful attention to human, family and cultural diversity. To this end, the MFT Program is built on COAMFTE's Foundational Curriculum in Marriage and Family Therapy and core theological courses that help students relate learning across theoretical, theological and spiritual disciplines.

Through academic study and clinical experience students form a professional identity as a marriage and family therapist critically informed by religious and theological values and commitments. Most students expect to become theologically and spiritually informed MFTs practicing in community settings. Others expect to express their ordained ministry through specialized skills as a professional marriage and family therapist and will earn a M.Div. while at Louisville Seminary. The Marriage and Family Therapy Program encourages students to explore and integrate both theological and systemic traditions that mutually inform their work with people and enrich their professional identity as marriage and family therapists, minister and pastoral counselor. Students receive individual supervision and group supervision based on direct observation of their clinical work.

Consistent with the Program's mission to train marriage and family therapists who are competent to practice in a multicultural and interfaith world, students entering the MFT Program embody a range of differences in religious and educational background, ethnic and racial identity, gender, and sexual orientation. Students may choose to complete the concentration in Black Church Studies with their MAMFT degree.

The MFT Program is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the American Association for Marriage and Family Therapy (AAMFT). Graduates of the MFT Program meet all academic requirements for a Marriage and Family Therapy license in Kentucky and most other states. Entering students are required to work with the Clinical Director or Program Director to determine requirements for licenses in states other than Kentucky.

Admission Requirements

A bachelor's degree from an accredited institution is required for admission. Personal experience, maturity, sense of ministry and aptitude, as demonstrated during an interview process, also are considered for admission. Advanced standing may be given for previous graduate degrees in selected fields.

Transfer of Credit Policy for the MFT Program

Entering students may transfer credit hours from previous graduate work under the following conditions:

1. Credit was completed no longer than 5 years prior to application.
2. Grade earned was B or better.
3. No more than six (6) hours of MFT related credit earned from another COAMFTE accredited program may be applied toward required courses in the MFT Program. Transfer of these credits requires MFT faculty review and approval.
4. No more than six (6) hours of MFT related credit earned from a non-COAMFTE accredited program may be applied as electives in the MFT Program with approval of the MFT Program Director.
5. Students entering with graduate theological credits (no theological degree) may transfer up to 15 hours of credit toward core theological requirements if classes are determined to be commensurate with MFT Program required courses as determined by the Registrar in consultation with the MFT Program Director.
6. Students entering with a completed M.Div. or other theological degree may transfer fifteen (15) credit hours toward the MAMFT degree requirements.

Program Goals (PG) and Student Learning Outcomes (SLO)

(See appendix for MFT Program Goals and Points of Assessment for Outcome Based Education chart)

Expected Program Goals and Student Learning Outcomes for the MFT Program at Louisville Seminary are as follows:

Program Goals (Standard 12.5)

- PG1: To graduate students prepared with clinical and theoretical and ethical tools to provide individual, couple and family therapy as entry-level professional MFT practitioners.
- PG2 To graduate students who demonstrate cultural competence and are able to provide individual, couple and family therapy with diverse clients.
- PG3 To graduate students with an entry-level professional ability to reflect theologically/spiritually on their clinical practice in a multi-faith world.
- PG4 To graduate students with ethical commitments to service, advocacy, antiracism, and public participation as an MFT.

Student Learning Outcomes (Standard 12.5)

- SLO 1 Graduating students will be able to flexibly conduct evidence-based systemic therapy with individuals, couples and families that meets entry-level professional standards.
- SLO2 Graduating students will demonstrate a broad knowledge of systemic theory and MFT treatment models.
- SLO3 Graduating students will demonstrate ethical knowledge and ethical practices that meet professional and legal standards in the field.
- SLO4 Graduating students will be able to use a multi-contextual, antiracist approach to Marriage and Family Therapy that attends to religious, cultural, racial, economic, gender, and sexual orientation diversity and intersectional contexts in client, client-therapist, supervisory, and broader social systems.
- SLO5 Graduating students will be able to use a clinically appropriate theological/spiritual framework in the practice of Marriage and Family Therapy.
- SLO 6 Graduating students will be able to apply an ethical framework, including but not limited to the AAMFT Code of Ethics, to make appropriate decisions in therapy, advocacy, service and public participation.

COAMFTE Developmental Competencies

COAMFTE Standards Version 12.5 identifies five Developmental Competency Components that refer “...to the primary areas of professional learning and skill-development central to the effective and ethical practice of a future Marriage and Family Therapy professional.” These include:

- knowledge of the profession;
- practice of therapy;
- human diversity and social structures;
- professional identity, ethics, and law; and
- research and evidence-based practice.

This framework is intended to encompass historical, current, and future elements of MFT professional identity and practice, and to organize student learning outcomes expected of a graduate of the COAMFTE Accredited program.”¹¹

ACCREDITATION AND PROFESSIONAL AFFILIATION

The MFT Program is accredited by The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the American Association for Marriage and Family Therapy (AAMFT). Students, clinical supervisors, and academic faculty in the MFT Program are expected to assent to and abide by the AAMFT Code of Ethics. Violation of these ethics may result in disciplinary action and dismissal from the Program.

¹¹ COAMFTE Standards, Version 12.5, p. 36.

American Association for Marriage and Family Therapy (AAMFT)

The professional organization for the field of marriage and family therapy is The American Association for Marriage and Family Therapy (AAMFT). Since 1942, AAMFT has promoted the practice of marriage and family therapy through research and education and regulated the profession through accreditation and credentialing.

Requirement: Students pursuing a MAMFT are required by the MFT Program to seek and maintain student membership in AAMFT. Membership applications are available on-line at www.aamft.org. For additional information, contact:

The American Association for Marriage and Family Therapy

Telephone: (703) 838-9808

E-mail: memberservice@aamft.org

Fax: (703) 838-9805

Web: www.aamft.org

LIABILITY INSURANCE

Professional liability insurance for services performed as part of the Practicum experience is provided as part of the seminary's insurance policy and extends to all satellites where interns are serving. The seminary's insurance policy **does not** provide coverage for counseling or any other activity performed outside of Practicum. If you are currently providing any service for an outside organization, either free of charge or fee-based, you will need to maintain your own professional liability insurance. Student members of AAMFT are encouraged to contact the insurance company currently being endorsed by AAMFT and obtain student coverage. Students should also be aware that applicable ethical codes, licensing laws, immigration laws, and other relevant requirements might prevent a student from providing such services outside of Practicum activities.

EDUCATIONAL REQUIREMENTS OF THE MFT PROGRAM

Portability

All entering students are required to review license regulations in the state in which they intend to be licensed with either the Clinical Director or academic advisor. This consultation will give the student and Program the opportunity to plan for regulatory differences between Kentucky and another state in which the student may plan to be licensed.

Academic Requirements

The Master of Arts in Marriage and Family Therapy degree requires 70 hours of academic study. With guidance from their academic advisor and careful course management, some students may complete the program in 2.5 years. Of the 70 hours of academic study, 15 hours will be in Integrational Studies which will include courses in Bible, Theology, and reflection/integration experiences designed to provide a foundation for integrational discourse and tools for exploring one's own spiritual and theological tradition. The remaining hours are distributed over areas of study required to meet national credentialing standards in the field of marriage and family therapy. To graduate, students must complete all academic courses with a 2.5 cumulative grade point average, and pass the Exit Examination and Senior Integration Experience.

Marriage and Family Therapy Standard Curriculum (Revised July 2021)

Theoretical Knowledge: 9 hours

PC 304-3	Theoretical Foundations of Family Therapy	1 st Year – Fall
PC 308-3	Theories of Change	3 rd Year – Fall
PC 317-3	Gender, Race & Class: Engaging Intersectionality	

Clinical Knowledge: 22 hours

PC 303-3	Couples Therapy: Theory & Practice	
PC 322-3	Psychopathology	1 st Year – Spring
PC 243-3	Treatment of Addictions	
PC 223-3	Trauma/Abuse	
PC 440-1	Introduction to Teletherapy	
PC 441-3	Practicum 1: Beginning MFT Practice	1 st Year – Fall
PC 442-3	Practicum 2	Upon completion of Practicum 1
SM 121-1	Year 2 Spiritual Integration in Clinical Practice	2 nd Year – Fall
SM 121-2	Year 2 Spiritual Integration in Clinical Practice	2 nd Year – Spring

Human Development: 6 hours

PC 408-3	Human Growth & Transformation
PC 307-3	Human Sexuality

Ethics and Professional Issues: 3 hours

PC 305-3	Professional Issues & Ethics in MFT
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MFT Research: 3 hours

PC 281-3	Marriage & Family Therapy Research
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Theological Foundations: 15 hours

SM 110-1/SM110-2	Theological Reflection Groups Introduction to Scripture for MFT	1 st Year – Fall & Spring
TH 110-3	Systematic Theology Christian Ministry in Religious Diversity Course Black Church Studies Course	1 st Year

Electives (and Practicum 3/Internship as needed): 12 hours

Electives may be taken from MFT courses or other general seminary courses (including travel seminars).		
PC 443-3	Practicum 3/Internship	

Graduation Competency Assessment

PC 500-0	Senior Integration Experience (in Practicum 3)
PC 501-0	MFT Exit Examination

Total Hours: 70

Note: All courses related to the MFT Program curriculum taught by MFT faculty and adjunct professors will comply with syllabus requirements in the Faculty Handbook.

Clinical Requirements

The Master of Arts in Marriage and Family Therapy clinical requirements include the following:

- Successful completion of Practicum courses by demonstrating that competencies required by syllabi are met.
- Successful completion of a minimum of 300 direct client contact hours, of which 100 are relational hours, and a minimum of 100 hours of MFT relational/systemic supervision.
- Appropriate management of closure or transferring of all client relationships and clinical records.

APA Style

The MFT Program requires APA style for all papers prepared by MFTs or dual degree students. Papers submitted not in APA style will not be accepted. Points will be deducted if a new submission is required because the APA style is not used. Students can access support for their writing through the Academic Support Center, MFT faculty, directors, and clinical supervisors.

Student Technology Requirements

To participate appropriately in the Master of Arts in Marriage and Family Therapy, students must:

- Have regular access to a reliable computer to complete coursework electronically and submit classwork and other communication through the Seminary's Canvas platform.
- Have regular access to reliable internet connections.
- Use the seminary email address assigned by the seminary's IT department as a primary means of communication for seminary and MFT Program business.
- While enrolled in any Practicum course, have continuous access to cellular service that includes voice and text capabilities.

Each student will receive a seminary assigned, HIPPA compliant laptop computer to support TeleHealth requirements and the Program's TheraNest client portal. This laptop will be assigned when a student enrolls in PC 441 and must be returned when the student completes the Program's clinical requirements.

Graduation Competency Assessments

Two capstone experiences are required for the completion of the MAMFT: (1) The Senior Integration Experience - Students must complete a clinical project which includes a case write-up and oral presentation before a committee; (2) the MFT Exit Exam – a web-based exam designed to test graduating students' theoretical and therapeutic knowledge and to be used in preparation for Marriage and Family Therapy licensure examinations. More information on these experiences can be found in Section IV of this manual.

Personal Therapy Requirement

The Master of Arts in Marriage and Family Therapy Program requires all students seeing clients to engage in personal therapy. This requirement is based upon the belief that psychotherapy is a vital component of the training and growth of psychotherapists, and that it is the professional

responsibility of every therapist to identify, address, and work through personal issues that may have an impact on clinical interactions with future clients.

Students will complete a minimum of 6 hours of personal individual, couples, family, or group therapy during each year in the MFT Program. This requirement is met by seeing a licensed therapist (examples: Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Psychologist, Board Certified Psychiatrist, etc.) or MFT Associate. A completed Psychotherapy Documentation form is filed with the MAMFT office to verify completion of the personal psychotherapy requirement.

Psychotherapy hours taking place prior to beginning the program are not eligible for meeting this requirement. Students are advised to plan for this requirement so that therapy can be accessed throughout the year. Monetary support for required therapy sessions and a list of therapists offering discounted services is provided through the Dean of Students Office. Students should consult with their MFT academic advisor or the MFT Program Director if they have are having problems meeting this requirement.

Self-Development

In addition to course work and supervised clinical practice, students also enter a process of professional formation. Clinical supervisors assist students in forming an identity as a MFT including how to meet personal, contextual, conceptual, family, social, intellectual, and spiritual needs for growth. Often specific psychotherapy or other personal development experiences are recommended to help students cope with the stress of graduate studies, or resolve personal or relational issues.

Pastoral and Spiritual Formation

One criterion for admission to the MFT Program is that a student is commitment to pastoral and spiritual formation at the intersection of marriage and family therapy and theological study. While at Louisville Seminary, students are encouraged to attend to their personal life of faith and spiritual formation. To this end:

- Students will register for and participate in formation groups the first two years of the Program. In the third year, students are expected to continue formational work through group supervision.
- Students will be encouraged toward creative engagement with their own faith traditions, faith groups, or denominations and local congregations.
- Students will be expected to examine their faith traditions and personal spirituality as a fundamental dimension of life which impacts and interacts with their work in counseling.
- Students will be expected to learn to articulate a theology of care and counseling which informs their work in marriage and family therapy and which is rooted in their own faith tradition.

- Students will be expected to explore and develop a definition of “pastoral” and “ministry” consistent with their faith tradition, which will inform the delivery of marriage and family therapy services.
- Students will be encouraged to make participation in the faith community at Louisville Seminary a substantial part of their spiritual formation process. This may include participation in chapel services, leadership in chapel services, engaging the seminary community in critical dialogue or other activities appropriate to the student’s commitments and faith tradition.

CONCENTRATION IN BLACK CHURCH STUDIES

Students in the MFT Program may concentrate in Black Church Studies (BCS). Requirements for this concentration are listed in the Seminary Catalogue. Contact the Black Church Studies Program Director for more information.

DUAL DEGREE OPPORTUNITIES

Two dual degree programs are offered at Louisville Presbyterian Theological Seminary in conjunction with the Marriage and Family Therapy Program: the Master of Arts in Divinity and Master of Arts in Marriage and Family Therapy (M.Div./MAMFT), and the Master of Arts in Marriage and Family Therapy and Master of Arts in Religion (MAMFT/MAR). Students working to fulfill both degree requirements should work closely with their academic advisor to assure the best use of their electives.

SEMINARY POLICIES

Diversity Statement and Demonstration Chart

The Marriage and Family Therapy Program supports and applies the diversity, inclusion and anti-discrimination values of Louisville Presbyterian Theological Seminary including a commitment to anti-racism academically and throughout the LPTS community; modeling, expecting, and promoting gender equity; supporting the full inclusion of LGBTQIA+ persons; embracing diversity of ministries including pastors, chaplains, therapists, community leaders, and more; respecting the dignity and gifts of all; and valuing accessibility and inclusivity. The charts below provide a demonstration of the diversity of students, faculty and staff within the MFT Program during the years listed.

Type/Academic Year	Total #	Gender			Age	
		M	F	Trans/Non-Binary	Youngest	Oldest
Students						
2020-2021	34	6	27	1	22	55
2019-2020	32	5	26	1	24	67
2018-2019	25	5	20		23	66
Faculty						
2020-2021	4	1	3			
2019-2020	3	1	2			
2018-2019	3	1	2			
Clinical Staff						
2020-2021	10	2	8			
2019-2020	9	2	7			
2018-2019	9	5	4			

Type/Academic Year	Total #	Ethnicity					
		NR	AA	W	L/H	AS	Multi
Students							
2020-2021	34	1	12	20			1
2019-2020	32		10	21			1
2018-2019	25		5	20			
Faculty							
2020-2021	4		1	3			
2019-2020	3		1	2			
2018-2019	3		1	2			
Clinical Staff							
2020-2021	9		3	6			
2019-2020	9		3	6			
2018-2019	9		2	7			

* Non-resident/International student

Use of Inclusive Language

In accordance with seminary policy, students are to use inclusive language in class discussions and in written and oral communication by using language representative of the whole human community in respect to gender, sexual orientation, ethnicity, age, and physical and intellectual capacities. Direct quotations from theological texts and translations of the Bible do not have to be altered to conform to this policy. In your own writing, however, when referring to God, you are encouraged to use a variety of images and metaphors, reflecting the richness of the Bible's images for God. More discussion about inclusive language can be accessed from the Academic Support Center and from the section of the LPTS web site with information for current students. Additional information is also presented in the [LPTS Student Handbook](#).

Policy Regarding Students with Learning Differences

Students requiring accommodations for a documented physical or learning disability should be in contact with the Director of the Academic Support Center during the first two weeks of a semester (or before the semester begins) and should speak with the instructor as soon as possible to arrange appropriate adjustments. Students with environmental or other sensitivities that may affect their learning are also encouraged to speak with the instructor. (See LPTS Student Handbook for additional information)

Students with complaints regarding disability issues should follow the policy for dealing with complaints and grievances as described in the [Student Code of Conduct](#).

Policy on Sexual Harassment

Louisville Presbyterian Theological Seminary, in accordance with Section 703 of the Civil Rights Act of 1964 and in recognition of its role as a theological education institution of the Presbyterian Church (USA), will not condone, disregard, or treat lightly incidences of sexual harassment. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when

- (1) submission of such conduct is made either explicitly or implicitly a term or condition of an individual's employment or a factor in the grade determination of a student's work;
- (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting that person or a factor in the grade determination of a student's work; or
- (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work or learning performance or creating an intimidating, hostile, or offensive working or learning environment.

Any aggrieved person, student, or employee is encouraged to share his or her concerns directly with the individuals with whom he or she has disagreements in congruence with the "Guidelines for Louisville Seminary during Times of Disagreement." If this does not resolve the problem, or if there is some impediment to this approach, the aggrieved person is encouraged to file a complaint of sexual harassment with either of two people designated by the President of the Seminary. Whichever of these individuals first hears the complaint will contact the other designated individual and they will, together, in consultation with the President, choose a third

person to serve on an investigative panel to investigate the charge. In appointing the investigating panel, the status and sex of parties to a complaint shall be taken into account along with any preferences or concerns as to composition expressed by any party to a complaint. The President shall inform the investigating panel of any past history of similar problems with any party to a complaint and of any other information that may be relevant to its investigation. Confidentiality shall be maintained to the fullest extent possible.

After considering all of the facts and circumstances, the investigating panel shall submit a written recommendation to the President and to the parties involved as to what action, if any, should be taken. Unless an appeal of the recommendations of the investigating panel is made to the President, the recommendation of the panel shall become final. If any party to the complaint is not satisfied with the action recommended, that person may appeal in writing within seven (7) days the decision to the President, who shall consult with the Executive Committee of the Board of Trustees to determine a final decision. Within a week from the date of the appeal, the President shall submit a written recommendation as to what action will be taken. Confidentiality shall also be maintained to the fullest extent possible during any appeal.

Grievance Process

Student grievance procedure for formal and informal resolutions can be found in the Governance Manual, Code of Student Conduct, Section 1.3.

MFT PROGRAM EVALUATION POLICY AND PROCEDURES

The MFT Program engages in an ongoing process of data collection and analysis to help maintain program effectiveness, provide direction for program improvement, and assure student success. The MFT Program Guidance and Evaluation below provides specific details about the Program's cycle of assessment evaluation practices. The MFT Program Evaluation Guide is available on the seminary website and in the MFT Program administrative offices. As the Guide demonstrates, data is collected from MFT students and graduates and is used in several ways.

- At an individual level, data is used to show that students meet requirement for Student Learning Outcomes and COAMFTE Developmental Competencies and LPTS-specific competencies. Data is gathered through rubrics and evaluations. This data shows that students are making appropriate progress toward Student Learning Outcomes and competencies.
- Aggregated data from student performance in individual classes, practicum experiences, the Senior Integration Experience and Exit Examination is used to show that the program meets targets set for Student Learning Outcomes and Program Goals.

Aggregated data is used to evaluate Program effectiveness and suggest areas of needed improvement.

- The Exit Interview at graduation collects qualitative data about student experiences in the Program and student perceptions of Program strengths and needed areas of change.
- Graduation rate data is used to demonstrate the Program meets benchmarks established by COAMFTE.
- License examination results are requested from graduates to demonstrate that the Program meets pass-rate benchmarks established by COAMFTE for the AMFTRB examination.
- Information about employment is requested from graduates to demonstrate that graduating classes meet job placement benchmarks.
- Employee surveys are conducted every three years to gather data about how employers perceive how well Program graduates were prepared for effective employment in the field. This data is used to evaluate strengths and areas of needed improvement in the Program.
- Graduate surveys are conducted every three years to gather data describing how graduates perceive their education in the Program as having prepared them as entry-level marriage and family therapists.

The Program takes great care to protect the privacy of all students and alums when gathering, analyzing and publishing Program data. Aggregated results of data are published on the Seminary/MFT Program website, in the COAMFTE Annual Report, and are on file in the MFT Program administrative offices.

GUIDANCE AND EVALUATION: An Overview

Evaluation of progress in the Marriage and Family Therapy Program includes eight processes:

1. Each applicant's performance at the time of initial interviewing for acceptance is discussed by MFT Screening Interview Team in making the selection of each entering class.
2. Each MFT student will be assigned an academic advisor from the MFT teaching faculty who will meet with the student during each semester of study to review that student's

progress and plan for the academic period ahead. This advisor will remain available to the student throughout his or her course of study and shall meet formally a minimum of two times each academic year.

3. Evaluation of academic performance is reflected in class grades and rubrics which demonstrate a student has met all Student Learning Outcomes and COAMFTE Developmental Competencies related to the course. This evaluation is established by the Marriage and Family Therapy Program and Seminary policies (c.f., Faculty Handbook) and is implemented in each course by individual instructors.
4. **Practicum Evaluation Policy.** All Practicum evaluations are based on competencies and learning outcomes described in each Practicum syllabus. As described in the syllabus for Practicum 2, a clinical and administrative evaluation is completed at the end of each semester. The evaluation is performed by the student's primary clinical supervisor in collaboration with the MFT faculty, the student's group supervisor, Clinical Director, and MFT Administrative Assistant. Clinical Supervisors will review individual Clinical Evaluation results with their supervisees within the context of supervision. In addition to semester evaluations, interim student progress is reviewed by the Clinical Staff² in regular twice-monthly meetings.
5. **Practicum Evaluation Process (Practicum 2).**
 - a. Prior to semester review dates, the following rubrics will be completed:
 - i. The **Clinical Supervisor** will complete sections 1-4 of the **Clinical & Administrative Evaluation**.
 - ii. Students will complete the **Student Self Evaluation rubric**, review it with their Clinical Supervisor, and submit it to the MFT Office.
 - b. At a Clinical Staff meeting designated for Practicum evaluations, the Clinical Staff as a whole will review each student's progress using the rubrics noted in 5.a. above.
 - c. The Clinical Supervisor will review the Clinical & Administrative Evaluation with the student. After the student has reviewed and signed the evaluation, the evaluation is submitted to the MFT Administrative Assistant and entered into the student's MFT file.
 - d. Based on the final Clinical staff review of student progress, a pass/fail grade determination will be made. The grade will be forwarded to the Registrar by the MFT Administrative Assistant.

² Clinical Staff includes: MFT Program Director, Clinical Director, all MFT faculty members, all clinical supervisors, MFT Program Administrative Assistant.

6. The SIE is a capstone project that demonstrates culmination of the integration of clinical and theological work and indicates that the student is clinically prepared for graduation and entry-level professional practice as a marriage and family therapist (see instructions for the SIE in Section IV of the MFT Program Manual). The SIE Committee may determine by vote or consensus that a student's SIE receives: (1) Full Approval, (2) Conditional Approval, or (3) Not Approved.
7. Special clinical consultations or evaluations may be requested by the student, faculty, or clinical supervisor at any time during the course of study at Louisville Seminary. The purpose of such consultations will be clearly defined, documented, and include specific recommendations from the Clinical Staff for the student, supervisor, or faculty.
8. During the third year, student must pass the MFT Program's Exit Examination. This examination demonstrates that the student has mastered the fundamental body of theoretical and practical knowledge required to pass the national MFT licensing examination and function as an entry-level marriage and family therapist.

FOLLOWING GRADUATION FROM THE MARRIAGE AND FAMILY THERAPY PROGRAM

Kentucky State Licensure and Employment

The requirements for graduation from the MFT Program meet the standards for the Kentucky Board of Licensure of Marriage and Family Therapy for Associate status. Following graduation, individuals are eligible to apply for Associate status and, upon approval, to schedule a date to complete the National licensure exam. Students expecting to be licensed in other states should inform their academic advisor, the Director of the Marriage and Family Therapy Program, and the Clinical Director as early in the program as possible so advising can address any differences in state licensing laws.

Marriage and Family Therapists with Associate status work under supervision of a Kentucky Board Approved Marriage and Family Therapy Supervisor. Requirements for licensure as a MFT in Kentucky can be found at www.MFT.KY.gov. In addition to passing the national licensure exam, Associates are required to obtain a minimum of 1,000 clinical hours and 200 supervision hours over a two-to five year period.

Students who have graduated from our Marriage and Family Therapy Program have been employed in hospitals, hospice programs, private and public schools, community comprehensive care centers, residential treatment centers, churches, pastoral counseling centers, and private practice.

Professional Membership

American Association for Marriage and Family Therapy (AAMFT)

Upon graduation from the MFT Program, individuals qualify for Professional Membership with AAMFT. MFT Associate therapists are encouraged to obtain clinical supervision from a state-approved supervisor that is also AAMFT approved for best clinical practice and portability of clinical status.

CONTINUATION IN THE MFT PROGRAM

- Seminary policy requires students to maintain a cumulative GPA of 2.5 or above in academic work.
 1. “When a student’s grade point average in any semester falls below the “B-” level (2.68), whether this leads to academic probation or not, a conference with his or her Faculty Advisor becomes mandatory. A brief summary of that conference will be prepared, signed by both student and advisor, and filed with the Dean of the Seminary in the student’s confidential file. Further consultation may be required, as directed by the Faculty Handbook.” (2019-2020 LPTS Catalogue, pg. 114)
 2. “Students are placed on probation if they fall behind on pace, maximum time frame or if their cumulative grade point average falls below 2.5 on a 4.0 scale. A student on probation will not be permitted to register for more than nine credit hours per semester and is required to have an academic plan while on probation Academic probation is removed when satisfactory academic progress is met. Students will be granted no more than two semesters of probation, and failure to remove probation results in loss of candidacy and separation from the Seminary.

“Students who are enrolled in the Master of Arts in Marriage and Family Therapy degree program and who are placed on academic probation will meet with a faculty review committee to determine whether they will be allowed to begin or continue to participate in Practicum while on probation.” (2019-2020 LPTS Catalogue, pg. 114-115)
- Students must pass each Practicum course and meet all associated learning outcomes and Developmental Competencies to continue in the MFT Program.
 1. All Practicum courses are Pass/Fail. Course requirements, student Learning Outcomes, associated Developmental Competencies, scoring criteria and course requirements are contained in individual Practicum syllabi. Assessment of student progress toward learning outcomes and competencies at mid-term and final evaluation is a collaborative process that includes student self-evaluation, evaluation by the dyad supervisor, input from the group supervisor and review of all data by the Clinical Staff. A student receiving one or more scores of “Does Not Meet Expectations” at mid-Practicum review will work

with their supervisor to develop a supervision plan specifically directed toward meeting competency requirements prior to final Practicum Evaluation.

2. A student assessed as failing to meet learning outcomes and Developmental Competencies in any Practicum final evaluation will receive a failing grade in the Practicum. If a student receives a failing Practicum Evaluation in Practicum 1 or 2, the course may be repeated one time. The student will bear the tuition cost for repeating the class. Clinical and supervision hours accumulated in a failed practicum will not be applied to the student's repeat of a Practicum course or toward graduation.
3. Remediation:
 - a. A student who has difficulty meeting expectations academically will be referred to their academic advisor and Academic Support Center to assess the student's academic progress and, if needed, develop a plan to meet academic expectations.
 - b. At times, a student's self-report, their supervisor's observations, or semester evaluation indicate that a student is making less than expected progress toward SLOs and Developmental Competencies. The student, supervisor and Clinical Director will assess clinical progress and, if needed, develop a plan to help the student meet clinical expectations.
 - c. Remedial actions are meant to provide students with resources to meet the academic and clinical expectations of the MFT Program. Continuation in the program remains contingent upon students earning passing grades as described above.
- The Clinical Director may suspend a student's clinical practice immediately if that student displays unethical professional conduct, violations of the AAMFT Code of Ethics, or fails to comply with the policies, procedures and expectations of the MFT Program or seminary as described in the Program's manuals. The Clinical Director will call a committee comprised of the MFT Program Director, the student's clinical supervisor, and the student's academic advisor to report concern and determine response.
- The MFT Program Director may initiate immediate action for dismissal from the MFT Program any time a student displays unethical professional conduct, violations of the AAMFT Code of Ethics, or failure to comply with the policies, procedures and expectations of the MFT Program or seminary as described in the Program's manuals. Procedures for dismissal in these circumstances will comply with Seminary policy.

Revised 7/2021

MFT PROGRAM PERSONNEL

Director of the Marriage and Family Therapy Program

Loren L. Townsend, Ph.D., is the Director of the Marriage and Family Therapy Program, Henry Morris Edmonds Professor of Pastoral Ministry and Professor of Pastoral Care and Counseling at Louisville Seminary. He is an ordained Baptist minister. Loren is a Clinical Fellow and Approved Supervisor by the American Association for Marriage and Family Therapy, and a licensed Marriage and Family Therapist in Kentucky. Prior to arriving at Louisville Seminary in 1996, he directed clinical training programs in Arizona and Georgia. His writing and research have focused on the integration of family therapy, spirituality and theology as these intersect in clinical practice. Publications include Pastoral Care with Stepfamilies Pastoral Care in Suicide Introduction to Pastoral Counseling and a number of book chapters and journal articles.

MFT Faculty

Lesley Ann Earles, Ph.D., Assistant Professor of Marriage and Family Therapy at Louisville Presbyterian Theological Seminary. She received her doctorate in Human Development with a specialization in Marriage and Family Therapy at Virginia Polytechnic Institute and State University (Virginia Tech) and her Master of Arts from Louisville Seminary. Lesley is a Clinical Fellow and Approved Supervisor with the American Association for Marriage and Family Therapy. She was previously an assistant professor at Eastern University and has served Presbyterian churches as an Interim Pastor and the Director of UKirk Campus Ministry and Pastoral Care. Her experience also includes substantial cross-cultural and intersectional experience as a teacher, therapist, organizer, and administrator. This is demonstrated in her three-year appointment with the Cayman Islands Government's Department of Counseling Services. Here, she worked with underserved populations by designing, organizing and directing culturally appropriate direct services, supervising counseling professionals, providing community-based therapeutic services, and developing partnerships with agencies and organizations to strengthen community referral networks and client care.

Clinical Director

Beth Seeger Troy, MDiv., LMFT, is Clinical Director at Louisville Presbyterian Theological Seminary. Beth is a Clinical Fellow and an Approved Supervisor with the American Association for Marriage and Family Therapy. She is licensed in both Kentucky and Indiana and is an Ordained Teaching Elder in the Presbyterian Church (U.S.A.). Beth holds a Master of Divinity and a Master of Arts in Marriage and Family Therapy from Louisville Presbyterian Theological Seminary.

Clinical Supervisors

Laura Barclay, M.Div., MAMFT, LMFT, Supervisor Candidate at Louisville Presbyterian Theological Seminary, is a therapist in private practice in Louisville, Kentucky. Laura is a Clinical

Fellow and a Supervisor Candidate with the American Association for Marriage and Family Therapy. She received a Master of Arts in Marriage and Family Therapy from Louisville Presbyterian Theological Seminary and a Master of Divinity from Wake Forest University.

Danielle R. Chase, MAMFT, LMFT, Supervisor Candidate at Louisville Presbyterian Theological Seminary, is owner of LLC Strong Roots Counseling, which specializes in relationship, gender and sexuality therapy, and is also a therapist with Breckenridge Counseling Center, both in Louisville, Kentucky. Danielle is a Clinical Member and a Supervisor Candidate with the American Association for Marriage and Family Therapy. She holds a Master of Arts in Marriage and Family Therapy from Abilene Christian University in Abilene, Texas.

Tonya Clay, MAMFT, LMFT. Supervisor at Louisville Presbyterian Theological Seminary, part-time lecturer at UofL Kent School of Social Work and Mental Health Practitioner at Iroquois High School. Tonya is a Clinical Fellow and Approved Supervisor with the American Association for Marriage and Family Therapy. She received a Master of Arts in Marriage and Family Therapy from Louisville Presbyterian Theological Seminary.

Briana Davis, MSMFT, LMFT, Supervisor at Louisville Presbyterian Theological Seminary, is owner and CEO of Open Arms Wellness, LLC and Contractor with Life's Journey Counseling in Louisville, Kentucky. Briana is a Professional Member of American Association for Marriage and Family Therapy and Professional Member of the Association of Play Therapy. She received a Master of Science in Marriage and Family Therapy from Capella University in Minneapolis, Minnesota.

W. Kent Hicks, Ed.D, Supervisor at Louisville Presbyterian Theological Seminary, is a licensed Psychologist with Raskin & Associates in Louisville, Kentucky. Kent is a Clinical Fellow and an Approved Supervisor with the American Association for Marriage and Family Therapy. Kent earned a Master's and Doctorate in Counseling Psychology from the University of Kentucky.

Michelle Stillwagon, MAMFT, LMFT, CST, Supervisor at Louisville Presbyterian Theological Seminary, is a Marriage and Family Therapist in private practice and a Clinical Instructor at the University of Louisville School of Medicine. Michelle is an EMDR therapist and Certified Sex Therapist. She is a Clinical Member with the American Association for Marriage and Family Therapy and a member of the American Association of Sex Educators and Counseling Therapists. She received a Master of Arts in Marriage and Family Therapy from Louisville Presbyterian Theological Seminary.

Barry G. Winstead, M.Div., MAMFT, LMFT, Supervisor at Louisville Presbyterian Theological Seminary, is the Clinical Director at Kilgore Samaritan Counseling Center in Louisville, Kentucky. Barry is a Clinical Fellow and an Approved Supervisor with the American Association for Marriage and Family Therapy. He received a Master of Arts in Marriage and Family Therapy from Louisville Presbyterian Theological Seminary and a Master of Divinity in Pastoral Counseling from The Southern Baptist Theological Seminary, Louisville, Kentucky.

STUDENT REPRESENTATIVES

- I. **Purpose.** Student Representatives are elected by the MFT student body to provide representation of student interests to the MFT Program leadership, Seminary student governing bodies, and the broader Seminary community. Interests may include but are not limited to:
 - a. Providing feedback to the MFT Program administration and faculty about student experience in the Program,
 - b. Suggesting recommendations for Program improvement,
 - c. Communicating with the Program Director and MFT faculty about student concerns, problems or grievances, and
 - d. Coordinating MFT student interests with Seminary governance, Seminary student activities and concerns, Seminary community life.

- II. **Election of Student Representative.**
 - a. Terms, Limits and Positions
 - i. Chair, Second-, and Third-Year Rep positions are elected in April to serve for one academic year.
 - ii. First-Year Rep terms begin in October and end in May of the following Spring Semester.
 - iii. In the event that the Third-Year Rep or the Chair will be a December graduate, their position will be filled during the October election. This replacement term will begin in December and last until May to complete the academic year. Position transitions occur at the final ICC of the semester.
 - iv. Student Reps will select positions of Secretary, Vice Chair, Pastoral Care, and other positions.
 - v. There is no limit to the number of times a person can serve as a student representative.

 - b. Elections Process
 - i. Nominations
 1. Nominations can be made by any voting member of the body for any position.
 2. Candidates must agree to serve prior to being nominated.
 3. Nominations will take place starting October 1 for Fall elections and April 1 for Spring elections, to be emailed to the Student Rep Secretary.
 4. Elections will take place during the Monthly Student Meeting (held during ICC) and will take place by October 15 and April 15, as the ICC schedule allows.
 - ii. Balloting
 1. Prior to the nomination process, the Secretary will appoint one or two graduating seniors to serve as Election Officials for the election. Election

Officials will accept absentee ballots on the day of the election and count paper ballots on the day of the election.

2. Chair position is elected first. All students vote for the Chair position.
 3. Only members of a specific cohort vote for their cohort representative.
 4. Elections are conducted on anonymous paper ballots.
 5. Balloted election is done for each position, regardless of the number of nominees.
 6. Write-in candidates will not be accepted during elections.
- iii. Requirement for Quorum: All election contests must represent a quorum ($\frac{2}{3}$) of eligible voters for the contest in question. This can be achieved with absentee voting.
 - iv. Absentee Voting: If a voter is unable to attend ICC on election day, they may submit an absentee vote by way of emailing the Election Official before or on the day of election. Absentee votes must be received before 9:30 a.m. on election day.
 1. The vote sent in by email will count in the tie breaking votes as long as the absentee voter's candidate is not eliminated.
 2. In the event of a tie and the absentee voter's candidate was eliminated, then Elections Officials will attempt to call the absentee voter. The absentee voter has 10 minutes to return the message in order to re-vote.
 3. It is the absentee voter's right to include the extent to which the absentee voter wants to be contacted in the event of a tie.
 - v. Tie Breaking:
 1. In the event of a tie, the Election officials will conduct a re-vote.
 2. In the event of another tie, equaling the 3rd vote, then
 - a. All present voters (all 3 cohorts) will vote together to decide a cohort representative.
 - b. For the chair position, third year students present will vote. If there is an even number of third year students present, then the third year representative will not vote to ensure the tie can be broken.

III. **Student Representative Positions ***

- a. Chair - The Chair is responsible for:
 - i. Scheduling and convening student rep meetings
 - ii. Convening monthly student meetings
 - iii. Representing students at faculty, administration, and LPTS student body meetings, as needed
 - iv. Structuring agendas
 - v. Facilitating processes
- b. Vice Chair – The Vice Chair is responsible for:
 - i. Representing students at faculty, administration, and LPTS student body meetings as needed
 - ii. Serving as a liaison with any working groups
 - iii. Assisting Chair as needed.

- c. Secretary – The Secretary is responsible for:
 - i. Recording minutes and filing copies with the MFT Program office
 - ii. Assisting Chair or Vice Chair as needed.
- d. Pastoral Care Liaison – The Pastoral Care Liaison is responsible for:
 - i. Receiving pastoral care concerns from students
 - ii. Coordinating care, as necessary
 - iii. Instilling positivity, building community and a culture of nurture.

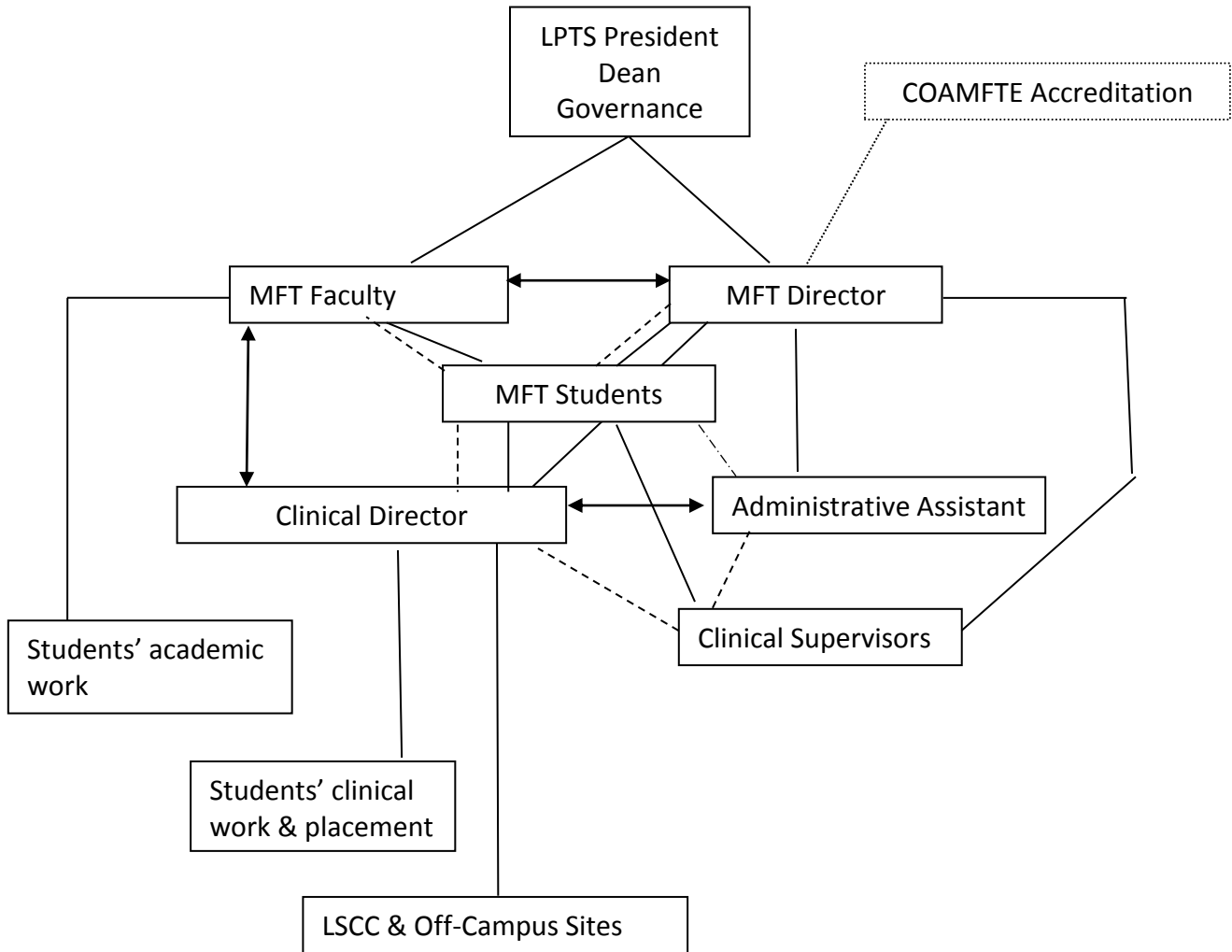
**At times Reps may ask other students to assist with these tasks in order to share leadership and facilitate leadership development. **

IV. **General Responsibilities.** Student representatives will:

- a. Meet monthly with MFT students to hear, review and act on any student concerns and interests.
- b. Meet as needed to process, plan responses to or follow-up with student concerns and interests.
- c. Meet monthly for a designated section of the MFT Faculty Meeting to represent student interests, concerns, etc. with the MFT Program faculty and leadership.
- d. Meet as needed with the Program Director to represent or communicate immediate or pressing student concerns.
- e. One Student Representative will meet at least once per semester with the MFT Program Administrative Team (Program Director, Clinical Director, and Administrative Assistant) to provide feedback and coordinate student concerns/input with Program administrative functions.
- f. One Student Representative will serve on the Louisville Seminary Counseling Center’s Advisory Board (meets twice yearly).
- g. Collaborate with MFT students to construct an annual agenda to further student interests, address important student concerns, consider how to improve and extend MFT student input into Seminary governance or programming, and improve community life within the MFT Program.
- h. Collaborate with the Program Director to review and revise Student Representative Policies.
- i. Collaborate with the MFT Program Director and Clinical Director Training to provide student input for MFT Program and counseling center policies.

Revised 6/2016

MFT ADMINISTRATIVE STRUCTURE



- Responsibility
- - - - - Communication
- ↔ Collaboration
- ⋯⋯⋯ Guidance

Section I Forms

MAMFT Degree Worksheet

MFT Program Mission, Program Goals and Points of Assessment for Outcome Based Education

Important Definitions to Know

MFT Student Guide: Writing Case Studies and Clinical Files as a Professional Report

MAMFT Worksheet (2021-2022)

Course Number	Course Name	Hours
Theoretical Knowledge		
PC 304-3	Theoretical Foundations of Family Therapy (A-1st Year Fall)**	3
PC 308-3	Theories of Change (A-3rd Year Fall)	3
PC 317-3	Race, Culture, and Gender in Clinical Practice (B)	3
Clinical Knowledge		
PC 322-3	Psychopathology (A-1st Year Spring)	3
PC 303-3	Couples Therapy: Theory & Practice (B-Year 1 or 2)	3
PC 243-3	Treatment of Addictions (B)	3
PC 223-3	Trauma/Abuse (B)	3
PC 440-1	Introduction to Teletherapy	1
PC 441-3	Practicum 1: Beginning MFT Practice (A-1st Year Fall)**	3
PC 442-3	Practicum 2 (Begins Jan of 1 st yr)	3
SM 1211/2	Year 2 Spiritual Integration in Clinical Practice	3
Human Development		
PC 408-3	Human Growth & Transformation (B)	3
PC 307-3	Human Sexuality (A-Year 1 or 2)	3
Ethics and Professional Issues		
PC 305-3	Professional Issues & Ethics in MFT (B-Year 1 or 2)	3
MFT Research		
PC 281-3	Marriage & Family Therapy Research (B-Year 1 or 2)	3
Integrational Studies		
SM 1101/SM1102	Theological Reflection Groups (A-Year 1 Fall and Spring)	3
	Introduction to Scripture for MFT (B-Year 1 or 2)	3
TH 110-3	Systematic Theology (A-Year 1)	3
	Christian Ministry in Religious Diversity course	3
	Black Church Studies Course	3
Electives (and Practicum 3 as Needed)		
	Free Electives	7
PC 443-3	Practicum 3 Internship or Elective	3
Graduation Competency Assessment		
PC 501-0	MFT Exit Examination	0
PC 500-1	Senior Integration Experience (in Practicum 3)	0

July 2021

Total Hours: 70

MFT Program Mission, Program Goals and Points of Assessment for Outcome Based Education
(Rev. Aug. 2021)

<p>Program Mission: The mission of the Marriage and Family Therapy Program is to educate persons with theological or spiritual commitments to become marriage and family therapists competent to practice in a diverse, multicultural, and interfaith world.</p>	
<p>Program Goal #1:</p>	<p>Student Learning Outcomes</p>
<p>To graduate students prepared with clinical, theoretical, and ethical tools to provide systemic individual, couple and family therapy as entry-level professional MFT practitioners.</p>	<p>SLO 1: Graduating students will be able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.</p> <p>Developmental Competency Components, 1,2,5</p> <p>Summative Assessment: Senior Integration Experience (SIE), section I, II, III, V Exit Examination</p> <p>Formative Assessment: Examinations, PC 3043, 3033, 3224 PC 442 second semester evaluation section I, II, III, V</p>
	<p>SLO 2: Graduating students will demonstrate a broad knowledge of systemic theory and MFT treatment models and flexibly apply these in evidence-based practice.</p> <p>Developmental Competency Components, 1,2,5</p> <p>Summative Assessment: SIE, Exit Examination, section I, II</p> <p>Formative Assessment: Examination, PC 3043 PC 442 second semester evaluation, section II, II, III, V PC 3043 Theory of Change Paper</p>
	<p>SLO 3: Graduating students will be able to think ethically and make appropriate clinical ethical decisions.</p> <p>Developmental Competency Components, 5</p> <p>Summative Assessment: SIE, section IV Exit Examination</p>
	<p>Formative Assessment: Examination PC 3053 PC 442 second semester evaluation, section IV</p>

Program Goal #2:	
<p>To graduate students who demonstrate cultural competence and are able to provide individual, couple and family therapy with diverse clients.</p>	<p>SLO 4: Graduating students will be able to use a multi-contextual, antiracist approach to Marriage and Family Therapy that attends to religious, cultural, racial, economic, gender, and sexual orientation diversity and intersectional contexts in client, client-therapist, supervisory, and broader social systems.</p> <p>Developmental Competency Components, 1,2,3</p> <p>Summative Assessment: SIE Section III Portfolio review</p> <p>Formative Assessment: PT 3173 Sphere of Influence Final Project PC 442, second semester evaluation, Section III</p>
Program Goal #3:	
<p>To graduate students with an entry-level professional ability to reflect theologically/spiritually on their clinical practice in a multi-faith world.</p>	<p>SLO 5: Graduating students will be able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy.</p> <p>Developmental Competency Components, 1,2,3,5</p> <p>Summative Assessment: SIE, section VII Portfolio review</p> <p>Formative Assessment: PC 442 second semester evaluation, sections VI, VII</p>
Program Goal #4:	
<p>To graduate students with ethical commitments to service, advocacy and public participation as an MFT.</p>	<p>SLO 6: Graduating students will be able to apply an ethical framework, including but not limited to the AAMFT Code of Ethics, to make appropriate decisions in therapy, advocacy, service and public participation.</p> <p>Developmental Competency Components, 1,2,5</p> <p>Summative Assessment:3, 4 SIE, sections VI, VII Portfolio review</p> <p>Formative Assessment: PC 3173 Sphere of Influence Final Project Formative-Mid-Practicum 2 evaluation rubric Summative-Portfolio artifacts/rubric/SIE</p>

Marriage and Family Therapy Program Important Definitions to Know

Multicultural Therapy

Multicultural Therapy, according to D. W. Sue and Torino (2005, p 3) "... can be defined as both a helping role and process that uses modalities and defines goals consistent with the life experiences and cultural values of clients, recognizes client identities to include individual, group, and universal dimensions, advocates the use of universal and culture-specific strategies and roles in the healing process, and balances the importance of individualism and collectivism in the assessment, diagnosis, and treatment of client and client systems." Multicultural competence as a therapist includes: (1) therapist awareness of personal assumptions, values and biases, (2) understanding the worldview of diverse clients, and (3) facility with appropriate strategies and interventions consistent with the life experiences and values of culturally different clients. (Sue & Sue 2008)

Evidence-Based Practice

Evidence-based practice (EBP) is a "... practice-friendly approach to using research to enhance family therapy" (Gehard, 2010, 133). This approach looks to research to help clinicians make decisions in therapy about care for individual clients, couples and families. Evidence-based practice will (1) look to research for information about what treatments are most effective for specific problems, (2) critically examine that research for its validity and applicability to specific cases, and (3) evaluate how effective a selected method is for specific clients, couples and families (for example, using the ORS/SRS).

Gehard, D. (2010). *Mastering competencies in family therapy*. Belmont, CA: Cengage Learning.

Sue, D.W. & Torino, G. C. (2005). Racial-cultural competence: Awareness, knowledge and skills. In R. T.

Carter (Ed.), *Handbook of racial-cultural psychology and counseling* (pp 3-18). Hoboken, NJ: Wiley.

Sue, D. W. and Sue D. (2018). *Counseling the culturally diverse: Theory and practice 5th ed.* Hoboken, NJ: Wiley.

MFT Student Guide:
Writing Case Studies and Clinical Files as a Professional Report

1. Professional reports have specific purposes:

- To document your professional
 - Observations (includes in-session observations and test/self-report instruments),
 - Conclusions (assessment outcomes, diagnoses, assessment of couple/family problems), and
 - Actions based on your observations and conclusions (treatment plan, safety plan, plan for further assessment, plan for referral etc.).
- To communicate with other professionals who may need to interact with you about your client, your observations, your conclusions and actions.
- To provide legal documentation showing that you have met professional standards
 - In how you made observations,
 - In how you based your conclusions on specific observations,
 - In how proposed actions (e.g. goals and treatment plan) are justified by your observations and conclusions.

2. Professional reports should:

- Be organized by clear subject headings that reflect central areas of care and professional standards of practice (for LPTS, see the Case Study rubric).
- Use subject headings as **boundaries**. For instance, if you are writing in Presenting Problem, address **ONLY** the presenting problem in that section. Do not stray into history, personal or family dynamics, explanations of “why,” etc.
- Demonstrate clear, concise writing saying as much as possible about observations, conclusions and actions ***with as few words as possible*** (rule of parsimony). Busy professional consultants do not appreciate having to sort through an “essay about therapy,” therapist musing about appropriate diagnosis or treatment options, or excessive description of what they experienced in specific sessions. Such musings and excessive description also open you to unnecessary liability. You want to represent your professional work in a clear, linear fashion—what you observed, what observations mean (conclusion and diagnoses), how conclusions lead to action.
- When possible, use therapeutic terms as a “shorthand” for what otherwise would be lengthy description of client behavior or interactions. For instance, use “observed couple

- detouring conflict through children,” or “parent’s passivity appeared to reinforce child’s tantrum behavior”, or “couple appeared mutually to reject bids for attention in session.”
- Use client words when possible, ***BUT*** select them carefully to give clients voice and illustrate something essential to your report. Do this sparingly and use as few words as possible.
 - Clearly articulate ***what you observe and know; do not speculate about what you cannot observe and what you do not know.***
 - Avoid speculation about causation. You can ***never*** know the “root cause” of a problem or be certain that particular kinds of interactions produced certain kinds of behavior or problems.
 - Feel free to describe intrapersonal dynamics, interpersonal dynamics, couple and family dynamics and draw conclusions, but do this as simply and clearly as possible without excess speculation or suggesting causation.
 - Be written in third person. (Exception: In sections of case studies that include theological reflection and/or countertransference issues first person is fine. Note that these reflections would ***never*** be included in a professional report sent outside of a training program like ours.
 - Be written with appropriate tense—
 - past tense for events taking place before the session (“Client has worked at G.E. for the past 38 years,” or “clients reported intense conflict over the past six years of their marriage,” etc.)
 - past tense for observations made during a past session (“during the session the client was tearful,” or “therapist observed tongue thrusting and rolling hand motions typical of tardive dyskinesia,” or “client stated...”
 - present tense for things that are presently true for the client (“client is 38 years old, has three children, married, etc.)
 - future tense for expected future events, treatment goals, and intervention plans (“client plans to visit her parents next week,” or “at the end of therapy, clients will report that they are able to talk about co-parenting their children weekly without conflict over a two month period,” or “Plan: in the next session therapist will introduce Dreams within Conflict intervention,” or “therapist will administer Dyadic Adjustment Scale in the next session.”
 - Be signed with your name and professional qualifications.

PRACTICUM: CLINICAL EXPERIENCE AND PRACTICUM SITES

CLINICAL EXPERIENCE REQUIREMENTS

To complete the MFT Program, students must complete Practicum 1 and 2 with a minimum of 300 supervised, direct client contact hours. At least 100 of the required 300 hours will be with couples, families, or other relational systems. It is expected that students will work with clients experiencing a wide variety of problems and representing the ethnic, cultural and economic diversity of Louisville and the surrounding area. The MFT Program academic and clinical experience meet the educational requirements for licensure in the Commonwealth of Kentucky.

Licensing regulations may differ across states and provinces. Students are directed to work closely with their academic advisor to fulfill the educational requirements for the state in which they plan to be licensed. Students planning to seek licensing in a state requiring more than 300 clinical hours in their qualifying degree should plan to complete the elective course PC 4433 Practicum 3/Internship to complete hours required by another state.

All students are required to establish a practical and reliable method of being contacted promptly for intake information and client care prior to the beginning of their practicum experience. Students must maintain open communication with the MFT Program Director, Clinical Director, and MFT Administrative Assistant.

Students prepare for clinical work in Practicum 1. As each student demonstrates readiness to begin practice, they may be assigned clients at Louisville Seminary Counseling Center. At or near the end of Practicum 1, they may be placed at an external site. Students are assessed for readiness to see clients by the LSCC Clinical Director. Assessment will be based on successful completion of Practicum 1 course requirements (role plays, papers, observations, ethics exam, etc.).

Practicum 2 provides a formative context for students to translate classroom learning into clinical practice, cultivate specific therapeutic skills, and engage the process of personal development expected of entry-level professional clinicians. In this practicum, students will gain 300 hours of supervised experience at the Louisville Seminary Counseling Center and in external sites selected to provide diversity in training.

MFT Practicum 3/Internship is an advanced elective. Enrolment requires that a student has passed all foundational Student Learning Outcomes and Developmental Competencies as demonstrated by the Practicum 2 final evaluation (SIE). As outlined in the Practicum 3/Internship syllabus, students will establish a learning contract with their supervisor that includes relational/systemic supervision with specific goals, Student Learning Outcomes and competencies for this elective. Ordinarily, Practicum 3/Internship will be organized for the student to earn an additional 200 hours of clinical experience. Up to 100 hours of this clinical experience may consist of alternative hours completed therapeutic work in Clinical Pastoral Education (CPE).

PRACTICUM SITES

Louisville Seminary Counseling Center (LSCC)

Louisville Seminary Counseling Center is the MFT Program's primary counseling site. LSCC is located in Nelson Hall and provides in-person mental health and Telemental health services to the public year round. This center is directed by the LSCC Clinical Director and administered by the Director and MFT Administrative Assistant. LSCC does not provide therapeutic services to LPTS students, faculty, staff or their families. Policies and procedures for employment at LSCC are found in the LSCC Operating Manual. A copy of the manual is provided to all interns.

Placement at Off Campus Sites

Practicum sites are selected for their ability to provide a clinical facility with safety for both clients and therapists, and an educational experience that meets the standards of COAMFTE and Louisville Presbyterian Theological Seminary. The practicum site must guarantee face to face counseling experience of adequate variety and quantity to meet the MFT Program's graduation requirements while also meeting standards to guarantee continuity of educational experience. This requirement includes obtaining access to video recording or direct observation of the student's clinical work.

An active case load at LSCC is required prior to the assignment of an off-campus site. It is expected students will spend 6-8 hours at each of their clinical settings, LSCC and off-campus sites. External assignments are made by the Clinical Director in consultation with students and the off-campus site Administrative Supervisors. All placements are reviewed at the end of each practicum course. Special review of placement may occur as warranted by circumstances or when requested by a student, clinical supervisor, or Administrative Supervisor. For clinical continuity, and as an expression of the Program's goal of graduating students with commitments to service, advocacy and public participation, Practicum 2 students will ordinarily remain in their external placement (6-8 hours) through the spring semester of the year in which they graduate. Beginning or ending at any practicum site must be in consultation with and approved by the Clinical Director.

Student Employment and Clinical Hours

MFT students who are employed in a clinical capacity may request that a portion of their employment hours be counted toward Practicum requirements. Conditions: (1) Employment context and duties must be direct therapeutic services and must provide experience consistent with meeting the Program's learning outcomes and MFT Competencies; (2) The employment context must also provide resources for direct observation of a student's work by LPTS clinical supervisors and must meet all other Program and COAMFTE standards for clinical training. A contract between the MFT Program/LPTS and the work setting is required. The contract must clearly define clinical responsibility and liability for clients and the student, define what specific experiences and activities will qualify as clinical hours for the student, and define how LPTS

supervisors will have access to student's clinical work. Requests for credit for employed experience will be evaluated on a case-by-case basis by the Clinical Director and the Program Director.

CLINICAL PASTORAL EDUCATION (CPE)

MFT students may elect to participate in Clinical Pastoral Education (CPE) as a part of their Practicum experience. Upon the successful completion of CPE, students may apply up to 100 of these clinical hours to their required 500 supervised direct client contact hours. The MFT Program does not count retroactively any CPE hours completed outside the Program. To qualify for practicum credit, MFT students must also continue to receive one hour of supervision per week from an AAMFT Approved Supervisor designated by the MFT Program Director.

Student Eligibility

MFT students are eligible to participate in CPE after completing their first full semester of Practicum. CPE is best completed between the first and second years in the MFT degree program.

Students interested in participating in CPE must meet with the Clinical Director for approval prior to beginning the application process through the Field Education Office.

CPE Unit, Academic and Clinical Credit

Students participating in CPE may earn one unit of Clinical Pastoral Education.

Students may register for three (3) hours of academic credit for CPE with the Registrar's office. Any student who chooses not to do CPE for academic credit is directly responsible for the unit fee charged by the site where he or she participates. In this case, the student must consult with the Registrar.

In order to receive clinical credit for CPE, a passing CPE final evaluation must be submitted to the MFT Office. The final evaluation will be reviewed by the Clinical Director and Director of the MFT Program.

CPE Applications

Deadlines for CPE applications are listed on the current "Field Education Calendar" (see the LPTS website). CPE application deadlines are also printed the *Seminary Times* prior to the due dates. The demand for summer CPE positions is extremely high, so early applications are encouraged.

PLEASE NOTE: CONSIDERABLE TIME IS NEEDED TO COMPLETE THE CPE APPLICATION ESSAYS.

Payment of CPE Fees

Louisville Seminary will pay directly to the Louisville Cluster the supervision fee of \$850.00 for students taking their FIRST unit of CPE within the institutions of the Louisville Cluster. The Louisville Cluster waives the application fee for students applying through the Field Education Office.

Louisville Seminary will pay up to \$850.00 in unit fees for students taking a FIRST unit of CPE outside the Louisville Cluster. The Seminary will not pay application fees, interview fees, or LPTS course registration fees. For most out of state CPE sites, the unit cost and tuition must be paid before the CPE unit begins. The MFT Program will pay the seminary's portion of the unit fee directly to the CPE site.

The seminary does not pay the fee for a second unit of CPE.

Applying to a Center for CPE in the Louisville Cluster

After meeting with the Clinical Director regarding CPE, students interested in serving a center within the Louisville Cluster should contact the Field Education Office to obtain an application and information regarding application requirements. Applications may also be obtained on the national organization website, www.acpe.edu. While in the MFT Program, any communication about possible CPE placement must be managed through the Field Education Office at LPTS and not with the CPE programs directly.

Original applications (CPE form and responses to questions) and copies of all paperwork must be submitted to the Field Education Office only. The Field Education Office will send applications to Cluster hospitals.

Applying to a Center for CPE outside the Louisville Cluster

Contact information for approved CPE sites throughout the United States is available in the Field Education Office and the national organization's website. www.acep.edu.

When a MFT student selects a CPE experience outside of the Louisville cluster, the student assumes responsibility for the following:

1. Obtaining approval from the Clinical Director and the MFT Program Director **PRIOR** to taking any step in the application process. Once approval has been obtained, the MFT Program is responsible for providing the standard unit fee of \$850.00.
2. Notifying the Field Education Office of intent to apply for a CPE position outside the Louisville Cluster **PRIOR** to submitting an application to an institution.

3. Preparing the CPE application. It is recommended that the student phone or email the institution to which they wish to apply to learn pertinent information about the program and the institution's requirements, and to introduce themselves to the director of the program. Most institutions personalize the CPE application with their logo and may prefer to have students request the institution's specific application form. Application materials may also be obtained on the website of the national organization, www.acpe.edu or in the Field Education Office.
4. Submitting the CPE application to the selected site and the MFT Program. Payments to the selected institution will not be made until there is a copy of the student's CPE application on file in the MFT Office. If course credit is desired, payment must be made to LPTS before CPE begins.
5. Completing any interview process required.
6. If approved for a CPE unit at the selected site, communicating this information to the MFT Office along with the name of the Administrative Supervisor, her or his contact information, and the total unit cost. The MFT Program will communicate with the Administrative Supervisor around what is expected by the MFT Program, including an appropriate evaluation, grade for the unit (required if taken for course credit) and processing unit fees.
7. Contracting with an AAMFT Approved Supervisor in the CPE site's area from whom the student will receive one hour weekly MFT supervision sessions. This MFT supervisor must be approved by the MFT Program's Clinical Director.
8. Funding any additional costs including course registration fee, interview fees, supervision fees, and unit fees above the standard amount.

PRACTICUM: SUPERVISION

DEFINITIONS

Relational/systemic supervision in the Marriage and Family Therapy Program consists of face-to-face consultation in which an AAMFT Approved Supervisor/Supervisor Candidate or an individual with state established MFT supervisor designation that includes relational/systemic supervision training, and a supervisee, or supervisees, agree to engage in systemic reflection upon the concrete processes of and challenges in the practice of marriage and family therapy for the purpose of enhancing personal and professional growth. All faculty and clinical staff in the MFT Program are experienced supervisors who have strong commitments to the importance of intensive supervision for the developing therapist. Supervision may take place in two formats, individual and group. Both forms of supervision are offered in the MFT Program.

Note: When face-to-face supervision is prohibited, virtual dyad and group supervision will be held and will follow the definitions described for face-to-face supervision below.

Individual/Dyadic MFT relational/systemic supervision is defined as a weekly 1 hour/1.5 hours meeting in which a clinical supervisor meets face-to-face with one student or one dyad (two students) to reflect upon each student's client cases. The clinical supervisor is to be informed of all client contact and clinical concerns whether occurring at the on-campus site (LSCC) or at the student's off-campus site.

Group MFT relational/systemic supervision is defined as weekly face-to-face meetings between a supervisor and up to 8 students for group reflection upon student presentation of cases which occurs in rotation.

Supervision

Supervisory conversations take shape through reflection upon case report and/or observable data (direct observation or video presentation) from the supervisee's practice. The boundaries of the supervisory conversation are clearly around the concrete processes of the supervisee's professional practice, self-identity, and clinical relationships. The working alliances in supervision requires reflection, particularly as problems surrounding treatment and training bring to light personal and relational challenges for the supervisee.

Conversations focus on the task of marriage and family therapy and seek to return to that practice with increased knowledge and skill. Students in off-campus practicum sites will receive various enrichment and training experiences including seminars, lectures, and administrative activities at these sites. These are a legitimate and necessary part of practicum experience but are not considered in the total clinical supervision hours.

PROGRAM SUPERVISION REQUIREMENTS

MFT relational/systemic supervision is required at the ratio of 1 hour of supervision (individual or group) for every 3 hours of direct client counseling a student provides. A minimum of 100 hours of supervision is required for graduation from the MFT Program. At least 50% of all supervision will focus on observable data from the student's clinical work by means of direct observation or video recordings reviewed by the clinical supervisor.

Individual/Dyadic MFT relational/systemic supervision

In most cases, students will change supervisors at the mid-point of Practicum 2. Supervisory appointments are made by the Clinical Director. Students will ordinarily receive supervision for a minimum of one hour per week.

Students are required to record all counseling sessions held with Louisville Seminary Counseling Center clients (in-person and virtual). Clients participating in therapy at LSCC sign a Video Release allowing recording of sessions. Clinical supervisors are given access to all of their supervisees' video recordings for supervision purposes. Recordings may not be removed from LSCC.

Students will be provided with a secure seminary laptop from which to provide telemental health services and store confidential virtual session recordings. A signed informed consent and release outlining appropriate use of the laptop will be required. Virtual clinical sessions stored on the laptop may be shared during supervision. Additionally, supervisors can and SHOULD be invited into THE ACTUAL Zoom counseling sessions whenever possible. This form of live supervision counts for both a therapy hour and an hour of supervision for student.

Clinical supervisors providing supervision at LSCC are permitted to record the supervision sessions at their own discretion. Recordings may not be removed from LSCC. Virtual recordings by supervisors of dyad supervision sessions are permitted following HIPAA guidelines. In both cases, supervisees will be notified when a supervisory session is being recorded.

Group MFT relational/systemic supervision

In addition to individual supervision, all students enrolled in Practicum 2 & 3 are required to participate in the MFT Program's supervision groups and selected training events comprising the balance of hours spent in the teaching/learning process. The variety of orientations among our faculty and clinical staff permits students to be exposed to a diversity of theoretical frameworks.

Group supervisors are permitted to record group supervision sessions at their own discretion. Recordings of in-person sessions may not be removed from LSCC. Virtual recordings of group

supervision sessions by supervisors are permitted following HIPAA guidelines. Supervisees will be notified when a group supervision session is being recorded.

PREPARATION FOR SUPERVISION

Preparation for supervision of clinical practice is an important part of learning in the Marriage and Family Therapy Program. Generally, preparation for supervision includes:

- Completion of Practicum 1 and demonstration of AAMFT and LPTS Core competencies related to that course.
- Establishing ethical foundations of confidentiality and informed consent.
- Completing legal and programmatic requirements for clinical practice, such as student professional affiliation in AAMFT.
- Establishing a supervision plan reflecting the student's readiness for supervised practice and directed toward specific objectives of the practicum course.

Ethical Foundations

Confidentiality

The following are general guidelines for maintaining the confidentiality of clinical records and protecting the privacy of clients in clinical work undertaken in the MFT Program at LPTS. Students engaged in supervised clinical practice must adhere to the respective standards of each practicum site to which they are assigned. These guidelines are the basic standards that operate in all clinical work conducted by the program at the seminary including classroom consultation, group supervision, and various supervisory assignments accompanying the core curriculum.

1. As confidentiality of clients and their records is of prime importance, all clinical records are kept on the counseling center's HIPAA compliant, cloud-based electronic medical records systems (TheraNest) with access only by LSCC interns, clinical supervisors, administrators, and staff.
2. Client session and fee payment receipts are to be maintained under lock and key. Account statements are maintained on the MFT Administrative Assistant's computer and may be accessed only by those with authority to do so.
3. Counseling sessions and video recordings are to be observed only by counseling interns, post-graduate MFT interns, clinical supervisors, and MFT faculty.

4. Supervisors, faculty, and interns are required to excuse themselves from supervisory sessions addressing cases of clients that they know personally. Likewise, supervisors and faculty shall excuse themselves from the review of a student with whom they have a personal relationship.
5. Conversation about clinical cases is restricted to discussion in formal observation rooms and clinical case conference settings. Informal or casual discussion in hallways or other social settings is not acceptable.
6. If asked whether someone is in therapy, the proper response is to state, "Confidentiality prohibits us from discussing or disclosing any information regarding possible clients." When clients are encountered in public, care is taken to avoid personal contact or acknowledgement unless initiated by the client.
7. Disclosure of any information about a client to an outside source is only permitted when a client has submitted a signed release requesting specific information be disclosed to a named person or organization. Appropriate release forms should be included in the client's TheraNest file. Any subpoenas or court orders related to a client or client file shall be immediately referred to the Clinical Director.
8. Records concerning student reviews and evaluations shall be kept under lock and key with access only by the Program administrators or to the student upon their request.

The Marriage and Family Therapy Program adheres to guidelines established by the *Health Insurance Portability Accountability Act* (HIPAA).

What Constitutes "Informed Consent"

Prior to seeing clients, all students will discuss informed consent with their clinical supervisor and demonstrate their understanding of each of the following seven articles as they relate to supervised clinical practice.

1. The specific procedures to be used in therapy and their purposes.
2. The role of the therapist in treatment and his/her qualifications to offer treatment. For students this includes a full disclosure of student status and the place of supervision in client treatment. (Professional disclosure statements can be created as an exercise for students but may not be shared/offered to clients. Information regarding the supervisor's credentials will be provided only if requested by the client but will not be offered.)
3. Specific discomforts or risks to be expected in counseling.
4. Benefits **reasonably** to be expected from therapy.

5. Alternative methods of treatment for the same problem that may produce similar results.
6. The client's right to ask questions about the nature and process of therapy at any time.
7. The client's right to end therapy at any time.

(Note specific procedures outlined in the Louisville Seminary Counseling Center Operating Manual for informed consent for therapy with minors.)

INDIVIDUAL/DYADIC SUPERVISION STRUCTURE AND PROCEDURE

The structure of Practicum MFT relational/systemic supervision involves the submission, in writing, of a clear Supervision Contract at the beginning of each practicum course outlining specific goals for personal and professional growth, related to specific practicum objectives.

Philosophy of Contracts

Contracts between each clinical supervisor and student in practicum will ordinarily have four parts:

1. Administrative and Clinical Responsibilities – Defines the overall responsibilities of each supervisee. The forms used for Practicum contracts contain standardized responsibilities. Supervisors may include additional requirements as needed. Standard responsibilities include: 1. Present video recordings (observable data) or written case report during the supervisory time each week. 2. Maintain a ratio of 1 hour of supervision for every 3 hours of client contact (1:3). 3. Complete administrative paperwork in a timely fashion. 4. Follow all policies and procedures for Louisville Seminary Counseling Center.
2. Specific Measurable Goals – Goals established for Practicum may reflect one or more of the following areas, corresponding to the Practicum course syllabus. These may include:

Professional goals – These goals relate to particular competencies targeted for the supervisee to learn. Goals are best kept simple and definite to be effective. They normally are negotiated to express the expectations of the supervisor and the particular needs of the student and are related to the specific objectives of the practicum section. The manner in which their achievement can be accurately evaluated is of paramount importance. (Examples: a. Increase focus on assessment tools in the formulation of client diagnosis as applicable to treatment planning. b. Use resources and conduct empirical/research regarding best practices and effective treatment for specific client issues.)

Personal goals – These goals relate to the personal needs of both parties involved in supervision and how these needs will be met. In concrete terms they express what each person needs from the other in order to work effectively together. Effective psychological goals follow candid discussions of anything in the way of effective teamwork in the supervisory relationship.

Integration goals – These goals relate to integrating clinical practice with academic learning, theory, theology, and use of self in the practice of therapy. This area of clinical concentration includes concern for pastoral and professional formation and how what the student is learning in diverse areas of the program are brought together intellectually, behaviorally, emotionally, and socially in clinical practice.

3. Specific Actions to Reach Goals – In this contract area, expectations are identified regarding what the student therapist will do to meet the goals established in the contract. Although general guidelines can be identified, naming specific actions will enable both supervisor and student to measure success in obtaining goals.
4. Method of Evaluation for Each Goal – Successful completion of competencies for each Practicum course will be measured and documented by using standard rubrics included in the Practicum syllabi. Supervisors may include additional methods as needed for each Practice course. Standard methods include: A Clinical Staff review at the end of each semester and the successful completion of the Senior Integration Experience.

GROUP/LIVE SUPERVISION

Group MFT relational/systemic supervision is required throughout the Practicum series. Each supervision group consists of up to eight MFT students and 1-2 clinical supervisors. Students begin group supervision in Practicum 2. Group placements are maintained until the end of each semester when all MFT students are given opportunity to select a new group. Other group placement changes are made only for extraordinary circumstances, in consultation with the Clinical Director.

Group supervision provides a weekly 2 hour supervision opportunity during the fall and spring semesters for Practicum 2 and 3 students. In this supervision format, a selected student presents a relational case from their clinical practice for consultation and supervision.

The presenting therapist will prepare copies for all group supervision participants of the following:

- 1-2 page written case study with theological reflection (see Case Write-Up for initial session, to be modified to reflect current status of case);
- Copy of up-to-date client family genogram.

The presenting intern should be prepared to give a verbal overview of treatment to date, including theory of choice and be prepared to state what is hoped to be gained out of consultation, mentioning specific areas of concern.

The demonstration may be completed by having the client(s) attend a counseling session for direct observation during group supervision, or by presenting portions of a previously recorded counseling session. In the alternative, a case report with role play may be utilized with permission of the group supervisor. If clients will be present during the group supervisory session, the student will ensure that "Informed Consent/Limits of Confidentiality/Recording Release" form is in the client file for each client member participating in the session.

(See examples of *Fall 2021 Group Supervision Expectations and Procedures* and *LPTS Reflect Team Approach for MFT Supervision Groups* at the end of this section for additional information regarding group processes.)

Group/Live Supervision & Individual/Dyadic Supervision

It is the policy of the Marriage and Family Therapy Program to integrate individual and group Relational/systemic supervision. The following procedure is followed:

1. When scheduled to present in group supervision, a student shall inform their individual clinical supervisor. Students are encouraged to talk with their clinical supervisor about which client(s) would be appropriate and might benefit from this experience, any specific concerns regarding client attendance at a live session, and client ability to manage group feedback.
2. When presenting a live case, students will video record group supervision sessions to have the opportunity for review and discussion with their individual supervisor at their next meeting.
3. Students will process group supervision sessions with their individual clinical supervisors at the individual supervision session following group supervision.
4. When a client attends group supervision for therapy, students will include this experience in their progress note.
5. Case write-ups for presentations, comments from the group supervision process, and supervisory feedback are not maintained in the client file.
6. Group supervisors will provide students with a written description of the framework and action of group supervision for the semester. A copy will be kept on file in the MFT Office. This document will outline how live supervision is to be scheduled, any

theoretical framework for supervision during the semester, and any expectations for written documents to be completed by the student to prepare for group supervision.

THEOLOGICAL REFLECTION AND SPIRITUAL INTEGRATION

Training in marriage and family therapy in the context of pastoral counseling and formation requires a multi-lens approach to discovery, learning, and development as a therapist. One such lens, unique to a MFT accredited program is theological reflection. MFT Program Goal 3 is ***“To graduate students with an entry-level professional ability to reflect theologically/spiritually on their clinical practice in a multi-faith world.”*** Students will gain clinical experience in theological reflection and spiritual integration by participating in reflection group series of classes required by the MFT curriculum.

PRACTICUM: EVALUATION POLICY AND PROCEDURE

A thorough evaluation of the progress of each student is made throughout each Practicum in the Marriage and Family Therapy Program at Louisville Presbyterian Theological Seminary. This includes evaluations from supervisors in clinical assignments and in all courses within the formal curriculum. These evaluations will accumulate in the student's MFT central file for review at the time of final evaluation as graduation approaches.

CLINICAL COMPETENCE

The focus of Practicum evaluation is the student's clinical competence and integration of the MFT academic body of knowledge. Evaluations are based on standard rubrics and are designed to give consistent feed-back of progress toward specific objectives at each stage of the student's experience. A clear picture of strengths and weaknesses is the aim of such conversations between students and clinical staff.¹ Evaluation is a mutual process. Students will also be asked to evaluate their supervisors.

EVALUATIVE STANDARDS

Clinical competence will take into account the student's personal, professional, and academic growth toward specific standards in the practice of marriage and family therapy. Standards around which evaluations are conducted throughout the entire program are defined by MFT competencies selected by the Program and described by standard Program rubrics.

CRITERIA FOR FINAL PRACTICUM GRADE

- Using process and procedures described in Practicum syllabi, the Practicum 1 professor will assign a grade of Pass or Fail. In Practicum 2, grades of Pass or Fail will be based on the final Clinical staff review of student progress at the end of each Practicum level.
- A student assessed as failing to meet learning outcomes and Developmental Competencies in any Practicum final evaluation will receive a failing grade in the Practicum. If a student receives a failing Practicum Evaluation in Practicum 1 or 2, the course may be repeated. The student will bear the tuition cost for repeating the class. Clinical and supervision hours accumulated in a failed practicum will not be applied to the student's repeat of a Practicum course or toward graduation.

¹ MFT Faculty, Clinical Supervisors, Director of MFT Program, Clinical Director, and MFT Program Administrative Assistant.

PSYCHOTHERAPY

The MFT Program requires all students to engage in a minimum of 6 hours of personal therapy during each year in the MFT Program. Additional therapy may be recommended while in the program. Particular issues that emerge during clinical work may require attention in therapy and consultation in supervision. A list of appropriate therapists is available from the Dean of Students. Interns may also obtain referrals from the MFT faculty, clinical supervisors and the Clinical Director. A small stipend is available from the Office of the Dean of Students to facilitate therapy for LPTS students.

Section II Forms

Practicum 2 Case Study Guide for an Individual

Practicum 2 Case Study Guide for Couples or Families

Fall 2021 Group Supervision Expectations and Procedures

LPTS Reflect Team Approach for MFT Supervision Groups

What to Expect When Attending the Therapeutic Group Process

Marriage and Family Therapy Program
Practicum 2 Case Study Guide for an Individual Client

Student Instructions: Practicum 2 and SIE cases must be relational and represent your work with a couple or family. Use the following outline to guide your work. Be sure to use the **headings and subheadings** in the order listed below. All areas are to be completed unless otherwise specified. Your report must demonstrate clear and effective writing (APA Style) and be drafted as a professional report (see Guide for Professional Report Writing). Use clear, appropriate clinical language. Your report should provide information that shows sound clinical treatment planning for specific outcomes. All case write-ups are to be submitted in 12 point Calibri Font only, using 1.5 spacing. The length of the write-up is to be no longer than 5 pages plus a one-paragraph cover sheet containing a condensed summary of the case.

CAUTION: Protect confidentiality by disguising names and other identifying information.

I: Identifying Information/Description of Client

- A. Provide a one paragraph description of the client family presented. Include ages, ethnic and gender information, vocational or educational information and any other outstanding features that will help provide a picture of the context for treatment of the case.
- B. Indicate how many sessions you have had with each member of the system at the time of this write-up.

II: Presenting Problem

- A. Provide a short, concise paragraph stating what the individual/couple/family perceived as the motivating factor bringing them to therapy. What does the client want to change?
- B. Client's voice is central.
- C. Presenting Problem should be closely related to the outcome goals set in IV below.

III: Clinical Assessment

- A. Describe the systemic framework that inform your assessment, including:
 - 1. The theoretical model(s) that guide your assessment.
 - 2. Relevant cultural, family, gender, religious and spiritual, racial, socioeconomic contextual factors.
 - 3. How these interact with assessment and diagnosis and your own social location as an observer/evaluator context.
- B. Individual Assessment and Screening. Identify and summarize results of individual assessment. Use the following subheadings:
 - 1. Interview Observations (how the client appeared and interacted in session) and mental status (use mental status guide)
 - 2. Relevant social, psychological, educational, vocational, spiritual history; history of the problem.
 - 3. Client Strengths and Resources.
 - 4. General Screening tools (report scores and briefly interpret data for screening tools administered at intake)
 - 5. Second-level individual assessment tools to assess specific problems (e.g. depression, trauma, substance abuse, etc.--report score and briefly interpret data).
 - 6. Any assessment of individual risk screening and safety planning

C. Systemic Assessment. Briefly summarize your observations about the client's relational location, intergenerational context, interactional dynamics and intersectionality that may influence the client and the presenting problem.

D. Spiritual/Theological Assessment. List procedures and outcomes.

E. Provide a brief, summary of your overall conclusion—what is the problem? How is the problem best understood in the context of your observations? Do you see any patterns related to how the problem is maintained? Any observations about exceptions to the problem? Any observations about how individual issues and systemic issues interact?

F. DSM 5/ICD 10 diagnosis (use name and ID 10 code). The assessment above must include data that demonstrates how the client's symptoms qualify for any diagnosis you give; that is, any diagnosis you make must be justified by concrete observations reported in B-E above.

IV: Treatment Planning and Summary of Treatment to Date

A. Refer to III. A above. Be sure that your treatment plan and treatment summary are consistent with the theoretical model you have chosen and shows clear attention to:

1. the systemic framework for all individual, family, couple, and child assessments,
2. relevant cultural, family, gender, religious and spiritual, racial, socioeconomic contextual factors,
3. how these interact with assessment and diagnosis and your own social location as an observer/evaluator context

B. State your treatment plan for this client.

1. Write one or two specific, ***observable and measurable client outcome goals*** ("at the end of therapy...").
2. Be sure outcome goals are consistent with client Presenting Problem.
3. Briefly describe your planned interventions.

C. State your contract with the client.

D. Attend to research and evidence-based practice in goal setting and treatment planning.

E. Evaluate the effectiveness of your strategy to date using data from ORS/SRS and other client report.

V: Theological Reflection

A. Describe theological, spiritual and faith issues integral to this client's self-presentation.

B. Describe how your own value system, personal belief system, personal faith and faith tradition interact with or inform your work with this person.

C. Describe how your theological/spiritual thinking/reflection about this case has influenced your interaction with the client, understanding of the case, treatment plan, interventions, and/or understanding of the case.

D. Provide a brief theological statement about how you see what you are doing to be healing and or helpful.

VI: Use of Self

Awareness of issues such as countertransference, transference, triangles, differentiation, enmeshment, the place and importance of therapist-client relationship and interaction should be evident throughout the case study. Use this section to make direct comments about specific or outstanding issues important to your case presentation and any specific concerns or actions related to therapist self-care.

Marriage and Family Therapy Program
Practicum 2 Case Study Guide *for Couples and Families*

Student Instructions: Practicum 2 and SIE cases must be relational and represent your work with a couple or family. Use the following outline to guide your work. Be sure to use the **headings and subheadings** in the order listed below. All areas are to be completed unless otherwise specified. Your report must demonstrate clear and effective writing (APA Style) and be drafted as a professional report (see Guide for Professional Report Writing). Use clear, appropriate clinical language. Your report should provide information that shows sound clinical treatment planning for specific outcomes. All case write-ups are to be submitted in 12 point Calibri Font only, using 1.5 spacing. The length of the write-up is to be no longer than 5 pages plus a one-paragraph cover sheet containing a condensed summary of the case.

CAUTION: Protect confidentiality by disguising names and other identifying information.

I: Identifying Information/Description of Client

- C. Provide a one paragraph description of the client family presented. Include ages, ethnic and gender information, vocational or educational information and any other outstanding features that will help provide a picture of the context for treatment of the case.
- D. Indicate how many sessions you have had with each member of the system at the time of this write-up.

II: Presenting Problem

- D. Provide a short, concise paragraph stating what the individual/couple/family perceived as the motivating factor bringing them to therapy. What does the client want to change?
- E. Client's voice is central.
- F. Presenting Problem should be closely related to the outcome goals set in IV below.

III: Clinical Assessment

- A. Describe the systemic framework that inform your assessment, including:
 - 4. The theoretical model(s) that guide your assessment.
 - 5. Relevant cultural, family, gender, religious and spiritual, racial, socioeconomic contextual factors.
 - 6. How these interact with assessment and diagnosis and your own social location as an observer/evaluator context.
- B. Family Assessment. In this section briefly summarize your observations about client family behavior, self-report, and any evaluative conclusions you might note from interview data and observations. Use the following sub-headings:
 - 1. Interview Observations (For example observation of family/couple dynamics in session.)
 - 2. Relevant couple/family social history
 - 3. Couple/Family Strengths and Resources (use eco-map when possible)
 - 4. History of the problem
 - 5. Use and interpret assessment tools. **Each case must include a Genogram and/or Eco-map.** Other family and couple assessment tools (FACES IV, FAD, Dyadic Adjustment, Locke-Wallace, Weiss-Cerreto, Gottman tools, Prepare-Enrich, etc.) should be included based on the constellation of clients in session and Presenting Problem.
 - 6. Provide an assessment summary: What conclusions can you draw from information in 1-5 re. the relevance of:
 - Transgenerational issues: Family themes, myths, legacies, debts, scripts, etc.
 - Structural, power, and communication dynamics.
 - Information from family of origin, personal history, and relationship history.

- Family life cycle, individual life cycle, developmental tasks, etc.
- Gender, racial-ethnic, class, age, and other multi-cultural issues.

E. Corollary Individual Assessment and Screening. Include here:

- Data from general screening tools given at intake that are oriented to individuals (rather than couples of families).
- Any specific second-level assessment given to individuals to assess specific comorbidity or individual problems influencing couple or family systems (e.g depression, trauma., substance abuse inventories-- report score and briefly interpret data)
- Any assessment of individual risk screening and safety planning

IV: Treatment Planning and Summary of Treatment to Date

A. Refer to III. A above. Be sure that your treatment plan and treatment summary are consistent with the theoretical model you have chosen and shows clear attention to:

- the systemic framework for all assessments,
- relevant cultural, family, gender, religious and spiritual, racial, socioeconomic contextual factors,
- how these interact with assessment and diagnosis and your own social location as an observer/evaluator context

B. State your treatment plan for this client family.

- Write one or two specific, ***observable and measurable client outcome goals*** (“at the end of therapy...”).
- Be sure outcome goals are consistent with couple/family Presenting Problem.
- Briefly describe your planned interventions.

C. State your contract with the couple/family.

D. Attend to research and evidence-based practice in goal setting and treatment planning.

E. Evaluate the effectiveness of your strategy to date using data from ORS/SRS and other client report.

V: Theological/Spiritual Reflection

E. Describe theological, spiritual and faith issues integral to this couple/family’s self-presentation.

F. Describe how your own value system, personal belief system, personal faith and faith tradition interact with or inform your work with this couple/family.

G. Describe how your theological/spiritual thinking/reflection about this case has influenced your interaction with clients, understanding of the case, treatment plan, interventions, and/or understanding of the case.

H. Provide a brief theological statement about how you see what you are doing to be healing and or helpful.

VI: Use of Self

Awareness of issues such as countertransference, transference, triangles, differentiation, enmeshment, the place and importance of therapist-client relationship and interaction should be evident throughout the case study. Use this section to make direct comments about specific or outstanding issues important to your case presentation and any specific concerns or actions related to therapist self-care.

**Fall 2021 Group Supervision
Expectations and Procedures**

(times are an example – please change the times to make it appropriate for your group time) 1-3

Welcome!

Introductions

Contact Information of Group Supervisor: _____

What are we doing?

Attendance is required

Absence requires prior notice and approval

Let's figure it out together

Time set aside for 2 hours, may not need that much

Adapted version of the Reflect Team model – see attachment

Review of Meeting Dates: _____

Preparing for your LIVE Group Supervision Presentation

Consultation with Individual Supervisor about appropriate clients for LIVE

Case Write-Up – see handout

Signing up for dates, weeks 3-9

Week 1 – Today

Week 2 – Volunteers for a role play and practice run

Week 3-9 – Presentations

Week 10 – Wrapping up, Case Review, Closing

Preparing your Client for LIVE Group Supervision

Schedule session for client at **1:30 pm**

The invitation:

See attachment

Discuss positive benefits of LIVE supervision

Review/role play how to invite a client to a LIVE session

Explain how process will go – names on the screen

Ask if client would like to meet/see your colleagues before session

Schedule of Events for your LIVE Group Supervision Presentation:

1:00 pm – All group members arrive in group room.

Presenter sets up therapy room and makes sure audio and video are working between the rooms, and sets up Noldus to record.

The Presenter provides:

Devotion/Meditation

Case Write-up

Genogram

1:05-1:10 pm – Devotion/Meditation

1:10-1:25 pm Group reads case write-up and genogram and asks any questions

1:30-2:10 pm – LIVE session: Therapist invites client into therapy room

Presenter greets client

Optional group greeting for client

Therapy

2:10-2:25 pm – Presenter switches camera feed to hear the wonderings of the group

Group members offer reflections and wonderings

2:25-2:35 pm – Client reflections/wrap up session

Optional good-bye

Client leaves

2:35-2:50 pm – Presenter rejoins group in group room

Presenter Reflections

Group Affirmations

How to integrate this experience into the client's treatment

2:50 pm – Dismissal

LPTS Reflect Team Approach for MFT Supervision Groups

Team Guidelines (adapted from Tom Anderson, 1991,1995)

1. The Reflect Team approach for a live client session is used only with the client's consent and express signed permission, in the Informed Consent form for LSCC.
2. Clients are to receive a "What to Expect When Attending the Therapeutic Group Process" prior to scheduling a session during the Reflect Team meeting.
3. If present, the client is invited to listen but not required to listen to the team responses. When listening, clients are informed to focus on comments that "strike a chord" for further discussion at the next counseling session. The therapist may want to have a pad of paper and writing utensil ready for the client to take notes. Clients do not dialogue with the team. Likewise, clients do not seek to respond to "wonderings" expressed by the team.
4. Team members comment on a specific event or statement in the conversation and then wonder or are curious about this. These wonderings should be sufficiently unusual to generate new perspectives. Comments are made referring to the client in 3rd person, e.g. "She has shown extraordinary strength under the circumstances she shared."
5. Team members avoid offering opinions or interpretations, instead use "wondering" questions and invite multiple perspectives.
6. The team comments on all that is heard, but not all that is observed. If present, client(s) may speak about emotions on own initiative. Client privacy is valued; client should be free to not speak during the team reflection process.
7. It is preferred that client(s) and team remain separate during the reflect team process. If in the same room discussion is discouraged. Focus is on team dialogue to stimulate new thoughts and ideas.

Primary Tasks of the Team (adapted from *Narrative Reflecting Team Practices*, Freedman & Combs, 1996)

A. Listening

1. Attend to story details for thorough understanding.
2. Listen for differences and events that do not fit the dominant problem-saturated narrative (exception language).
3. Notice beliefs, ideas, or contexts that support the dominant problem-saturated narrative.

4. Maintain awareness of cultural differences and areas of diversity that may impact therapeutic process or client acceptance of feedback.
5. Team members should be silent while observing the client session, video, or interview.

B. Responding

1. During the reflecting process the team engages in back and forth conversation.
2. Comments should be offered in a tentative, wondering manner and should be brief.
3. Comments are to be based only on what occurs in the room or session video. Comments should not be related to information provided in the therapist's case presentation, genogram or case summary.
4. When appropriate, comments are situated in the speaker's personal experience. (e.g., "As a mother, I recognize how challenging it can be to raise a toddler.")
5. All client family members present should be responded to in the same way. Wonderings should not over focus on any one member of the client dynamic.
6. Multiple, contradictory opinions about what is going on are encouraged in looking for new meanings and perspectives regarding the client's experiences.
7. Teams avoid comments that evaluate or judge the client (or therapist) in any way, positively or negatively, as these comments are directive and not in keeping with the reflect team process.
8. Teams focus on offering reflections, observations, questions, or comments that are clearly owned by the person making them. (e.g. "As I listened, I was wondering...")
9. Following the formal reflect team process, positive comments may be offered affirming the therapeutic alliance, therapist and client progress, and specific elements of the therapeutic process that have gone well.

LPTS Reflect Team Process for Client Session

Total time: 1 hour 45 mins – 1 hour 50 mins

1. Reflect team arrives; both rooms used should have VISO capability for recording and viewing. Presenting therapist provides *opening devotional* followed by information to the team about the client system and whether client has requested reflections on any specific concern or area of therapy; 1-2 page case write-up and current client genogram are provided by the presenter. (20 mins.) The case write-up is not shared with the client.
2. Therapist greets the client(s) and provides an introduction to the team. Therapist and client(s) enter counseling room. (5 mins.)
3. Therapist and client(s) have session; observed by the team in silence. (40 mins.)
4. Cameras are switched so therapist and client(s) observe and listen to the team's reflections. (20 mins.)
5. Cameras are switched again so therapist and client(s) discuss the reflections of the team as reflect team listens in silence. (15 mins.)
6. Therapist and client(s) close session; optional for client(s) to say goodbye to the reflect team following discussion. (5 mins.)
7. Therapist and reflect team discuss how the process worked; Team to first provide input; Therapist to report on information gained and the process in general; Team may then provide additional comments and positive feedback to the therapist. (20 mins.)

“As If” Reflecting Option:

In the “As if” reflecting process team members speak or reflect “as if” they are members of the client’s system engaged with the problem.

These members of the system can include family members, friends, co-workers, teachers, classmates, medical personnel, legal personnel, etc. and do not need to be present in the counseling dynamic to be included.

LPTS Reflect Team Process for Video or Role Play Presentation

Total Time: 1 hour 45 mins – 1 hour 50 mins

1. Therapist provides opening devotional followed by information to the team about the client system and therapist request for reflections on any specific concerns; 1-2 page case write-up and current client genogram provided. Recorder uses white board to highlight significant information provided information provided by therapist; include genogram or family structure information. (15 mins.)
2. Interviewer asks questions of the therapist, seeking to expand knowledge of the client issue, family structure, and therapeutic framework/MFT theory, interventions, and client progress. Recorder uses white board to record additional helpful information gained. Other team members may note areas to listen for in video. If therapist requests time permits, additional questions may be entertained from the group. (20 mins.)
3. Video of client session; observed by the team in silence. If no video is available, a role play may be provided with reflect team members providing the roles of therapist and client family members in a mock client session. (45 mins.)
4. Team reflections; focus on what was heard that illuminates the client problem, the therapeutic relationship, and use of theory to open up new wonderings and perspectives. The “As If” process as listed below may also be used to process the client session. (20 mins.)
5. Therapist and reflect team discuss how the process worked; Team to first provide input; Therapist to report on information gained and the process in general; Team may then provide additional comments and positive feedback to the therapist. (20 mins.)

“As If” Reflecting Option:

In the “As If” reflecting process team members speak or reflect “as if” they are members of the client’s system engaged with the problem.

These members of the system can include family members, friends, co-workers, teachers, classmates, medical personnel, legal personnel, etc. and do not need to be present in the counseling dynamic to be included.

LPTS Reflect Team Process via Zoom for Client Session (when everyone is joining via Zoom)

[unless LPTS/LSCC goes virtual again, then this process is unnecessary]

Prior to the session the therapist would have gained verbal permission from the client about being part of the group supervision process. Information will be given to the client regarding the process at that time.

1. The therapist should send the zoom invite to the group and client(s) a week in advance. Please send a separate email to the team with the zoom link invite, then another one to the client. This eliminates the client having everyone's email address. Set up a waiting room for the client to wait in. Ask the client to arrive 20-25 minutes after the start of the group supervision time, e.g. – supervision begins at 1:30, ask client to arrive around 1:50-1:55.
2. Please email the 1-2 page case write-up as a 'locked' document to the Team the day before the presentation. Send the password in a separate email. The case write-up is not shared with the client.
3. Once the devotion and client information have been shared, the team turns off their cameras and microphones, and the therapist invites the client into the session.
4. The therapist will invite the team to introduce themselves one at a time to the client by turning on their camera/mic and giving their name and role (student therapist or supervisor).
5. Once introductions are complete the session will begin. (40 mins.)
6. Therapist and client(s) will turn off cameras/mics to observe and listen to the team's reflections. (20 mins.)
7. Team will turn off cameras/mics so therapist and client can discuss the reflections of the team and close session. (20 mins.)
8. Once the client has left the session, everyone turns cameras/mics on to discuss how the process worked; Team to first provide input; Therapist to report on information gained and the process in general; Team may then provide additional comments and positive feedback to the therapist.

LPTS Reflect Team Process via Zoom for Client Session (when client is joining via Zoom)

[this process will likely happen as we transition to teaching more about telehealth]

Prior to the session the therapist would have gained verbal permission from the client about being part of the group supervision process. Information will be given to the client regarding the process at that time.

1. The therapist should send the zoom invite to the client(s) a week in advance (if there is not an ongoing link already). Set up a waiting room for the client to wait in. Ask the client to arrive 20-25 minutes after the start of the group supervision time, e.g. – supervision begins at 1:30, ask client to arrive around 1:50-1:55.
2. The Counseling room the therapist is using for the zoom session will also be set up to record the session via Noldus and allow those in the group room to observe the session.
3. Once the devotion and client information have been shared with the group and any questions discussed, the therapist will go to the Counseling room set up for Zoom and invite the client into the session.
6. After the session, therapist and client(s) will turn off cameras/mics to observe and listen to the team's reflections. (20 mins.) [This may not work. My suggestion is to do reflections with the therapist after the session, without the client.]
7. Team will turn off cameras/mics so therapist and client can discuss the reflections of the team and close session. (20 mins.) [This would be an unnecessary step if the group reflection is done after the client has exited the session.]
8. [Use this step if group reflection is done with the client present via zoom.] Once the client has left the session, everyone turns cameras/mics on to discuss how the process worked; Team to first provide input; Therapist to report on information gained and the process in general; Team may then provide additional comments and positive feedback to the therapist.

Roles of Reflect Team Participants

Role of the Client:

- To participate in a therapy session with the therapist as in the usual course of therapy.
- To remain open to reflections provided by the team and to be willing to explore how wonderings, questions and considerations may allow therapeutic progress.

Role of the Presenter:

- To select client(s) for presentation in consultation with individual clinical supervisor.
- To prepare client(s) for reflect team process as a helpful intervention to discover new perspectives and ways to move forward in therapy. Therapist provides client with “What to Expect When Attending the Therapeutic Group Process.”
- In the alternative, to select a client video on the presentation date.
- To prepare a 1-2 page case write-up and current client genogram to provide to the team on the day of the presentation.
- To be prepared to present information regarding the client family, clinical concern, and course of therapy to the group.
- To shred all identifying documentation following the live group session.

Role of the Reflecting Team Members:

- To listen attentively for wonderings and meaning-making questions that might open up new understanding around the client problem.
- To remain focused on the client story, therapeutic theory, interventions, and process.
- To offer wonderings, comments, and questions following the presentation to assist with reflection.
- To be aware of cultural perspectives, theoretical lenses, and family messages impacting the client concern.
- To be willing to serve as interviewer or recorder when a video is presented other instead of a live client session.
- To be willing to participate in role play or “as if” reflecting process during group reflection.

Role of the Interviewer:

- For video presentation format, following therapist presentation of client information, to ask open-ended questions to add detail and depth to reflecting team knowledge and therapist awareness.
- In framing questions, to stay focused on what is meaningful and helpful to better understanding of the client family, specific clinical concern, the therapeutic relationship, MFT theory, and the work completed in therapy to date.

Role of the Recorder:

- For video presentation format, to make use of whiteboard or chalkboard in group room to record important information provided by the therapist regarding the client, client family, clinical concern, and therapeutic process.
- To continue to record additional information provided in response to interviewer questioning prior to viewing the client video.

Role of the Clinical Supervisor:

- To serve as facilitator for the process.
- To remind the therapist, interviewer, recorder and reflecting team of their respective roles to keep them mindful of the process.
- To encourage open-ended questions as opposed to comment, directives or critiques from the interviewer/reflecting team.
- To be aware of the time allowed for each segment of the presentation.

* Roles relating to therapist presenter, interviewer and recorder should rotate among members of the reflecting team in a scheduled order to allow opportunities for equal participation.

Louisville Seminary Counseling Center

What to Expect When Attending the Therapeutic Group Process

Counseling Center clients may be invited to attend the reflect team process at Louisville Seminary Counseling Center (LSCC). Many clients find this experience to be helpful, supportive, and transformative for their process in therapy.

When attending the Reflect Team, clients have an opportunity to be introduced to members of the group which includes no more than 7 additional counseling interns with 1-2 clinical supervisors. The counseling session occurs as usual with therapist and client meeting in a LSCC counseling or via tele-mental health. Video cameras and microphones allow the Reflect Team to observe the session in person. During tele-mental health sessions, the Reflect Team will turn off their cameras and microphones to observe the session. Sessions are approximately 40 minutes. At the end of the session, the client may choose to leave or to continue with the Reflect Team process. For in person sessions, clients and their therapist are able to observe and listen to reflections (“wonderings”) of the Reflect Team through the video cameras and microphones. For tele-mental health sessions, the therapist and clients will turn off their cameras and microphones to observe the reflection process.

After the end of Reflect Team process, the counseling intern and client will have a few minutes to discuss the helpfulness of the process and whether any reflections were particularly valuable to the client and their progress in therapy. There is no need for clients to respond directly to the Reflect Team regarding the accuracy of their reflections. The client and their therapist will have more time to discuss the Reflect Team experience and to consider the reflections of the group at their next scheduled session.

Client participation in the Reflect Team process is greatly appreciated as the experience is beneficial to clients, counseling interns, and to the process of clinical supervision.

THE PRACTICUM LOG

The Practicum Log is used to document clinical and supervisory hours accumulated in the clinical experience. The form is divided into two sections, **Report of Client Contact Hours at LSCC and the student's off-campus site** and **Report of Clinical Supervision Hours through LSCC**.

CLIENT CONTACT HOURS

Direct client contact is defined by COAMFTE to be "a therapeutic meeting of a therapist and client (individual, relational, or group) occurring in-person synchronously, either physically in the same location or mediated by technology." (*COAMFTE Version 12.5 Glossary*)

Therapy sessions at Louisville Seminary Counseling Center (face-to-face or virtual) are expected to be a minimum of 50 minutes in length. On rare occasions, a session may end prematurely due an unexpected occurrence. In such cases, client contact may be counted as follows:

0 – 29 minutes	0.0 client hour
30-44 minutes	0.5 client hour
45-49 minutes	0.75 client hour
50-60 minutes	1.00 client hour

Activities such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision, are not considered direct client contact.

Constellation of Client Contact

Single – A single constellation of client contact occurs when one individual, one couple, or one family is seen in session.

Group – A group constellation of client contact occurs when a group of non-related individuals, a group of couples, or a group of families is seen in session.

Standard Practicum Log Definitions

Direct Clinical Contact Hours - a therapeutic meeting of a therapist and client (individual, relational, or group) occurring in-person synchronously, either physically in the same location or mediated by technology. Assessments may be counted if they are in-person processes that are more than clerical in nature and focus. Also, therapy services delivered through interactive team modalities may provide direct client contact for specific team members who have in-person interaction with the client/system during the session.

Individual - A session with a single individual or a group of non-related individuals.

Couple - Two partners who request treatment for their intimate and/or family relationships.

Counting Hours: Two persons **must** be in the counseling room. Focus is relational, systemic and contextual.

Family – A social unit of two or more individuals, related by blood or non-blood, characterized by emotional engagement and/or commitment, and self-defined as family.

Counting Hours: More than one person **must** be in the counseling room, usually different from “couple”. Focus is relational, systemic and contextual.

Relational Systems - a category of direct clinical contact hours in which a clinician delivers therapeutic services with two or more individuals conjointly, who share an ongoing relationship beyond that which occurs in the therapeutic experience itself. These hours do not align with the traditional definition of couple and family but are seen as systemic and interactional. Examples include family subsystems, intimate couple subsystems, enduring friendship/community support subsystems, and residential, treatment, or situationally connected subsystems.

Group therapy can be counted as relational hours if those in the group therapy have a relationship outside of (above and beyond) the group itself. Conversely, group therapy sessions of otherwise non-related individuals are not considered as relational hours.

Counting hours: A session held with a teacher and one or more students to address a classroom concern; A nurse and one member of a patient’s family meeting to discuss care of the patient; Two or more employees from an institution meeting to discuss an issue.

Team Meetings – Team meetings at Practicum sites where an LPTS intern’s or other team member’s client is present and/or client family members are present may count as direct client contact time, at the intern’s clinical supervisor’s discretion.

Alternative Hours – Upon the successful completion of 300 direct client hours with 100 relational hours, 100 alternative hours obtained through Clinical Pastoral Education may be applied to a student’s total clinical hour total.

Client information needed to complete the Practicum Log

When a client unit is seen, the following information should be recorded for the Practicum Log.

1. Is/Are the client(s) in session a single individual, couple, family as defined above?
2. If the client(s) is/are do not conform to the definitions for couple or family, are they members of a relational system?

2. If a group is seen, . . .
 - a. is it a group of individuals, couples, or families?
 - b. are any members of the group related as defined in couple or family above?

Examples:

A man and woman who are married or living together are a “couple”.

Two persons who are partnered are considered a “couple”.

Two roommates are considered part of a “relational system.”

A child and a teacher are considered part of a “relational system.”

A grandmother and grandchild are considered “family”.

A couple and their children are considered “family”.

A session with unrelated individuals is considered a “group of individuals”.

A session with several couples is considered a “group of couples”.

SUPERVISION HOURS

Many opportunities for supervision are available in the MFT Program. The Program contracts with clinical supervisors who are AAMFT Approved Supervisors or Supervisor Candidates, or have obtained state established MFT supervisor designation that includes relational/systemic supervision. Only supervision by these individuals are documented on the Practicum log. Supervision may occur with an individual Clinical Supervisor or in group. Supervision received at an off-campus site is not counted on the Practicum log unless the on-site supervisor is approved as a Program supervisor by the Clinical Director.

Constellation of Supervision

Individual – An individual constellation for supervision occurs when 1-2 students work with a supervisor (dyad supervision).

Group – A group constellation for supervision occurs when 3-8 students work with a supervisor. Group supervision may include the Reflect Team process.

Types of Client Documentation Used in Supervision

There are three primary types of “Observable Data” documentation: 1. Video recordings of client sessions. 2. Supervisor observation of a client session as it occurs. 3. Co-therapy with a Clinical Supervisor. Observation of a student conducting therapy may occur through a one-way mirror, TV monitor, or in person. Audio recording is used infrequently.

Students are required to record all counseling sessions held with Louisville Seminary Counseling Center clients (in-person and virtual). Clients participating in therapy at LSCC sign a Video Release allowing recording of sessions. Clinical supervisors are given access to all of their

supervisees' video recordings for supervision purposes. Recordings may not be removed from LSCC.

Case Report

All forms of supervision NOT based on observable data is entered on the Practicum Log as "Case Report." This type of supervision may include such activities as discussion of client documentation, review of progress notes, and treatment planning.

Supervision information needed to complete the Practicum Log

1. Individual supervision – usually meets weekly for 1 – 1.5 hours. Sessions are held either individually or in a dyad (two persons). When meeting with a clinical supervisor, a student should document the following:
 - a. How long was the session?
 - b. What was presented in session; only paper documentation or was a video recording shown?

Each supervisory session may count as one type only. For example, a 1.5 hour supervision session in which a video is shown and paper document is reviewed would be recorded as a 1.5 video session only, not divided between video and documentation.

Note: If a dyad is meeting with a clinical supervisor and one student presents a video recording, both should note the session as presenting a video recording even if the second student does not present a recording.

2. Group Supervision – These supervisory groups of 3-8 students meet for 2 hours each week during the Fall and Spring semesters. Students should document the following:
 - a. Who was the presenter? Each week, one student will present a case to the group. **The student who presents information to the group may count the session as individual supervision.** All other members of the group count the session as group supervision.
 - b. What was presented? The student presenter may have a client present for a session or may present a case write-up or a video recording.
 - c. Presenter Only: If a client family is present during Group Supervision, the presenter may count 1 hour of the session as a direct client contact hour (Single line, appropriate column) and 2 hours of supervision with "Client Present in Supervision."

COMPLETING THE PRACTICUM LOG

Once the information has been accumulated for a month, it can then be reported to the MFT Office. **Practicum Logs are due by the first day of each month.** Logs received after this date may not be accepted and the hours obtained may be lost. The top of each log asks for the following information:

Month & Year of this Record:
 Student Name: Clinical Supervisor:
 Report of Client Contact Hours at LSCC and _____

Direct Client Contact Hours

Constellation	Clinical Hours Completed at LSCC				Total Client Hours	
	Individual/ Individuals	Couple/ Couples	Family / Families	Other Relational Systems	Total Relational Hrs.	Total All Client Hrs. @ LSCC
Single						
Group of . . .						
Total Hrs. LSCC						

The first column represents the “Constellation” of the session. Constellation refers to whether the client family seen was a single (one) person/couple/family, a group of individuals/couples/families, or members of a relational system. (See definition of “Other” above.)

The three “Relational Hours” columns refer to couples, families, and others. To be “Relational Hours”, the counselor must work with more than one person in the room and the focus is relational, systemic and contextual.

There are two reporting columns for “Total Client Hours.” They are “Total Relational Hours” and “Total All Client Hours @ Site.” The relational hour total is separated out to track progress toward obtaining the 250 relational hours required for the MFT Program. “Total All Client Hours @ Site” represents all client hours - individual, couple and family - obtained at LSCC or the Off-Campus site.

Example: During the month of January, Susan saw 5 individuals, 2 couples and 1 family at LSCC. She held 2 Self-Esteem groups where no one was related and there would be no more meetings. Susan also met 1 time with a group of employees from local company around a grief issue. Her log would look like this.

Clinical Hours Completed at LSCC						
Constellation	Relational Hours				Total Client Hours	
	Individual/ Individuals	Couple/ Couples	Family / Families	Other	Total Relational Hrs.	Total All Client Hrs. @ LSCC
Single	5	2	1	1	3	8
Group of . . .	2			-----	1	3
Total Hrs. LSCC	7	2	1	1	4	11

NOTE: When considering how to count group work with individuals, determine if there are individuals in the group that are related as defined in couple, family or relational systems. If there are related individuals present, count the group as relational (couple/family). If there are no relationships present, the group would be counted as individuals.

Supervision Hours

Setting	Observable Data				Case Report	Total Supervision Hrs.: Observable Data & Case Report	Cumulative Ratio: Supervision to Client Contact
	Client Present in Supervision	Video	Audio	Total Observ Data			
Individual/Dyad							
Group							
Cum Carry Over							
TOTAL							

In supervision, the “Setting” refers to whether supervision is received as an individual/dyad or in a group setting. Remember that the presenter during Group Supervision is receiving supervision as an individual for the entire time the group meets and time should be recorded on the individual line.

The “Client Present in Supervision,” “Video,” “Audio,” and “Case Report” columns refer to the type of presentation given. “Total Observable Data a” is the sum of “Client Present,” “Video” and “Audio” supervision earned. “Total Supervision Hours” represents all supervision hours earned in the month.

In Group Supervision “Client Present...,” supervision time is reported in one of two ways depending on who presented.

1. The student making the presentation to the group can report the supervision hours in Live on the IND line under the appropriate column.
2. Members of the observing group may report the supervision hours on the GRP line under the appropriate column for what was presented to the group.

NOTE: If the presenter holds an actual client session before the group, the presenter may also claim 1 hour of direct client contact and report it under the appropriate Client Contact Hour column.

Example: Susan attended four sessions with her clinical supervisor during the month of January. She presented a client session video for review three times and a report once. She also attended Group Supervision three times, one of which she presented an actual client session. The other two she participated as part of the observing group. She watched a video of a client session and observed an actual client session. Her log looks like this. (Remember each Group Supervision is equal to two hours supervision.)

Setting	Observable Data				Case Report	Total Supervision (Observable Data & Case Report)	Cumulative Ratio: Supervision to Client Contact
	Client Present in Supervision	Video	Audio	Total Observ Data			
Individual/Dyad	2	3		5	1	6	
Group	2	2		4		4	
Cum Carry Over							
TOTAL							

Cumulative Ratio: After Client Contact Hours and Clinical Supervision Hours have been totaled, the Cumulative Ratio is calculated by the MFT Administrative Assistant. A ratio of 1:3 must be maintained through the MFT Program.

Initials/Signatures:

The student and the student’s Clinical Supervisor must sign to complete the Practicum Log. Logs without appropriate signatures will not be accepted and hours will be counted.

Section III Forms

Practicum Log
Off-Campus Log

PRACTICUM RECORD LOG

Month & Year of this Record: _____

Student Name: _____ Clinical Supervisor: _____

Report of Client Contact Hours at LSCC and _____

Constellation	Clinical Hours Completed at LSCC				Total Client Hours	
	Individual/ Individuals	Couple/ Couples	Family / Families	Other Relational Systems	Total Relational Hrs.	Total All Client Hrs. @ LSCC
Single						
Group of . . .						
Observations (Alt Hrs)						
Total Hrs. LSCC						

Constellation	Clinical Hours Completed Off-Campus				Total Columns	
	Individual / Individuals	Couple/ Couples	Family/ Families	Other Relational Systems	Total Relational Hrs.	Total All Client Hrs. @ Off Site
Single						
Group of . . .						
CPE (Alternative Hrs.)						
Total Hrs. Off-Campus						

OFFICE USE ONLY

Total this Page						
Cum Carry Over						
GRAND TOTAL						

Report of Clinical Supervision Hours through LSCC

Setting	Observable Data				Case Report	Total Supervision (Observable Data & Case Report)	Cumulative Ratio: Supervision to Client Contact
	Client Present in Supervision	Video	Audio	Total Observ Data			
Individual/Dyad							Office Use Only
Group							
Cum Carry Over							
TOTAL							

Student Signature: _____

Clinical Supervisor: _____

Administrative Supervisor: _____

Revised 1/2020

Louisville Seminary Counseling Training Center
Off-Campus Site Log

Date	SINGLE CONSTELLATIONS (individual, couple, family)				GROUP CONSTELLATIONS (individuals, couples, families, other)			
	Individual	Couple	Family	Relational Systems	Individuals	Couples	Families	Relational Systems

Intern Signature _____

Off-Campus Supervisor Signature _____

GRADUATION

REQUIREMENTS

To qualify for graduation, the following requirements must be met:

- Completion of all course work required by the catalogue under which the student entered the MFT Program with a minimum 2.50 GPA.
- Successful completion of Practicum 1, and 2 including a minimum of 300 supervised hours of direct client contact and 100 hours of MFT relational/systemic supervision. Of the 300 direct client contact hours, 100 must be relational hours (counseling with couples and/or families). Fifty of the required 100 supervision hours must be supervision of observable data presented by the student.
- Satisfactory completion of all Student Learning Outcomes and COAMFTE Developmental Competencies as listed by the Program and incorporated into class syllabi.
- Successful preparation and presentation of a “Senior Integration Experience,” a Practicum 2 capstone project.
- Completion of the MFT Exit Examination with a passing score of 70.

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Graduation Policy
Determining Your Graduation Date

Students who receive degrees dated in May or December must complete all academic, practicum, and field education, etc. work one week before the graduation date with a minimum cumulative GPA of 2.50. There is no exception to the policy.

Occasionally, a student may have some incomplete work for a May graduation. See Seminary policy for faculty approval for a student to “walk” with their class in graduation ceremony while not receiving the degree until December.

MFT PROGRAM EXIT EXAMINATION AND THE AMFTRB EXAM

To qualify for licensure, all MFT Associates must successfully complete the national Association of Marital and Family Therapy Regulatory Boards (AMFTRB) examination. The MFT Program Exit Exam assesses students' knowledge in all domains required to pass the AMFTRB examination and enter professional practice (SLO 1 & 2; Program Goal 1). The Exit Exam process includes the following:

1. All graduating MFT seniors must register for the MFT Exit Exam in the semester in which they are to graduate.
2. The MFT Program contracts with an on-line testing service that prepares our Exit Examination to assess student learning and readiness for graduation in each of the AMFTRB domains. The Exit Examination also provides data that helps graduating students study toward any areas of weakness prior to taking the state licensure exam. This data will also help the Program determine if there are areas not covering adequately in the current curriculum.
3. As part of the Exit Examination process, students are provided access to study materials through the on-line testing service. These services can be extended beyond the Exit Exam—in preparation for the AMFTRB exam—for a reduced fee.

The passing grade for the Exit Examination is 70. A student who fails to score 70 or higher will be allowed to retake the exam. Any student retaking the examination will be responsible for the cost of a second administration.

A student who fails the Exit Exam in a second administration will be permitted to retake the exam for a third time after 2 months of remedial study. Students will be responsible for the cost of any additional coursework and the cost of Exit Exam administration.

SENIOR INTEGRATION EXPERIENCE – MFT Program Capstone Project

The Senior Integrative Experience (SIE) is a capstone project that demonstrates that the student has met the Student Learning Outcomes and mastered the required competencies of the program and is clinically prepared for graduation and entry-level professional practice as a marriage and family therapist.

There are two parts to this project:

- 1. A comprehensive written report.** Using the “SIE Case Study Guide and Rubric” students will prepare a formal case study of the selected client case. This report will give the student an opportunity to demonstrate in-depth knowledge of a preferred theoretical model of therapy, peer-reviewed research related to the presenting problem, use of intervention/clinical skills, and integration of theology and spirituality into clinical work.
- 2. A formal, oral case presentation.** Students will be given 45 minutes to present their clinical work with a couple or family. The goal of this presentation is to demonstrate knowledge and clinical skills related to family therapy theory and intervention.

Preparation of the SIE Case Write-Up and Oral presentation

Using the “SIE Case Study Guide and Rubric” students will prepare a formal case study of the selected client case. All areas of the rubric are to be addressed and should be labeled in the write-up. The SIE case write-up is to be submitted in 11 point Calibri Font only, using 1.5 spacing. The length of the write-up is to be as follows:

MAMFT - 8-10 pages, to include a genogram.

Dual Degree, 10-12 pages, to include a genogram.

While the SIE case write-up must be the student’s independent work, the student will consult with their current Clinical Supervisor on case selection. Priority should be given to presenting either a couple or a family. In extraordinary situations, a student may present an individual client provided approval is given by the student’s Clinical Supervisor and the MFT Program Director. The student must (1) make a convincing case for presenting an individual instead of a couple, family or other relational system and (2) include significant attention to systemic understanding of the individual case and its context. All write ups must fully document the process of therapy.

Powerpoint

Students may prepare a PowerPoint presentation to use on the day of their oral presentation. It is important to note that it is impossible to cover all the information from the written report. Students should concentrate on main themes showing how theory and practice are integrated into the case.

The PowerPoint presentation should include the following:

- 1) A description of the theory and theology of change that guides intervention with the clients (you can use your final paper completed in PC 3083 Theories of Change to guide you)
- 2) An overview of the case report identifying main themes of integration of theory and practice with this specific case. (If appropriate, identify early, middle, and late themes.)
- 3) A description and explanation of **one specific** intervention used with this relational system and the client's response. Use creative means to describe or demonstrate this intervention. and how this intervention was tied to treatment goals and theory.
- 4) Provide a spiritual/theological reflection from the client's and therapist's perspective. Discuss how spirituality/theology is ethically integrated into practice.

Session Clips

Video recordings of session clips are required to demonstrate the therapist's work with the couple or family presented. A recording showing work with a co-therapist is acceptable, provided the graduating student is shown leading the therapeutic work. The clips should demonstrate the therapist working in a systemic framework toward goals of therapy in the broader context of multiple sessions. (See "Guidelines for SIE Video Editing" at the end of this section.)

Students will have approximately 45 minutes for the SIE presentation. At the end of the presentation the committee will provide feedback and ask questions.

Other Documents Required

These documents should be submitted to the MFT Administrative Assistant during the course of preparation:

1. MAMFT Senior Integration Experience Committee Form – This document contains the names of the student's SIE Committee members with their signatures indicating consent to participate in the student's SIE committee on the designated SIE presentation date. These are to include the student's Practicum 2 Supervisor and Academic Advisor.
2. SIE Signature Page – Signed by all SIE consultants as acknowledgement of consultation in the preparation of the case write-up (student, ASC representative, Practicum 2 Supervisor and Academic Advisor) to be submitted with the final copy of the SIE Case Write-Up.

Collaborative Boundaries

The SIE must represent the student's own work. At the same time, collaboration is a major value in MFT training and in the professional practice of marriage and family therapy. For the SIE, this collaborative value is expressed in:

- Review by the ASC.
- Collaboration in voluntary SIE seminars provided to graduating seniors by the MFT faculty in the late fall and early spring of each year. These seminars provide a forum to

examine and discuss expectations, processes and provide input and support as students prepare their SIE.

- Students working together on SIEs so long as the boundary of presenting one's own work is maintained.

Required ASC Consultation

The SIE represents the student's ability to prepare and present professional reports. To assist in this learning goal, students will submit their case write-ups to the Academic Support Center (ASC) for review and consultation. The ASC consultation is intended to assist students in writing a professional report using appropriate language, structure and organization of ideas. The ASC will not make recommendations about the nature of the case, treatment of the case, or other clinical matters.

SIE Committee Composition and Roles

The SIE Committee for a MFT student will be composed of the presenting student's Practicum Supervisor, MFT Academic Advisor and a second MFT faculty member. The committee composition for a student completing a dual degree will include these members and a member of the theology faculty selected by the presenting student.

With the exception of the Student Presenter, all committee members have an active vote in the final recommendation.

- Following the timeline and guidance provided in this document, the **Student Presenter** is responsible for managing all aspects of the SIE Process.
- The student's **current Clinical Supervisor** will consult with the student on case selection. After the SIE document has been reviewed by the ASC and the student has made any necessary revisions, the Clinical Supervisor will review the final SIE write-up and score the document based on the SIE Rubric. During the student's presentation, the Clinical Supervisor makes inquires or comments regarding the student's clinical work appropriate for an entry-level professional colleague.
- The student's **MFT Academic Advisor** provides a link between academic and clinical work. The faculty advisor brings an overall picture of the student's academic educational goals, ability, and career direction in participation as a member of the SIE Committee. The Faculty Advisor reviews the final SIE prior to the presentation and scores the document based on the SIE Rubric. During the student's presentation, the Faculty Advisor makes inquires or comments regarding the student's clinical work appropriate for an entry-level professional colleague.
- A second **MFT staff or faculty member** may sit on the SIE Committee. Based on the presentation, the faculty member works with other committee members, evaluates the presenter's ability to integrate theory into therapeutic interventions and process; to utilize

theological reflection and critical thinking; to understand theory of choice from the field of theories and to distinguish the differences.

- For dual degree students, a LPTS **non-MFT faculty member** sits on the SIE Committee. The faculty member reviews the SIE final prior to the presentation and scores the document based on the SIE Rubric. During the student's presentation, the non-MFT faculty member makes inquires or comments on the student's theological, biblical, and/or ministerial thinking and practice from the perspective of the faculty member's discipline.

SIE Presentation

On the day of the presentation, the presenter has these responsibilities:

- Deliver the devotional and convene the SIE Committee.
- Deliver a 45 minute presentation using session clips to present your clinical work with this couple or family. The SIE presentation should include commentary and description of main themes about how you integrate theory and practice with your case.
- Respond to questions from committee members regarding course of treatment, clinical assessment, choice of theory, and any issues relevant to professional development, clinical competence or management of the case presented.

The student should use the "SIE Presentation Timeline" in preparing their committee presentation. (See end of this section.)

Following the student's oral presentation of their work to the SIE Committee, committee members will complete the corresponding section of the SIE Rubric. Committee members may include additional comments regarding the presentation.

If the presentation is in person, the committee will briefly release the student presenter from the room. If the presentation is virtual, the committee will briefly leave the student in the main session of the Zoom room and enter a breakout room. The committee will reflect on the presentation and prepare comments for student feedback, giving special attention to the presenter's readiness to enter the therapeutic community as an entry-level professional colleague. Readiness is defined as the student's ability to articulate and demonstrate (by oral presentation, written case study, and committee interaction) therapeutic style, an understanding of MFT theory presented in clinical work, interventions, critical systemic analysis, diagnostic skill, theological reflection, and clinical summary. The committee will determine one of the following by consensus:

- Full approval
- Conditional approval with prescribed remediation
- Non-acceptance of the presentation

The committee will return to the main session and review their comments and decision with the student. If required, the committee will explain any additional work required to the final case write-up needed and provide a timeframe for completion. Supplementary material, if requested, will be prepared as an addendum to the original case write-up. Rubrics completed by committee members will be submitted to the MFT Administrative Assistant for compiling.

MAMFT Senior Integration Experience ***Presentation Timeline***

Below are the maximum time increments for each section of the Senior Integration Experience presentation. Section times may be shortened but times for remaining sections may not be increased as a result. Section times must be completed as described. (Not all SIEs will begin at 8 a.m.)

SIE Schedule for all Student Presenters: total time 1 hour 30 minutes

- 8:00 Five minute devotional
- 8:05 Forty-five minute oral presentation
- 8:50 Twenty minutes for questions and discussion with SIE Committee
- 9:10 Ten minutes for Committee review and discussion
- 9:20 Ten minutes for feedback to student
- 9:30 Completion of SIE

Per 20FM0217 Minutes

Revised 8/11/2020

Marriage and Family Therapy Licensing

Licensing regulations may differ across states and provinces. Licensing regulations in most states include a Master's degree with specific course requirements, post-master's supervised clinical experience and a passing score on the AMFTRB national licensing exam. Specific information may be obtained from each states licensing board. You may obtain a list of state contact information and web sites from AAMFT (www.aamft.org).

Students are directed to work closely with their academic advisor to fulfill the educational requirements for the state in which they plan to be licensed. Students planning to seek licensing in a state requiring more than 300 clinical hours in their qualifying degree should plan to complete the elective course PC 4433 Practicum 3/Internship to complete hours required by another state.

Licensing in Kentucky

Kentucky Revised Statutes (KRS) are the legislative guidelines for MFTs. They can only be changed by the legislature and do not change often or easily.

Kentucky Administrative Regulations (KAR) are regulations set up by the Kentucky Board of Licensure of Marriage and Family Therapists as they interpret the laws.

The Kentucky Board of Licensure of Marriage and Family Therapists is responsible for enforcing the statutes and regulations governing marriage and family therapists in the Commonwealth of Kentucky, monitoring the needs of the public, licensing eligible candidates, recommending changes to the laws, and conduct formal hearings. The Board typically meets the third Thursday of each month. There are two levels of licensure in Kentucky: Marriage and Family Therapy Associate and Licensed Marriage and Family Therapist (LMFT).

Marriage and Family Therapy Associate

After graduation, if you wish to provide therapy in Kentucky, you must apply for a permit to practice as a Marriage and Family Therapy Associate. An up-dated application (see end of section for 2021 application) can be obtained on-line (<http://mft.ky.gov/>) or by contacting:

Board Administrator
Kentucky Board of Licensure of Marriage and Family Therapists
PO Box 1360
Frankfort, KY 40602
Phone: 502 / 782-8809

*** When seeking an individual to provide clinical supervision, keep in mind you must use someone "approved" by the Kentucky Board of Licensure. An "Approved supervisor" means an individual who: (a) Holds a designation as an approved supervisor or supervisor in training**

granted by the American Association for Marriage and Family Therapy; or (b) Is licensed as a marriage and family therapist in the Commonwealth of Kentucky with a minimum of five (5) years of experience in the practice of marriage and family therapy, eighteen (18) months of which shall be as a therapist licensed in the Commonwealth of Kentucky. Note that an AAMFT Approved supervisor must also be approved by the Kentucky Board of Licensure. You can find a list of Board approved supervisors at <http://mft.ky.gov/>.

Prior to graduation from the MFT Program, MFT students are invited to attend an informational meeting with the Clinical Director and the MFT Program Administrative Assistant to review application process.

ATTENTION!!! To avoid delay of Associate Licensure approval . . .

- . . . BE SURE to fill out the application completely and correctly!
- . . . BE SURE to include the supervisory contract with your application!
- . . . BE SURE to send your transcript with your application!
- . . . BE SURE to submit the application fee of fifty dollars (\$50.00), and an initial licensure fee of twenty five dollars (\$25.00). These fees are non-refundable. All fees must be paid by check or money order made payable to the Kentucky State Treasurer. DO NOT SEND CASH.

AMFTRB National Marriage and Family Therapy Exam – Kentucky Residents

Kentucky Marriage and Family Therapy Associates are allowed to take the national Marital and Family Therapist exam at their own discretion. Once an associate permit has been issued, the recipient's name is submitted to the exam service therefore making them eligible to sit for the exam. Exams are offered each month. Dates are provided on the Board of Licensure website (<http://mft.ky.gov/>). **It is in a graduate's best interest to take the license exam as soon as possible after graduation. Pass rates decline the longer the examination is put off.**

Professional Memberships

Following graduation, students are eligible to apply for membership in the American Association for Marriage and Family Therapy.

American Association for Marriage and Family Therapy (AAMFT)

Graduates of the Marriage and Family Therapy Program may qualify for the membership categories below. Applications and additional information can be obtained at www.aamft.org.

Professional Membership is open to individuals who have received an accredited bachelor's, master's, or Doctorate in Marriage and Family Therapy or related mental health field which meets the criteria established by the Board and who are interested and supportive of AAMFT's mission to advance Marriage and Family Therapy or Systemic Family Therapy as a profession and field of study.

To be eligible for Professional Membership you need to meet at least one of the following criteria:

- Fully licensed or practicing independently as a Systemic Family Therapist or MFT or related mental health field
- Have graduated with a degree that allows you to work on requirements towards full licensure or independent practice of MFT or related mental health field
- Meets the basic requirements to pursue the Clinical Fellow designation

Professional Membership National Dues

\$216 for US and Canada

\$169 for outside of US and Canada

The following are Professional Membership National Dues reduced rates

\$146 – are for early professionals who have recently graduated and working towards full licensure or independent practice. This reduced rate is good for 2 years.

\$82 – are for doctoral students. This reduced rate is good until their graduation date for their doctoral program for a maximum of 4 years.



KENTUCKY BOARD OF LICENSURE FOR MARRIAGE AND FAMILY THERAPISTS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 500 Mero Street 2 SC 32, Frankfort, KY 40601
Phone (502) 782-8809 ~ <http://mft.ky.gov>

APPLICATION FOR PERMIT AS A MARRIAGE AND FAMILY THERAPIST ASSOCIATE

INSTRUCTIONS

1. This form must be typed or printed legibly and completed in its entirety.
2. This application and Supervision Plan for Clinical Experience must be submitted with the application fee of fifty dollars (\$50.00), and an initial licensure fee of twenty five dollars (\$25.00). These fees are non-refundable. All fees must be paid by check or money order made payable to the Kentucky State Treasurer. DO NOT SEND CASH.
3. An official transcript must be received by the Board prior to review.
4. Attach continuation sheets if more space is needed to provide information.
5. Refer to KRS 335.332 and 201 KAR 32:025.
6. This completed form may be submitted to the Kentucky Board of Licensure for Marriage and Family Therapy either by mail to P.O. Box 1360, Frankfort, KY 40602, or by hand delivery during business hours or overnight mail to 500 Mero St (2 SC 25), Frankfort, KY 40601.

SECTION 1 – PERSONAL BACKGROUND

1. _____
 Name: Last First Middle Initial Social Security Number

2. _____
 Mailing Address: Street City State Zip Code

_____ County of Residence Home Phone Work Phone Email Address

3. Have you ever been credentialed as a Marriage and Family Therapist Associate in any other state? Yes No
 If yes, what state? _____ Is the permit active at this time? Yes No
 Title of credential: _____

4. Have you ever been credentialed as a Licensed Marriage and Family Therapist in any other state? Yes No
 If yes, what state? _____ Is the license active at this time? Yes No
 Title of credential: _____

5. Have any credentials obtained in Kentucky or any other state ever been disciplined? Yes No
 If yes, give details: _____

6. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position, from any professional training program, or from the program of any university? Yes No If yes, please provide details.

7. Have you ever been convicted of a felony or misdemeanor? Yes No If yes, what offense? _____
 (Submit court documents resolving case)

8. Do you hold membership in the American Association for Marriage and Family Therapy? Yes No

9. Have you ever been sanctioned by AAMFT or by any other professional association for ethical misconduct? (Submit documentation) Yes No



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APPLICATION FOR PERMIT AS A MARRIAGE AND FAMILY THERAPIST ASSOCIATE

APPLICANT NAME _____

SECTION 2 – PART A – EDUCATION

School	Name and Location	Dates Attended		Date of Graduation		Program Hours	Degrees Obtained
		From	To	Month	Year		
Undergraduate							
Graduate							

SECTION 2 – PART B – CURRICULUM GUIDELINES (To be completed when applying for Associate Status from a non-COAMFTE program.) Courses may be used only one time. Use graduate courses only.

MARRIAGE AND FAMILY STUDIES (3 courses minimum – 9 semester hours or 12 quarter or 135 didactic contact hours required): Courses in this area shall be theoretical in nature and have a major focus of system theory orientation. Topic areas may include systems theory, family development, blended families, cultural issues in families, family subsystems, major models of family systems theory, or gender issues in families.

Educational Institution	Course Number	Course Title (Spell Out)	Dates To / From	Credit Hours	Contact Hours

MARRIAGE AND FAMILY THERAPY (3 courses minimum – 9 semester hours or 12 quarter or 135 didactic contact hours required): Courses in this area shall have a major focus on family systems theory and systemic therapeutic interventions. Courses shall relate to major theories of family systems change and therapeutic practices evolving from each theoretical model. Major theoretical approaches may include structural communications family therapy, strategic object relations family therapy, behavioral family therapy, intergenerational family therapy, solution oriented family therapy, narrative family therapy and systemic sex therapy.

Educational Institution	Course Number	Course Title (Spell Out)	Dates To / From	Credit Hours	Contact Hours



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APPLICATION FOR PERMIT AS A MARRIAGE AND FAMILY THERAPIST ASSOCIATE

APPLICANT NAME _____

HUMAN DEVELOPMENT (3 courses minimum – 9 semester hours or 12 quarter or 135 didactic contact hours required): Courses in this area shall provide knowledge of individual personality development in both normal and abnormal manifestations. Topic areas may include human development, personality theory, human sexuality, and effects of gender and cultural issues on human development.

Educational Institution	Course Number	Course Title (Spell Out)	Dates To / From	Credit Hours	Contact Hours

PSYCHOPATHOLOGY / DSM (1 course minimum – 3 semester hours or quarter or 45 didactic contact hours required): Courses in this area shall include psychopathology, diagnosis through use of DSM, or applications of DSM to marriage and family therapy.

Educational Institution	Course Number	Course Title (Spell Out)	Dates To / From	Credit Hours	Contact Hours

PROFESSIONAL STUDIES (1 course minimum – 3 semester hours or quarter or 45 didactic contact hours required): Courses in this area may include professional ethics in marriage and family therapy, legal responsibilities of the therapist, professional socialization and the role of the professional organization, licensure or certification legislation, and independent practice issues.

Educational Institution	Course Number	Course Title (Spell Out)	Dates To / From	Credit Hours	Contact Hours



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APPLICANT NAME _____

RESEARCH (1 course minimum – 3 semester hours or quarter or 45 didactic contact hours required): Courses in this area may include statistics, research methods, quantitative methodology or other courses designed to assist the student to understand and perform research.

Educational Institution	Course Number	Course Title (Spell Out)	Dates To / From	Credit Hours	Contact Hours

PRACTICUM / INTERNSHIP (1 course minimum – 300 hours of supervised direct client contact with individuals, couples, and families for family therapy.) Applicants who did not complete a clinical practicum may satisfy the practicum requirement by using their first 300 post-master’s client contact hours as an Associate under supervision. These hours will not be counted toward the two years of required experience or the 200 hours of supervision.

Educational Institution (Not practicum site)	Course Number	Supervisor(s)	Dates To / From	Total Number of Client Contact Hours

APPLICANT’S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my permit revoked by the Board.

Date: _____ Applicant’s Signature: _____



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SUPERVISION PLAN FOR CLINICAL EXPERIENCE

(A separate Supervision Plan must be submitted for each Board Approved Supervisor)

Last Name	First Name	Middle Initial	Associate Permit #
Street Address	City	State	Zip Code
Email Address			Phone Number

PRIMARY CLINICAL MARRIAGE & FAMILY THERAPY SETTING

Workplace Name	County of Practice	Phone Number	
Street Address	City	State	Zip Code
Description of agency function (Check One)			
<input type="checkbox"/> Hospital	<input type="checkbox"/> Mental Health Agency	<input type="checkbox"/> Private Practice	<input type="checkbox"/> Other _____
Beginning Date of Plan: _____		Estimated Ending Date: _____	

ADDITIONAL CLINICAL MARRIAGE & FAMILY THERAPY SETTING

Workplace Name	County of Practice	Phone Number	
Street Address	City	State	Zip Code
Description of agency function (Check One)			
<input type="checkbox"/> Hospital	<input type="checkbox"/> Mental Health Agency	<input type="checkbox"/> Private Practice	<input type="checkbox"/> Other _____
Beginning Date of Plan: _____		Estimated Ending Date: _____	

BOARD APPROVED SUPERVISOR FOR THIS PLAN

Name	KY LMFT License #		
Street Address	City	State	Zip Code
Home Phone Number	Work Phone Number		

ASSOCIATE'S NAME: _____



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SUPERVISION PLAN FOR CLINICAL EXPERIENCE

(A separate Supervision Plan must be submitted for each Board Approved Supervisor)

A. Provide a detailed description of the nature of this work setting, (must include clients to be seen, therapies and treatment modalities that shall be used including the prospective length of treatment, and problems or conditions that shall be treated).

Empty text boxes for providing a detailed description of the work setting.

B. Provide a detailed description of the nature, duration, and frequency of supervision in the practice, (must include number of hours of supervision per week, amount of group and individual supervision, and methodology for transmission of case information).

Empty text boxes for providing a detailed description of supervision in the practice.

C. Provide a detailed description of the condition or procedures for termination of this relationship.

Empty text boxes for providing a detailed description of termination conditions or procedures.

D. Provide hours per week spent in direct client-professional relationship (include assessment and treatment only).

Empty text boxes for providing hours per week spent in direct client-professional relationship.

*Pursuant to 201 KAR 32:035. Section 3.

ASSOCIATE'S NAME: _____



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SUPERVISION PLAN FOR CLINICAL EXPERIENCE

(A separate Supervision Plan must be submitted for each Board Approved Supervisor)

SUPERVISOR'S STATEMENT

I, the supervisor for the above named candidate for licensure for the independent practice of marriage and family therapy, have devised and discussed this plan with said applicant and accept responsibility for its implementation. Further, I understand that upon completion of the Supervision Plan for Clinical Experience and application for licensure as a Marriage and Family Therapist, I will be asked to comment on the ethical behavior and therapeutic competency acquired by the applicant. If, for any reason, the conditions of this plan are changed, or this supervisory relationship is terminated or changed, I will immediately notify the Board. Further, I do hereby certify that my license is current, and will be maintained throughout this period. I understand that I am accountable to the Board for the care given to the Marriage and Family Therapist Associate's clients.

Signature of Board Approved Supervisor: _____ Date: _____

APPLICANT STATEMENT

I, the applicant in the above plan, understand that pursuant to 201 KAR 32:025, Section 2, I will be expected to comply with the provisions in this plan in its entirety and must notify the Board of any modifications of this plan once it has been approved. Failure to do so may result in voiding the approval given by the Board and loss of supervision hours gained.

Signature of Applicant: _____ Date: _____

ADMINISTRATIVE SUPERVISOR STATEMENT

If the supervision in the Supervision Plan for Clinical Experience in this application is provided by someone other than the applicant's agency supervisor, the agency supervisor must review the proposed plan and sign the statement below.

As agency supervisor of the above named candidate, I affirm the agency will support the proposed practice experience as described.

Signature of Agency Supervisor: _____ Date: _____

ASSOCIATE'S NAME: _____



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SUPERVISION PLAN FOR CLINICAL EXPERIENCE

(A separate Supervision Plan must be submitted for each Board Approved Supervisor)

STATEMENT OF SHARED RESPONSIBILITY

If the supervision is to be received outside the applicant's place of employment, the section below must be completed and signed by the Board Approved Supervisor, the applicant, and an authorized person representing the agency.

We the undersigned, do hereby acknowledge the sharing of professional responsibility between

_____ and _____
(Name of Agency) (Board Approved Supervisor)

for the clinical marriage and family therapy service provided to clients of the above named agency by

(Applicant)

and are jointly to be held accountable for the quality of the service provided. We further acknowledge that since the supervision outlined previously will take place outside the agency of employment and that the agency cases will be used in this supervisory relationship, complete and total confidentiality of client records will be maintained by all parties throughout the period.

Signature of Board Approved Supervisor License Number Date

Signature of Applicant Date

Signature of Agency Supervisor Job Title Date

ASSOCIATE'S NAME: _____