LEWIS & CLARK COLLEGE

GRADUATE SCHOOL OF EDUCATION AND COUNSELING
CPSY 588: INTERNSHIP IN FAMILY THERAPY
FALL - 2007

Time & Day: Mondays, 11:00 am – 1:00pm
Instructor: Teresa McDowell, Ed.D.
Office: Rogers Hall/ Office hours TBA

CATALOG DESCRIPTION

Extensive clinical training and experience in couples, family, and child therapy during a calendar year internship. Requires the student to complete 600 hours client contact hours. Students must be supervised by an Approved Supervisor through AAMFT.

COURSE DESCRIPTION

Ongoing clinical supervision is required of all Marriage and Family Therapy (MFT) students in clinical practice at any internship site. This meets the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) requirement that students receive ongoing individual supervision of their clinical work from a qualified MFT supervisor. It is also meets the practice requirements of the University of Connecticut MFT graduate program.

Throughout your clinical practice, you will participate in both individual and group supervision.. You may be asked to meet with your supervisor alone or with one other MFT trainee in the program for 60-90 minutes each week. Individual supervision is defined as no more than two supervisees meeting with a supervisor face to face. You will also meet as a group with up to 10 other MFT students who are working at various sites. This group supervision will be led by an AAMFT Approved Supervisor or the equivalent.

The majority of supervision (at least 50%) must be based on raw data (i.e., live observation/video-tapes of sessions with clients, or co-therapy with your supervisor). These arrangements and all of the requirements of CPSY 588 must be maintained during academic breaks, including summer months, when you are not actually enrolled in the course but are seeing clients through your affiliation with Lewis & Clark College. This syllabus serves as a contract between you, the program, and your individual supervisor.

COURSE PURPOSE

Your individual supervisor provides oversight for all of your clinical cases. It is essential that you keep him or her apprised of all of your cases and of any urgent situations that arise (e.g., high risk situations, times when you may need to report abuse or neglect). Individual supervision allows students to work in-depth on their developing clinical skills and to both give and receive detailed ongoing feedback from a colleague and supervisor. Group supervision provides you with additional case supervision and training in applying family therapy theory and models across varied contexts with diverse populations. Group supervision provides a venue for students to consider many perspectives and approaches to working with families. Both individual and group supervision give you the opportunity to review your clinical practice in depth and to encourage your ongoing development as a family therapist. Individual and group supervision also serve in different ways as contexts in which you will be encouraged to explore yourself as a therapist (i.e., self of the therapist) relative to your world view, assumptions, relational styles, and so on.

If you are dealing with a clinically urgent situation, you should first call your individual supervisor. If he or she is not available, then call your group supervisor.

Throughout your clinical experience and supervision, you will be working on numerous areas of your clinical work. This includes, but is not limited to, the AAMFT Core Competency subsidiary domains, which are focused on the types of skills or knowledge that MFTs must develop. These are reflected on the *Lewis & Clark MCFT Supervisee Evaluation* form (see appendix).

COURSE REQUIREMENTS

1. Attend and actively participate in all scheduled individual and groupsupervision meetings.

2. Keep your supervisors informed regarding the status of all of your cases.

3. Contact your individual supervisor immediately should you encounter a clinical emergency or suspect the need to report abuse or neglect.

4. Practice according to the American Association for Marriage and Family Therapy (AAMFT) code of ethics and the Oregon State Laws. Inform your individual supervisor, CPSY 588 instructor/group supervisor, and/or the program coordinator of any potential ethical or legal infractions you may be involved in or know about.

5. Practice according to all requirements given to you at your internship site. This includes completing all paper work and case management duties in a timely and thorough manner. Any questions or concerns you have about completing these requirements should be taken to your supervisor.

6. Video tape as many therapy sessions as possible and make arrangements for your supervisor to be involved in/observe live sessions whenever possible. Make sure you discuss video tape policies with your internship site supervisor and follow all policies regarding obtaining client consent and transporting sensitive clinical material.

7. When working as a co-therapy team, make sure your co-therapist is present whenever possible during supervision of the case.

8. During the first few minutes of supervision, inform your supervisor of any emergency/urgent situations that need to be handled during the supervision time.

9. Let your supervisor know when supervision is and isn't "working" for you so that you can maintain a positive working relationship.

10. Be involved and offer input about all cases presented during supervision, even if you are not directly seeing the clients.

11. Use time efficiently during supervision. Being prepared to really talk about a case and thinking through your goals ahead of time makes the process more vital for everyone involved. When presenting a video, cue the parts of the tape you want to watch in supervision. This saves searching for pertinent data.

12. Keep complete and ongoing records of all client contact and supervision hours (See appendix B and *CPSY MCFT Program Hour Logs*).
Have your hours signed by your individual supervisor(s) each week and turn them in to your CPSY 588 instructor. He or she will ensure they are placed in your student clinical file as a permanent record of your meeting required clinical and supervision hours.

13. Make sure you use pseudonyms and remove all identifying information from any cases you present in supervision and class or use as examples to complete assignments in order to protect client confidentiality.

14. Maintain contact and respond in a timely manner to clients and other professionals.

15. Complete course readings each week as assigned/agreed upon and be prepared to discuss and apply readings to case presentations.

COURSE ASSIGNMENTS

Case Presentations
On the first day of class, you will sign up to present 2- 3 cases during the semester. Case presentations must include a pre-selected section of video (approximately 20 minutes long), copies for all course participants of a written description of the family you are

working with (using pseudonyms), the theoretical approach(es) you are using, and specific goals for supervision.

Research to Practice Exercises
On the first day of class, you will also sign up to research and present on two topics of your choice relative to the practice of family therapy. Topics might include: domestic violence, substance abuse, eating disorders, race/racism, learning disabilities, diagnosing mental disorders, families on low incomes, empowerment in therapy, sexual abuse, child neglect, and so on. To complete the assignment, gather 3-5 resources on your topic as it relates to practicing family therapy. Send an electronic copy of at least 2 of these resources to the instructor two weeks in advance of your presentation so the readings can be posted on Moodle. You will be asked to use 30 minutes of class time to summarize your findings and lead a discussion on your topic. You are welcome to link the topic to your case presentation if you would like to do so. Please prepare a short written summary along with a bibliography and bring copies for all course participants.

NON-DISCRIMINATION POLICY/SPECIAL ASSISTANCE

Lewis & Clark College adheres to a nondiscriminatory policy with respect to employment, enrollment, and program. The College does not discriminate on the basis of race, color, creed, religion, sex, national origin, age, handicap or disability, sexual orientation, or marital status and has a firm commitment to promote the letter and spirit of all equal opportunity and civil rights laws.

SPECIAL ASSISTANCE

If you need course adaptations or accommodations because of a disability and/or you have emergency medical information to share please make an appointment with the instructor as soon as possible.

READINGS

Readings will electronically submitted to the instructor and posted on Moodle at least a week prior to the topic discussion. It is your responsibility to check Moodle frequently and to complete readings when posted. We may decide to post additional activities on Moodle as well. To access this site, go to http://moodle.lclark.edu log in using your L & C user name and password, click on Counseling Psychology and then CPSY 588. You will be asked for a password which the instructor will provide in an email.

COURSE EVALUATION

At the beginning of each semester, you will receive a copy of a supervision evaluation form outlining the areas of clinical competence you are expected to develop. You and your individual supervisor will also have ongoing conversations about your progress. At the end of the semester, you and your supervisor will complete the evaluation form and you will also be offered the opportunity to evaluate your supervision experience. Your CPSY 588 instructor/group supervisor will have input into your evaluation and will

maintain contact with your individual supervisors at Lewis & Clark and your internship site regarding your progress. Passing this course will be based on successfully completing all requirements and expectations for practice and supervision listed in this agreement.

Completion of case presentations and research to practice exercises must also be completed for a passing grade.

Agency in which supervisee will see clients:_____

Supervisee Signature: _____

CPSY 588 Instructor Signature: _____

Date:_____

APPENDIX A

SUPERVISEE EVALUATION FORM
LEWIS & CLARK COLLEGE – MCFT PROGRAM

Supervisee Name: _____ Date: _____
Practicum/Internship Site: _____ Term: _____
Supervisor: _____

The following areas of competence reflect the AAMFT Core Competencies and the CACREP family counseling competencies that are in keeping with the mission and training philosophy of the Lewis & Clark MCFT program. This evaluation form is designed to guide a conversation between a supervisor and supervisee. The format builds on an evaluation document written by Storm, C., York, C., McDowell, T. & Vincent, B. (1997). In C. Storm & T. Todd, *The reasonable complete systemic supervisor resource guide.*

We suggest that both parties fill the form and prepare to discuss the supervisee's progress using and noting in writing specific examples when possible. Once the conversation has taken place and any adjustments are made, the form should be completed, signed and turned in to the MCFT program coordinator. A copy needs to remain with the supervisee and the supervisee should take a copy to his/her next L & C supervisor.

P= Practicum; I-1= End of internship 1; I-2= End of internship 2; I-3= End of internship 3
Please rate the supervisee's (supervisee, please rate your own) ability to:

INITIATING & CONCLUDING TREATMENT

1. Explain practice setting rules, fees, rights, and responsibilities, including privacy, confidentiality policies, and duty to care to client or legal guardian; obtain consent to treatment from all responsible persons. Inform all clients and legal guardians of limitations to confidentiality and parameters of mandatory reporting (1.3.4; 1.3.5; 1.5.3; 5.3.3).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Includes all necessary information but may be somewhat mechanical — *Reviews all necessary information with with ease, connecting to all in process*

2. Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors (1.3.1).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Obtains most relevant information, but May miss important factors — *Obtains all necessary information attending to what is most relevant*

3. Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extra-familial resources); facilitate involvement of all necessary participants (1.3.2; 1.3.3).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Often includes multiple members, but not not always certain of when, why/how to engage — *Consistently, effectively includes multiple members; able to offer rationale for when & why*

4. Establish, maintain & monitor appropriate and productive therapeutic alliances with all clients (1.3.6).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Connects with clients but may form stronger alliances with some; attends to alliance sometimes — *Connects with all; able to fluidly use alliances to promote change; attends to alliance each session*

5. Elucidate presenting problem from the perspective of each member of the therapeutic system (2.3.9).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Attempts to understand all clients' points of view But tends to agree with some over others — *Consistently understand perspectives of all; able to present multiple views to encourage change*

6. Evaluate clients' outcomes for the need to continue, refer, or terminate therapy (4.4.5).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

May not consistently review goals or know when goals are met, need to refer, or when Tx is not effective

Consistently reviews and revises goals; Knows when to refer & why; when Tx is not effective

7. Move to constructive termination when treatment goals have been accomplished; develop termination and aftercare plans (3.3.9; 4.3.11).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

May not be certain of goals or when goals are met sometimes reviews goals & effectively terminates

Consistently aware of progress toward termination; effectively terminates & develops aftercare plans.

Comments:

ASSESSMENT & DIAGNOSIS

8. Understand the effects that psychotropic and other medications have on clients and the treatment process (3.1.3).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Asks about medication; Often uncertain of effects

Consistently asks about medications; Actively seeks information about effects

9. Consider physical/organic, social, psychological, and spiritual problems that can cause or exacerbate emotional/interpersonal symptoms. Elicit a relevant and accurate biopsychosocial spiritual history to understand the context of the clients' problems (2.2.5; 2.3.7).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Considers with supervision; Collects some relevant information

Consistently collects relevant information; Considers influence on problems/solutions

10. Diagnose and assess client behavioral and relational health problems systemically and contextually (2.3.1; 2.4.2).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Considers context and relationships In assessment/diagnosis with help in supervision

Consistently includes context and describes problems/diagnosis relationally

11. Administer and interpret results of assessment instruments, including assessing family history and dynamics using a genogram (2.3.4; 2.3.6).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Uses genograms but timing & Purpose may be unclear

Uses genograms when appropriate & therapeutic rationale is clear

12. Identify clients' strengths, resilience, and resources (2.3.8).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Explores with clients & considers Relative to solutions

Consistently explores and integrates in assessment, treatment & termination

Comments:

TREATMENT PLANNING & GOALS

13. Consider which models, modalities, and/or techniques are most effective for presenting problems (3.1.1).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Able to identify when using assumptions and techniques from specific models

Uses models purposefully & considers fit with clients & problem

14. Attend to joining with each client and assessing each client's engagement in the change process (2.2.1).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Joins purposefully, but not always Consistently at beginning & throughout Tx

Joins "seamlessly"; ensures all are connected & engaged throughout Tx

15. Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment and treatment planning process (2.2.2).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Considers & integrates with supervision; Collects some relevant information

Consistently collects relevant information; Integrates systemically

16. Develop hypotheses regarding relationship patterns & their bearing on the presenting problem (2.2.3).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Can identify 1-2 patterns of interaction; not always certain how to connect to problems/solutions

Identifies relevant patterns of interaction; Uses to understand problems/find solutions

17. Consider the mutual influence of treatment and extra-therapeutic relationships/factors; integrate into treatment plan (2.2.4).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Considers when brought up by clients; Not always certain how to integrate

Actively explores & recognizes relevance; Consistently integrates into Tx

18. Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective (3.3.1).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Sets goals, but not always clear or consistently review; sometimes systemic

Consistently sets, reviews and revises goals; uses systemic perspective;

19. Prioritize treatment goals. Develop a clear plan of how sessions will be conducted. Evaluate progress of sessions and outcomes toward goals as treatment progresses. Recognize when treatment goals and plan require modification (3.3.2; 3.3.3;3.3.5; 3.4.1; 3.4.2; 4.4.3).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Prioritizes goals sporadically; loosely connects structure of Tx with goals

Able to maintain overall goals while attending to session specific contents & Structures accordingly

Comments:

THERAPEUTIC INTERVENTIONS

20. Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes (4.2.2).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Some evidence of distinction, but Can become confused and/or caught in content

Makes distinction; usually attends to process; rarely gets caught in content

21. Apply effective and systemic interviewing techniques and strategies; Generate relational questions and reflexive comments in the therapy room (2.3.3; 4.3.4).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Addresses all members & uses some relational Questioning, but can get caught in individual view

Uses circular & other relational questions; can articulate systemic rationale & reflection

22. Match treatment modalities and techniques to clients' needs, goals, and values; recognize how different techniques may impact the treatment process (2.4.4; 4.3.1; 4.2.1).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Can identify theoretical assumptions guiding Techniques some of the time; may be more driven By what knows/learning than fit for clients/problem

Has numerous modalities & techniques available; can explain rationale; considers fit of approach with client & problem

23. Facilitate clients developing and integrating solutions to problems; solicit and use client feedback throughout the therapeutic process (1.3.7; 3.2.1; 4.3.6).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Encourages collaboration, but can slip Into advice giving, under/over directing Without attention to client feedback

Facilitates clients identifying strengths & solving problems with collaborative input; asks for & uses feedback regularly

24. Engage each family member in the treatment process as appropriate; manage session interactions with individuals, couples, families, and groups (4.3.5; 1.3.9).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Includes all members, but may allow over/under participation; can struggle to manage complex interactions

Balances engagement & involvement of all members; effectively facilitates interaction & manages conflict

25. Structure treatment to meet clients' needs and to facilitate systemic change (3.3.4).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Structures interactions well some of the time; Not always sure of therapeutic goal of structure

Structures time, interaction, seating, activities to meet Tx goals; Can articulate rationale

26. Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics (4.5.3).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Can articulate rationale with supervision; Often systemic/relational in explanations

Consistently able to articulate relational, systemic understanding and rationales for interventions

27. Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client). Evaluate ability to deliver interventions effectively; evaluate clients' reactions or responses to interventions (4.3.2; 4.4.2; 4.4.4).

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Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

Delivery may be more sensitive to some members; Occasionally evaluates effectiveness/reactions

Delivery intentionally sensitive to all; Has regular mechanisms to evaluate effectiveness/reactions

28. Reframe problems; use counter intuitive thinking; identify and intervene in recursive interaction patterns (4.3.3).

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Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

May fall into "common sense" solutions; Reframes may be superficial; can get caught in/miss patterns

Thinks counter-intuitively/systemically; reframes meaningful & collaborative; intervenes in patterns

29. Collaboratively empower/raise critical social awareness of clients and their relational systems to establish effective relationships with each other and larger systems (4.3.8).

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Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

Acknowledges systems of oppression with supervision not certain how to discuss in Tx or tie to goals

Readily detects oppression; engages in critical conversation; ties to goals; intervenes

30. Provide psycho education to couples and families when helpful (e.g., education on serious mental illness or other disorders; information on sexual functioning; research on parenting and couple relationships) (4.3.9).

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Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

Can include psycho education, but may "teach"

Knows when/how to integrate psycho education

31. Determine the effectiveness of clinical practice and techniques; modify interventions that are not working to better fit treatment goals (4.3.10; 6.3.4).

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Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

Often notices when interventions do/do not work

Regularly assesses impact of interventions on goals

32. Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan (2.4.3; 4.4.1).

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Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

Interventions often not tied to theory; loosely tied to goals; minimal attention to culture or context

Interventions reflect theory & goals; follows-up on interventions; uses cultural & contextual perspectives

Comments:

MULTIPLE SYSTEMS

33. Understand the behavioral health care delivery system, its impact on the services provided, and the barriers and disparities in the system, including how institutional barriers prevent members of varying cultural and class groups from using/benefiting from mental health services (1.1.3).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Cursory understanding of larger system & potential limiting some from accessing services

Working knowledge of larger system including barriers works with families to overcome barriers.

34. Understand and work along-side other recovery-oriented behavioral health services (e.g., self-help groups, 12-step programs, peer-to-peer services, supported employment) (3.1.4).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Can name a few additional services & may not know when it is appropriate to refer

Has good knowledge of additional services available; actively refers; has conversations in Tx about resources

35. Consider health status, mental status, other therapy, and other systems involved in the clients' lives (e.g., courts, social services). Assist and advocate with clients in obtaining needed care, appropriate resources and services in their communities while navigating complex systems of care (3.3.8; 3.5.1; 1.2.2).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Inquires about in assessment;; include sporadically in Tx;

Utilizes consistently in case conceptualization & Tx

36. Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care, and payers. Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present (1.3.8; 3.3.7).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Hesitantly/sporadically interacts with involved others

Consistently/ effectively interacts with all others involved

37. Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case) (4.5.1).

I----------I----------I----------I----------I----------I----------I

Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Acknowledges and listens to others; might be dismissive and/ or timid asserting own perspective.

Respectful of others' perspectives while able to assert own perspective

Comments:

CONTEXTUAL & DEVELOPMENTAL

38. Understand principles of human development across the life span; provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, adults and elders within culturally and contextually situated perspectives (2.1.1; 2.3.2).

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Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Discuss when prompted & can consider how services might be tailored to context & development

Tailors services to fit with current developmental level and contextual variables.

39. Understand and apply principles of family and couple life cycle development from culturally and contextually situated perspectives (2.1.1).

I----------I----------I----------I----------I----------I----------I

Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

Able to discuss family/couple development May not consistently integrate in Tx

Consistently aware of developmental process and is actively includes in Tx

40. Demonstrate knowledge of gender and gender identity development, and approaches to supporting gender equity. Demonstrate knowledge of human sexuality and ability to work with clients of all sexual orientations and identities, supporting social equity and inclusion (2.1.1; 4.3.2).

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Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

Aware of impacts though awkward in discussing issues of sexuality in Tx

Comfortable discussing issues of a sexual nature & engages clients re sexuality when appropriate

41. Demonstrate awareness, knowledge and skill for working cross-culturally and trans-nationally, recognizing larger systemic forces that promote and maintain social inequalities related to group memberships (1.2.1). Recognize contextual and systemic dynamics relative to:

A) race and racial inequalities, including own racial privilege and/or oppression.

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Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

Can speak to dynamics generally; awkward in application to Tx

Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities

B) own and clients' social class and how these influence therapy, problems and solving problems.

I----------I----------I----------I----------I----------I----------I

Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

Can speak to dynamics generally; awkward in application to Tx

Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities

C) nation of origin and language (immigration, refugee, cross-national relations, etc) and how these influence therapy, problems and solving problems.

I----------I----------I----------I----------I----------I----------I

Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

Can speak to dynamics generally; awkward in application to Tx

Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities

D) spirituality and religion. Able to integrate and draw from clients' spirituality in therapy; access spiritual/religious leaders involved in clients' lives when necessary.

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Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

Can speak to dynamics generally; awkward in application to Tx

Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities

E) clients' physical and psychological abilities issues and appropriately serve persons with special needs; recognize issues of power and privilege related to abilities.

I----------I----------I----------I----------I----------I----------I

Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

Can speak to dynamics generally; awkward in application to Tx

Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities

Comments:

MANAGING CONFLICT & RISK

42. Defuse intense and chaotic situations to enhance the ability to effectively engage in therapy and ensure the safety of all participants (4.3.7).

I----------I----------I----------I----------I----------I----------I

Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Hesitant in intense situations, tendency to internalize stress of situation

Engages intense situations while staying balanced; stress of situation is not internalized.

43. Evaluate level of risks; manage risks, crises, and emergencies (3.4.3; 3.3.6).

I----------I----------I----------I----------I----------I----------I

Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Aware of agency policies/procedures with high risk situations; tentative in assessing risk.

Confident assessing level of risk and following agency policies in high risk/crisis situations.

44. Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, potential self-harm/suicide, abuse or violence. Report information to appropriate authorities as required by law (2.3.5; 5.3.4; 5.3.6).

I----------I----------I----------I----------I----------I----------I

Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Assess issues generally, awkward assessing specific issues makes reports though hesitant

Assess issues with clarity, confidently makes necessary reports

45. Participate in case-related forensic and legal processes (e.g., responding to attorney requests/subpoenas; going to court) (3.5.2).

I----------I----------I----------I----------I----------I----------I

Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Requires extra supervision when proceeding.

Proceeds well in forensic/legal situations.

Comments:

KNOWLEDGE & USE OF RESEARCH

46. Use current MFT and other research (using knowledge/ability to critique qualitative and quantitative research) to inform clinical practice (6.3.2).

I----------I----------I----------I----------I----------I----------I

Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Uses research encountered well tends to accept most research

Seeks out research relevant to situation; tends to use research more critically

47. Recognize informal research processes involved in therapy, own biases relative to research, as well as opportunities for therapists and clients to participate in clinical research when appropriate (6.2.1).

I----------I----------I----------I----------I----------I----------I

Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Limited awareness of personal bias; awkward in presenting available research opportunities

Aware of personal bias; confident presenting research opportunities in Tx

Comments:

SELF OF THE THERAPIST

48. Aware of own cultural heritage, life experiences, affiliations and identities, and worldview, and how these influence definitions of normality-abnormality and the process of treatment .

I----------I----------I----------I----------I----------I----------I

Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Ability to identify some personal influences and how they might impact treatment provided.

Identifies with clarity personal influences and impact on services provided.

49. Monitor attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct. Monitor personal reactions to clients and treatment process (3.4.5; 4.4.6).

I----------I----------I----------I----------I----------I----------I

Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Tendency to allow personal issues to impact services provided; self care tends to be overlooked

Self care is a priority; personal issues tend to have little impact on services provided.

50. Demonstrate awareness and sensitivity to issues of power and privilege as they relate to therapist and client intersecting identities and social roles; maintain humility; use privilege to promote social equity.

I----------I----------I----------I----------I----------I----------I

Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Tendency to overlook issues of power and privilege in Tx

Aware of power dynamics in Tx, identifies ways to use privilege to promote social equity

Comments:

LEGAL& ETHICAL

51. Know and follow the AAMFT Code of Ethics, standards of practice, and State Laws and regulations for the practice of marriage/couple and family therapy (5.1.1; 5.1.2). Understand the legal requirements and limitations, as well as case management issues, for working with vulnerable populations (e.g., minors) (1.5.1).

I----------I----------I----------I----------I----------I----------I

Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Familiarity of ethical codes/ practice standards, difficulty applying it to specific situations.

Working knowledge of ethical codes/standards; ability to apply to specific situations.

52. Recognize ethical dilemmas in practice setting - situations in which ethics, laws, professional liability, and standards of practice apply; monitor issues related to ethics, laws, regulations, and professional standards. Understand and use appropriate processes for making ethical decisions; seek guidance from supervisors; recognize when legal consultation is necessary; take appropriate action when ethical and legal dilemmas emerge (5.4.1).

I----------I----------I----------I----------I----------I----------I

Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Uneasy in situations where dilemmas emerge; uncertain in seeking supervision

Actively seeks supervision/consultation when dilemmas emerge

53. Evaluate case for appropriateness for treatment within professional scope of practice and competence; recognize issues that might suggest referral for specialized evaluation, assessment, or care and refers appropriately when necessary; practice within defined scope of practice and competence (1.2.3; 1.4.1).

I----------I----------I----------I----------I----------I----------I

Below P | Expected P | Expected I-1 | Expected I-2 | Expected I-3 | Above I-3

Uneasy referring when appropriate

Actively refers when appropriate.

Comments:

PROFESSIONAL

54. Know policies and procedures of the practice setting; assess session process for compliance with policies and procedures of practice setting (3.4.4).

I----------I----------I----------I----------I----------I----------I

Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

General familiarity of policies procedures *Working knowledge of policies and procedures*

55. Recognize when clinical supervision or consultation is necessary; consult with supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work (5.4.2).

I----------I----------I----------I----------I----------I----------I

Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

Hesitant in seeking supervision *Actively seeks supervision when needed*

56. Utilize supervision effectively; integrate supervisor/team communications into treatment (2.5.1; 4.3.12).

I----------I----------I----------I----------I----------I----------I

Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

Can be unprepared and/or unclear how to integrate suggestions into Tx *Consistently prepares for supervision; able to adjust & apply suggestions in Tx*

57. Set appropriate boundaries, manage issues of triangulation, utilize time management skills, and develop collaborative working relationships (3.5.4; 4.5.2).

I----------I----------I----------I----------I----------I----------I

Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

Hesitant in setting boundaries, tendency to downplay role in working relationships *Actively sets boundaries; enters professional relationships with confidence.*

58. Write plans and complete other case documentation in a timely and complete manner in accordance with practice setting policies, professional standards, and state/provincial laws (1.5.2; 3.5.3).

I----------I----------I----------I----------I----------I----------I

Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

Tendency to need extra supervision around documentation, policies specific to practice setting. *Completes documentation on time, working knowledge of professional standards, polices, laws*

Comments:

OVERALL ASSESSMENT

I----------I----------I----------I----------I----------I----------I

Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3

Note any disagreement between supervisor and supervisee about this evaluation:

Goals (list at least 3):

1.

2.

3.

4.

5.

Supervisor Signature: _____ Date: _____

Supervisee Signature: _____ Date: _____

APPENDIX B

Practicum & Internship Hours

Your practicum and internship expectations include time, experience, and competency factors. You are expected to engage in clinical work at your practicum/internship site for 15 months. Even if you complete the 500 hour face-to-face clinical hour requirement prior to the end of your internship, you are required to continue through your fourth semester at your site. You are also expected to meet competency expectations which include following the AAMFT Code of Ethics, Oregon/Washington State laws, and scoring at expected on the Lewis & Clark supervisee evaluation which is based on the AAMFT Core Competencies.

The following plan can be used as a guideline to ensure that you complete 500 clinical hours during this time frame. Remember that 50% of your hours must be relational, all of your hours must be supervised at or above a 1 to 5 ratio, and 50% of your supervision must be based on raw data.

Beginning practicum in the summer:

Month	End of Month Clinical Hour Count	Cumulative Clinical Hour Count	Your Total Clinical Hours to Date	Number of Clinical Relational Hours
June	15	15		
July	20	35		
August	25	60		
September	40	100		
October	40	140		
November	40	180		
December	40	220		
January	40	260		
February	40	300		
March	40	340		
April	40	380		
May	40	420		
June	40	460		
July	30	490		
August	20	510		