MARRIAGE AND FAMILY THERAPY PROGRAM

HANDBOOK

Department of Child, Youth and Family Studies
University of Nebraska-Lincoln

Revised July 2018

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Important Dates and Program Events
Fall 2018 - Summer 2019

Caution: This is not a complete listing of dates to remember and all dates below are subject to change. Other program and departmental dates and deadlines are found in the Master's Degree Handbook, the Graduate Studies Bulletin, and the UNL graduate studies web site. It is your responsibility to make sure all deadlines are observed.

August 13, 2018	**Starting Date for Grad Assistants**
August 16, 2018	MFT Student orientation
August 20, 2018	**Fall semester begins**
August 27, 2018	Begin weekly management of clinic
September 15, 2018	**MFT Program Fall Picnic**
September 17, 2018	Cohort Check-In with 2nd year students
Date TBA	**NAMFT Fall Conference ***
November 1, 2018	Due: Responsible Conduct of Research
November 15 -18, 2018	**Annual conference of the AAMFT, Atlanta, GA****
December 31, 2018	Documentation due of 15 hours observing therapy
SPRING TERM	**Ethics portion of the CQE will be administered as outlined in the CYAF 953 syllabi**
January 7, 2019	Submit proof of student membership in AAMFT
January 29, 2019	**Cohort Check-In with 1st years**
February 1, 2019	Assistantship application deadline for 2019-2020
February 8, 2019	**M.S. in MFT Applicant Interview Day**
Spring Term, 2018 (date TBA)	Apply to volunteer at the 2018 AAMFT annual conference
Date TBA	**NAMFT Spring Conference***
April 5, 2019	Practicum Placement Interview (10 am – 1 pm)
April 22, 2019	**Clinical Qualifying Exam –Theory and Clinical Application Portions**
May 6, 2019	CQE treatment plan and assessment battery due
May 17, 2019	**CQE Results Given**
May 2019	CQE Feedback sessions
May 2019	**CQE retake for those who did not pass**
June - July 2019	Transfer of cases at FRC
Date TBA	**Theory of Therapy Presentations***
July 2019	2nd year students begin at off-campus practicum site^

*Attendance required for both first and second year students
** Attendance required for second year students
^The start date is normally July 1 (or the first week of July). Students should be available throughout the summer for training and case transfers at practicum placement sites dependent upon the needs of those sites.

REQUIRED BOOKS

The following text books are required for the program. They will be referred to in many of your courses. Please purchase these books early in your first semester in the program.

Kupfer, D. J, First, M. B., & Regier, D. A, (2013) Diagnostic and statistical manual of mental disorders (5th Ed.). Washington, DC: American Psychiatric Association. ISBN 978-0-89042-555-8

American Psychological Association (2010). Publication manual of the American Psychological Association (6th Ed.). Washington, DC: American Psychological Association. ISBN: 978-1-4338-0561-5

PURPOSE

The purpose of this manual is to provide you with information and answers to your questions about the MFT program. We hope this information helps you as you progress through each step of the program. Because we expect you to know this information, please read this manual carefully. If you have any questions, be sure to ask one of the faculty.

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THE MARRIAGE AND FAMILY THERAPY PROGRAM

Accreditation

The UNL/MFT program is fully accredited with the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) through the American Association for Marriage and Family Therapy. The MS program in MFT at UNL received Candidacy status in 1990 and was granted accreditation by the COAMFTE in 1993. The program has been continuously accredited by the COAMFTE since 1993. Our most recent renewal of accreditation was granted in 2011 for a period of six years, with the current reaccreditation process occuring April 2017 – April 2019.

Program Mission

The MFT program is designed to provide an integrated learning experience for those who are beginning careers in marriage and family therapy. Our mission is to and educate systemic, ethically competent, multi-culturally informed, highly-qualified Marriage and Family Therapists for work within the modern-day mental health field. Our program aims to train clinicians to meet the needs of underserved and minority populations in Nebraska while they utilize the inclusion of globally diverse perspectives in the diagnosis, assessment, and treatment of a variety of mental health needs.

Program Philosophy

The program faculty believes that good clinical training can only occur through the integration of theory, knowledge, practice, and research. So, MFT students follow a prescribed plan of study that begins with being grounded in theory and is incrementally augmented with clinical practice and research experience. Students are expected throughout the program to demonstrate how both theory and research informs their clinical work and decision making with clients and their understanding of human conditions.

Theory. Models of therapy derived from and congruent with systems theory are emphasized throughout the program. Because systems theory has become the common thread that ties all of family therapy together, students are expected to have a comprehensive understanding of this way of looking at relationship and psychological health and pathology. During the first semester of enrollment in the program, students are exposed to systems theory and the derivative models of therapy through a course titled *Theoretical Foundations of Marriage and Family Therapy*. Theory is woven into and emphasized in all courses in the program. It is expected that this grounding will provide a foundation for understanding human health and pathology and for directing your clinical work.

Knowledge. The required core curriculum of the program is designed to ensure the growth of knowledge within the field of MFT. Coursework includes the integration of ethical decision making and systemic frameworks with the expectations and needs of contemporary mental health treatment. Knowledge of intercultural competence is woven throughout students' academic and clinical applications to the assessment, diagnosis, case conceptualization, and intervention in the treatment of client systems. Special attention is paid to students' self-of-the-therapist development as faculty guide cohort members through understanding how their own values, beliefs, and experiences have the potential to impact the way they view individuals, families, and approaches to treatment.

Practice. We believe in learning through doing. Students begin clinical experience early in the MFT program. During their first semester in the program, students are expected to observe a minimum of 15 hours of therapy being provided at the Couple and Family Clinic. Beginning the second semester, students take *Clinical Family Therapy I*. This pre-practicum course focuses on the development of clinical skills through role plays, the participation in clinical work as team members on cases being managed by 2nd year students, and leading a parenting group within the Couple and Family Clinic under intensive supervision. Starting in the summer, students begin taking their advanced clinical practicum course and taking on their own clients at the Couple and Family Clinic. Students take this course for 4 consecutive semesters with each semester offering a different didactic focus. In the Fall semester of their second year, students begin their practicum - a 12 month intensive clinical training experience in community agencies, in addition to continuing to see clients at the Couple and Family Clinic. The community agencies provide students with varied clinical and supervision experiences. Students are expected to work at these agencies as fully functioning staff members and participate in multi-discipline staffings, inservices, and supervision. Students must complete a minimum of 500 direct client contact hours and demonstrate their competency to provide couple and family therapy prior to being approved for graduation. During all pre-practicum and practicum courses and experiences, theory is emphasized as the foundation to good clinical work. Students are challenged to think and make clinical decisions from theoretical positions.

Research. The MFT program faculty are committed to furthering the field through research. We see on-going research as integral to advancing both the profession and practice of MFT. We also feel that good clinical work must be informed by research. Consequently, both clinical work and coursework emphasize an understanding of research methods and interpretation. MFT faculty members are actively involved in research production, which benefits students in many important ways. Opportunities exist for interested students to be involved in faculty research and to conduct research on their own. Validated assessments and data tracking methods are utilized to assess the therapist's impact on client progress. Interested students may complete a research project resulting in a thesis in partial fulfillment of graduation requirements.

Program Goals

The MFT program at UNL aims to graduate Marriage and Family Therapists who successfully complete the clinical and academic training standards as informed by the AAMFT Professional Marriage and Family Therapy Principles. These include integration of the AAMFT code of ethics, the COAMFTE Core Competencies, and Nebraska state MFT licensure requirements into goals rooted in knowledge, practice, research, ethics, and diversity. Our program:

- Teaches students to use knowledge of systemic principles, theories, and research to develop a cohesive theoretical approach to treatment.
- Graduates students who are able to illustrate the effectiveness of their personalized theoretical approach in assessment, diagnosis, case conceptualization, and intervention in the treatment of individuals, couples and families.
- Creates an inclusive environment which attends to components of diversity, power, and privilege in mental health treatment. Multi-cultural competence is stressed in the areas of self-of-therapist awareness, client engagement, client assessment and diagnosis, and treatment planning.
- Instills in students the importance of and ability to maintain compliance with ethical, legal, and professional standards in the practice of MFT.

Student Learning Outcomes

Through a variety of baseline, formative, and summative measures conducted throughout the program, students will be evaluated on their acheivement of learning outcomes which help them to meet programmatic goals. Student Learning Outcomes include:

- Obtainment of a working knowledge of a variety of MFT and systemic theories
- Development of an in-depth understanding of specific purist theoretical models
- Ability to articulate a personalized, cohesive, systemic approach to mental health treatment as informed by recognized MFT theories, research, and professional literature
- Ability to articulate a baseline application of one’s personal approach to treatment
- Development of core clinical competencies in practice
- Ability to systematically track client improvement and evaluate this improvement in relationship to one’s own clinical approaches
- Ability to illustrate the impact and effectiveness of theoretical approach and inclusion of core competencies on client progress
- Increased intercultural competence and awareness of one's own orientations toward cultural difference and commonality
- Ability to integrate knowledge of inter- and multicultural diversity into all aspects of clinical practice
- Clinical competency in the assessment, diagnosis, and treatment of multiculturally diverse populations
- Ability to understand and explain an ethical decision making model in the context of treatment
- Regularly apply ethical decision making model and AAMFT Code of Ethics in treatment and supervisory discussions
- Ability to regularly demonstrate ethical, theoretical, and systemic competency in psychotherapy documentation

Program Requirements

Students must complete a Memorandum of Courses (MOC) that includes 51 credits of approved course work. Students must obtain a B grade or better on 800-level courses with an undergraduate counterpart and a C grade or better on 800-level courses without an undergraduate counterpart and on 900-level courses. Grading criteria in courses taught by MFT faculty members reflect, among other things, achievement of expected student learning outcomes as defined in the course syllabi and the Evaluation of Clinical Competencies.

In addition to coursework, marriage and family therapy students must complete the following requirements.

1. Learn and follow all Couple and Family Clinic policies and procedures (see this manual).
2. Participate in the management of the Couple and Family Clinic throughout the duration of your program study.
3. Observe a total of 15 hours of therapy during your first semester.
4. Obtain student membership in the American Association for Marriage and Family Therapy.
5. Obtain professional liability coverage by January of your first year and maintain liability coverage throughout the remainder for your program.
6. Successfully pass the Clinical Qualifying Examination.
7. Complete the Practicum Readiness Interview prior to beginning practicum.
8. Successfully complete a 12 month practicum (minimum).
9. Obtain 500 direct client contact hours.
10. Obtain 100 total hours of supervision: 50 hours in individual and 50 hours in group supervision.
11. Demonstrate clinical competency in conducting relational therapies by exceeding the competency standard identified by the program faculty and by obtaining a minimum of 200 hours of direct client contact with couples, families or relational units.

12. Demonstrate your ability to adhere to the Code of Ethics for the practice of marriage and family therapy as published by the American Association for Marriage and Family Therapy.
13. Demonstrate competence in documenting therapy and appropriately maintaining client files.
14. Receive satisfactory evaluations from off-campus practicum supervisors throughout your 12 month clinical placement in a community agency.
15. If completing a thesis, present your research or other scholarly work during a Brown Bag Seminar scheduled by the department of CYAF.
16. Successfully defend a thesis (Option I) or complete a minor (Option II).
17. Complete the required number of academic units (normally a minimum of 51).
18. Following completion of your practicum, complete the exit survey.

Couple and Family Clinic Policies and Procedures

The MFT program's Couple and Family Clinic (CFC) has available the use of the Family Resource Center (FRC). The FRC is a facility designed for comprehensive clinical training. The FRC has four therapy rooms; three of which have audio/video observation capability, and one play therapy room. Three observation rooms are located in the building as well. The policies and procedures governing the use of the FRC are found in a three-ring binder in the student work room at the FRC. These need to be studied and followed carefully.

Management of the Couple and Family Clinic

Throughout your enrollment in the program you are expected to participate in the management of the Couple and Family Clinic. You are staff of the CFC from your first semester until your last in the program. As a staff member, you will assist in providing reception, intake, scheduling, and other functions associated with the clinic. In order to facilitate clinic staffing, the following activities/meetings have been established.

Staff meetings. Attendance at staff meetings, scheduled by the Program Director, is required for all students. These meetings are designed to ensure the smooth running of the clinic and to give everyone time to discuss matters that may be pertinent to being supportive colleagues and keeping the clinic as efficient as possible. Issues of client management, scheduling, safety, marketing, best business practice practices, and clinic and program operation are discussed. Inservice presentations may occasionally be scheduled during this time. Yearly HIPAA trainings are conducted during the staff meeting and attendance is required by all students before they are able to assist in the management of the CFC. The Program Director chairs these meetings.

Assigned time at the clinic. In order to manage the clinic on a day-to-day basis, to preserve client and therapist safety, and to support one another in clinical work, each 1st year student will be assigned to spend one hour each week at the clinic. The student should be available in the reception area to answer phones, interact with clients, and be a resource for therapists. Students can use this time to study, update client files and clinic paperwork, prepare for clients, contact referral sources, etc. However, the primary responsibility of the therapist at this time is to be available for therapists and clients. The Program Director will create a schedule of assigned times the first week of each semester.

Rotating answering machine responsibility. Each student will be assigned a week on a rotating basis during which she/he will be responsible for pulling messages off the answering machine, scheduling clients, and returning calls. Each student will have this responsibility 2-3 times a year. The Program Director will make these assignments. Once assigned, it is the assigned student's responsibility to trade coverage with others if the student is unavailable. The Program Director must be notified of the trade in writing.

Client load. With the exception of the first semester, each student is expected to keep an active client load at the CFC. A peak in client load for each student typically occurs during the late summer term and early fall semester. Despite students' work at an off campus site, each student is expected to maintain a minimum of 4 active clients at the CFC throughout their practicum year.

Observation Hours

You are required to observe 15 hours of therapy during your first semester in the program. We require this for several reasons. First, you can learn from watching more advanced therapists work. Second, you are exposed to a variety of therapist styles which may help you develop your own. Finally, you become familiar with the theoretical approaches that are practiced by students in our program. We encourage you to watch as many different therapists as you can in meeting this requirement so that you can be exposed to diverse styles and approaches. Most of your hours should come from watching therapy live that is being provided at the CFC, but some of these hours can come from watching videotapes from our clinic library. The tapes in our library include the work of master therapists (e.g., Whitaker, Minuchin) and faculty. You must record your observation hours on the Observation of Therapy Log located in Appendix C. This log must be submitted to the Program Director by the end of your first semester. **Failure to submit this log will result in you not being cleared to take 955**.

Membership in AAMFT

You must apply and be accepted as a student member of the AAMFT. This membership category may be held until graduation or for a maximum of 5 years, whichever comes first. Upon graduation you will then transfer your status to Pre-Clinical Fellow. The application form is available online at www.aamft.org.

Professional Liability Coverage

AAMFT provides Professional Liability Insurance free of charge to student members. Proof of insurance must be submitted to the Director of the MFT program and to the designated agent of the practicum site at which the student is placed.

Clinical Qualifying Examination

Through the Clinical Qualifying Examination (CQE), you will be expected to demonstrate your knowledge of marriage and family therapy theory, ethics, and practice. Additional information about the CQE is found in appendix J. The CQE is taken during your second semester in the program and prior to beginning CYAF 997. You must have received a grade of "B-" or greater or be currently enrolled in the following courses, and receive permission from the MFT faculty in order to take the CQE. **You will not be able to see your own clients until you have passed all portions of the CQE.**

- CYAF 951: Theoretical Foundations of Marriage and Family Therapy
- CYAF 952: Psychopathology and Dysfunctional Interactions
- CYAF 953: Ethics and Professional Issues for Helping Professionals
- CYAF 955: Clinical Family Therapy

Practicum Placement Interview

The faculty make the final decision regarding your personal and professional readiness for practicum and the selection of a practicum site. In making decisions about your readiness, the faculty consider (among other things): a) your performance in classes and understanding of material, b) their observations of your interactions with your peers, faculty, and others, c) your knowledge of Nebraska law governing the practice of marriage and family therapy, d) your knowledge of and adherence to the AAMFT Code of Ethics, e) your performance in CYAF 955 and CYAF 997 (you must receive a grade of "B-" or greater in both courses in order to receive a practicum placement and register for practicum) and f) your performance on the Clinical Qualifying Examination (you must Pass all sections of the CQE in order to receive a practicum placement and register for practicum). The Practicum Readiness Interview will occur during your time in CYAF 955 Clinical Family Therapy I and before you begin to interview at practicum sites. During the Practicum Readiness Interview you will meet with faculty to assess your readiness for practicum. To prepare yourself for the interview, carefully complete the Practicum Evaluation Interview Form in Appendix D. This form is a guide for the interview and provides faculty with important information they need in confirming your practicum placement. Submit a completed form to each faculty member one week prior to your scheduled meeting.

At the meeting, you and the faculty will discuss your progress to date in the program your strengths and weaknesses as a therapist, and your practicum goals. The criteria listed below are used in making the final decision regarding practicum placement:

1. Do you display the qualifications and readiness for clinical training? These include, but are not limited to the following.
   - Personal and professional integrity
   - Knowledge of Nebraska laws and statutes governing mental health practice
   - Ability to make decisions using ethical decision making principles and models
   - Awareness of one's own affective process
   - Ability to accept and respond to supervision
   - Potential for client management
   - Maturity
   - Ability to state mature motives and professional goals
2. Does the site match your interests and abilities?
3. Will the placement widen your experiences in MFT?
4. Will you be able to reach your personal and professional goals at the site?
5. Does this site best fit your needs when other students' needs are considered?

If, in the judgment of the clinical faculty, you are not prepared to be placed at a practicum site and enroll in practicum, either the MFT faculty will help you in developing a plan of remediation or your advisor will assist you in transferring to another area of study.

Attendance at the AAMFT National Conference

Your attendance at the AAMFT National Conference during the fall of your second year in the program is a mandatory requirement. This is due to the difficulty in emulating in any other way the level of professional development and exposure to the current field of MFT that takes place at these yearly conferences. To offset the high cost of travel and registration, the faculty recommend you start seeking opportunities to act as a conference volunteer as soon as possible (enrollment usually begins in the spring) and share travel and room costs with your fellow cohort members. Any request to miss the conference must be due to a legitimate reason as approved by the Program Director. In the event a student has to miss the AAMFT conference, a mandatory alternative assignment will be determined by the student and program director in an attepmt to assist the student with professional development in the field of MFT.

Clinical Practicum

An important part of the MFT program is the year-long clinical practicum. Practicum includes both registration in a four term sequence of CYAF 997: Advanced Practicum in Family Therapy and clinical experience. After successfully completing the qualifying exam and placement interview you will be admitted into the clinical component of the MFT program and your conditional admission status will be ended.

The practicum requirement includes on-campus clinic experience and an off-campus agency experience. The on-campus experience requires you to maintain a case load of at least 4 active clients at the Couple and Family Clinic, receive individual and group supervision as scheduled (including live supervision), maintain client files, and attend to administration issues.

The off-campus agency experience requires you to maintain a case load sufficient to provide 9-10 client contact hours per week, receive a minimum of one hour of on-site supervision, and attend to administrative work and coordination with other agency personnel. Practicum placement in a community agency allows you to experience how MFT is practiced outside of the academic community and provides you an opportunity to become a member of a professional staff.

The MFT faculty are responsible for securing and working out the agreement with practicum sites (possible practicum placements can be presented to the program director). During your practicum readiness interview, the faculty will approve your interview at 2-3 practicum sites. You must prepare a cover letter and resume and send them to the contact person at the practicum placements recommended/approved by the faculty. This should be done as soon as possible after the Practicum Readiness Interview. Within a week of sending materials to the practicum placement sites you should call to schedule an interview with your assigned sites. This interview is similar to a job interview. All practicum sites screen our students and have the right to reject a student we send them. Therefore, it is important that you make a good impression and convince the on-site supervisor you can benefit his or her agency.

Once you have been accepted at a site, you, the on-site supervisor, and the Director sign a practicum agreement. This contract outlines the requirements of your placement.

Unless negotiated otherwise, your practicum placement begins August 1. If your placement is with UNMC, you must be available for training and transfer of cases throughout June and July.. Other practicum placement sites may provide training during the last week of July as well. The transfer of cases at the Couple and Family Clinic generally takes place from mid-July through August graduation. Students should be available to make sure that there is continuity of care for both CFC and community placement site clients.

Regular evaluations, at least once a semester, are made of your performance in practicum (see Appendix E). The evaluations are discussed with you by your individual supervisor.

<u>Additional Semesters of CYAF 997: Practicum in Family Therapy</u>

If student client contact hours are low at the end of their 12-month practicum experience, the student may be required to enroll in additional practica. In general if the student has not met the relational therapy competency requirement or completed 200 relational hours and 500 total hours they may be required to take additional practica. Decisions about additional practica will be made by the faculty and discussed with the student on an individual basis. The faculty will make these decisions on a case by case basis as needed.

<u>Client Contact Hours</u>

You are required to obtain <u>a minimum of 500 direct client contact hours</u> of therapy. Direct client contact is defined to mean face-to-face (therapist and client) therapeutic intervention from a relational perspective. For purposes of this definition, face-to-face means meeting in the same physical location as the client or meeting through approved video-conferencing. A treatment session conducted over the telephone may be counted as direct client contact only if it is a) scheduled in advance and of extended duration (more than just a check-in or to schedule an appointment; there must be treatment administered for it to count), or b) as a substitute for a session that was scheduled over videoconferencing that was not able to be held because of technological failure. Assessment is counted as direct client contact if it is more than clerical in nature and focus (e.g., you are assessing functioning and not just collecting information).

The following activities do not count as direct client contact: telephone contact (other than calls of extended duration), case planning, observing therapy (except as part of a team; see following section for team procedures), record keeping, travel, administrative activities, consultation with community members or professionals, or supervision. Assessments may be counted <u>only</u> if it is a face-to-face process that is more than clerical in nature and focus.

Direct client contact may be counted under the following conditions. 1) A single therapist meets with the clients in therapy. 2) Co-therapists meet with the clients in therapy. In order to be considered a co-therapist, the trainee must be actively, continually, and regularly involved in the direct provision of treatment. This means that both therapists will be in the therapy room for every session throughout the course of treatment. 3) Active participation on a treatment team (see below).

To obtain these hours, it will be necessary for you to see 3-4 clients per week at the Couple and Family Clinic and 9-10 clients per week at the off-campus site for a full year. This 12-month practicum experience usually begins in August of your second year in the program.

In addition to the 500 direct client contact hour requirement, you must also demonstrate competency in couple and family therapy. Competency in couple and family therapy are achieved by:

~~a.~~ Meeting or exceeding the standards of competency that have been identified by the MFT faculty. Assessment of competency will be determined through faculty observation and evaluation of clinical skills in simulated and/or actual client situations. The competency standards and the criteria on which students will be evaluated are found in the Evaluation of Clinical Competencies document.

b. Obtaining a minimum of 200 hours of direct client contact with couples, families or other relational dyads (two or more people with a pre-existing relationship) physically present in the therapy room (these hours are recorded as relational). Group therapy hours do not count as relational hours unless it is 1) a couple or family group or 2) a group of individuals who have lived together for a sufficient period of time for relational dynamics to be evident in their day-to-day interaction with one another, and in which these dynamics are addressed in therapy.

Students will not be allowed to graduate unless completion of the clinical contact hour (including the relational competency) and supervision hour requirements have been documented appropriately. Students who have not completed the clinical hours and/or supervision hours requirements by the last day of their final semester/term of practicum will not be cleared for graduation.

Alternative Therapeutic Contact

Students may count up to 100 hours of alternative therapeutic contact toward the 500 clinical contact hour requirement. Alternative therapeutic contact must be systemic. Hours counting as alternative therapeutic contact must be pre-approved by the MFT faculty. The following procedure will be used in granting pre-approval of alternative contact hours.

1. A student considering obtaining countable alternative therapeutic contact hours will discuss their ideas for this contact with their practicum supervisor.
2. Incorporating the feedback from the practicum supervisor, the student will prepare a brief (no more than one typed page) description on what they plan to count as alternative therapeutic contact. The student will include in their description a) the therapeutic nature of this contact, b) how the contact can be considered systemic and relational, c) who the clients will be and their plan for obtaining their participation (if appropriate), d) the number of hours they plan to obtain, and e) how getting this experience will assist them in their professional development.
3. The practicum supervisor will present the written description and additional information they have about the ideas to the MFT faculty during a regularly scheduled faculty meeting.
4. The MFT faculty will evaluate the appropriateness of the plan for providing the student with client contact that is systemic and relational. If approval is granted, the MFT faculty will set a maximum number of hours that can be obtained in the way proposed by the student.
5. The student's practicum supervisor will notify the student about the MFT faculty decision.
6. The student will work with the practicum supervisor in obtaining the approved alternative therapeutic contact experience. The student will keep the practicum supervisor informed of their progress toward accumulation of alternative therapeutic contact.

Treatment team experience, which counts as alternative therapeutic contact, is already pre-approved by the MFT faculty. Students do not need to seek pre-approval for treatment team hours that conform to the definition and procedure identified below.

Treatment team experience. The acquisition of therapeutic skill requires the integration of theoretical and clinical knowledge with the experiential act of involvement with clients in face-to-face interaction. This integration can be facilitated by students' involvement in treatment through the multi-level experience of being both in the consulting room as the "primary therapist" and as active participants behind the mirror as "team therapists".

Treatment team practice is the use of a treatment team consisting of 2-6 therapists in providing marriage and family therapy services to a client system and in which all therapists on the treatment team jointly and actively participate throughout the course of treatment. Treatment team practice is distinguished from co-therapy in that in the case of treatment team practice normally one therapist is in the room with the clients while the other “team members” are actively engaged in the case behind the one-way mirror. Co-therapy is not considered Alternative Contact.

Procedures:

1. Each treatment team will consist of one primary therapist and 2-5 team therapists.
    - The primary therapist will be the lead therapist in sessions and, in consultation with the team, be responsible for maintenance of case records, scheduling of the case, and all other executive tasks.
    - Team therapists will be responsible for active participation in the case throughout the course of treatment, including termination. Active participation includes attendance at all sessions, case planning, formulation of interventions, and involvement in the case to such a degree that the team therapist could take over the case if the primary therapist were unavailable.
    - Each team member (not the primary therapist) will also complete a report of the session. This report is designed to facilitate each team member’s active participation in the case and to encourage the development of clinical skills through the vicarious experience of being behind the one-way mirror. For team members in the pre-practicum stage of the program, this documentation will consist of the maintenance of a separate and complete file on the client as well as a self-assessment and reaction paper documenting what was learned at the conclusion of each session. This client file is not a permanent file for the client, but a learning tool for the student. The file and its contents are to be turned in to the student’s supervisor on termination of the case. The supervisor will ensure that the contents of the file are properly destroyed.

2. For the benefit of all students in the program, it is expected that first and second year therapists will jointly participate on treatment teams. It is not required, nor necessarily desirable, that the primary therapist be a second year student.

3. No therapist shall participate in more than five team practice cases at one time.

4. The formation of a treatment team must be approved by the each participating student’s supervisor.

5. When a therapist team consists of more than one team member and live supervision is provided, only the primary therapist may count the supervision as individual supervision. The team therapists may count the supervision as group supervision. Supervision of a

team with more than one team member through the use of case materials or videotape will be counted as group supervision. Team members must be present in order to record the supervision or client contact.

6. Should a team therapist be unable to attend a session, she or he will be responsible for reviewing the videotape of the missed session and the case notes prior to the next scheduled session. But, they will not be allowed to count this as client contact. A team member must be present for the session in order to count the session as client contact. Failure to attend a session must not be taken lightly. Repeated absences will result in removal from the team and discounting of clinical contact hours and supervision hours accrued from that case.

Tips for completing the clinical contact hour requirements.

a. To get the 500 client contact hours, a student must average 10 hours of client contact each week of the twelve month practicum. Although it is natural to want to ease into clinical work, students need to get their caseloads up as quickly as possible (e.g., within one month) to avoid falling too far behind. The longer it takes to build up a caseload, the heavier the caseload will need to be later on to average 10 hours a week.
b. Students should take into consideration cancellations and no-shows when setting their caseloads. For example, a therapist who wants 10 hours a week should probably schedule 12-13 hours a week.
c. Students will need to average four relational hours a week to obtain 200 hours during the twelve months practicum. It is recommended that students get a caseload of up to at least five relational cases a week as soon as possible. (Note: In the past, some students have gotten their overall caseloads up quickly, but did not get at least five relational hours a week during the first few months. Many of these students were delayed in graduating because they had not met the relational hour requirement).
d. Students who find it difficult to get relational hours may attempt the following. 1) Do co-therapy or participate on a treatment team with therapists who are seeing couples and families. 2) Conduct one and one-half hour sessions with relational cases. 3) When working with individuals explore inviting significant others into therapy who play a role in the problem or whom may play a role in the solution to the problem.

Supervision Hours

You are required to obtain a minimum of 100 hours of supervision; 50 hours in individual and 50 hours in group supervision. Approximately ten hours of individual supervision and fifteen hours of group supervision are required during each semester. You are also required to obtain at least 50 hours of supervision based on direct observation or video review of your sessions. In special circumstances, audio-only review may be substituted for the video-review of session material, but this must be approved in advance by your supervisor and it must not exceed 25 hours of the 50 hours of direct observation or video review. Most students acquire considerably more supervision hours than are required.

What to Expect in Supervision

Supervision is conducted by experienced clinicians who are either AAMFT Approved Supervisors or equivalent. Supervision is designed to help students learn the clinical skills they need to function as effective marriage and family therapists. This is done by observing the student conduct clinical work through live observation and digitally recorded formats, and by discussing clinical issues with the student.

It is not uncommon for personal issues to become prominent in students as they begin conducting therapy or taking course work. Personal issues impacting the provision of treatment may also be addressed in supervision. However, supervision is not psychotherapy. Supervision should always focus on students' clinical work and didactic or personal issues raised in supervision should be connected to how they are playing out in the therapist's clinical work.

Recording of Supervision and Therapy Hours

You must keep a running account of all supervision and clinical contact hours. Your detailed account of your clinical and supervision experience will assist you in documenting your hours of experience for graduation. Also, when you apply for jobs many employers want to know how much experience you have and with what type of clients you have worked. By keeping an ongoing record you will save yourself time and hassles, particularly if hours are questioned.

Supervision and Therapy Log

There is a spreadsheet used by the MFT students to record the monthly hours. This spreadsheet logs both clinical contact hours as well as supervision. A summary sheet is contained in the spreadsheet. This is what needs to be printed off and turned into the Program Director at the end of the month. The student also needs to keep the session-by-session sheet of the spreadsheet for the supervisor's review at his or her request. Failure to have adequate session-by-session records results in a forfeiture of hours.

MFT Clinical Hours Report Form

At the end of each month you must complete an MFT Clinical Hours Report Form (a template of which is found on the computer in the student work room). This form provides the program with important information that is used to evaluate and plan your clinical training, assess the status and needs of our clinic, and to document adherence to AAMFT standards.

The MFT Clinical Hours Report Form tallies clinical contact hours and supervision hours (by type and mode). These categories are defined as:

CLINICAL CONTACT HOURS: Hours you were the therapist, cotherapist, or member of a treatment team.

SUPERVISION TYPE

INDIVIDUAL: Hours in which you meet with a supervisor alone or with no more than one other supervisee or when your supervisor is observing you in a live session.

GROUP: All hours when a group of no more than ten trainees plus a supervisor are involved in supervision.

SUPERVISION MODES

LIVE: The supervisor observes your actual session. A live supervision session would also count for the appropriate number of clinical contact hours since you were doing therapy while you were being supervised.

VIDEO: The use of previously recorded sessions or segments of sessions in your supervision.

CASE: The use of client files and case materials in an oral presentation during supervision.

Forms are to be completed by the 5th day of the following month and turned into the MFT Program Director (example: hours acquired in January must be documented and submitted by February 5th).

Special Circumstances in Counting Client Contact and Supervision Hours

There are some situations which may result in confusion about how direct client contact and supervision hours can be counted. The following standards taken from the COA accreditation manual are provided here to clear up confusion that may result in counting hours.

- If a student is simultaneously being supervised and having direct clinical contact, the time is counted as both supervision time and direct clinical contact time.
- Even if additional students are present when a supervisor is conducting live supervision, the therapist(s) in the room with the client (up to two therapists) may count the time as individual supervision.

Students observing someone else's clinical work may receive credit for group supervision provided that 1) at least one supervisor is present with the students, 2) there are no more than ten students altogether, and 3) the supervisory experience involves an interactional process between the therapist(s), the observing students, and the supervisor. If there are no more than two students (e.g., one in the room and one behind the mirror), the observing student may receive credit for individual supervision under the same conditions.

Demonstrations of Clinical Competencies

Competency as a marriage and family therapist is determined through supervision, observation of clinical work, and participation in simulated client situations. Supervision and observation of clinical work are on-going. Supervisors at the CFC and at community agency placements complete an evaluation of student performance in clinical work at the end of each semester in which you work with clients. The evaluation of clinical competency is described in greater detail in the syllabi for CYAF 955, and 997. These evaluations are designed to reflect your progress toward achievement of expected outcomes identified by the program faculty. At the end of the semester, you will receive feedback that will help you to make plans for achieving clinical competency.

A final evaluation of competency occurs in the Summer term (fourth term of practicum). The result of this final evaluation with be a determination that the competency requirements have been met based on the Evaluation of Clinical Competencies device and that 200 hours of direct client contact with couples and families has been obtained.

Adherence to the AAMFT Code of Ethics

Whenever you are practicing therapy, you must follow the AAMFT ethical code. These are general professional guidelines subscribed to by members of AAMFT. Copies of the Code of Ethics are included in your AAMFT membership packet, as well as in Appendix G of this manual. Please read them carefully, understand them completely, and follow them meticulously. Your understanding of the AAMFT Code of Ethics will be evaluated in CYAF 953 and through the Clinical Qualifying Exam. Adherence to the AAMFT Code of Ethics will be evaluated by your supervisors at the FRC and your off-campus clinical placement and by the MFT faculty in courses, as appropriate. See the course syllabi and the Outcomes-Based Evaluation of Competencies document for additional information about how understanding and adherence to the AAMFT Code of Ethics is evaluated.

Complaints of ethical violations are a serious matter. Depending on the severity of the complaint a student may be suspended from practicum or continuation in the program until the investigation is completed. Ethical violations may result in dismissal from the program. Any complaints involving violation of federal antidiscrimination guidelines will be referred to the office of Equity, Access, and Diversity Programs. Also, complaints of ethical violations will be forwarded to the Ethics Committee of the American Association for Marriage and Family Therapy. A finding by the AAMFT Ethics Committee which recommends suspension or revocation of membership shall be grounds for dismissal from the MFT Program. Any complaints of ethical violations should be directed to the MFT Program Director.

Client Files

The Couple and Family Clinic utilizes an Electronic Health Record system to maintain client files. Documentation of therapy and client file maintenance are graduation competencies. You must keep all client files up-to-date. Progress Notes, Assessment Summaries, Treatment Planning Summaries, Discharge Summaries, and other documents to be filed in the client files must be completed and signed by your supervisor in a timely manner. Make sure correspondence about cases is supervised. Detailed information about maintaining client files is presented in CYAF 955 and continued in other clinical courses as well as through regular staff meetings with the Program Director. File Audits are completed by the practicum supervisor each semester to ensure timely and ethical documentation standards are being met.

Supervisor Evaluations

Although evaluations of your clinical work are ongoing, both your practicum supervisor and supervisor at your site will complete a formal evaluation of your performance at the end of each semester. Your faculty supervisor will ensure that your practicum evaluation is completed on time. However, you are responsible for making sure your off-campus site supervisor completes the evaluation and returns it to the practicum supervisor prior to the last day of class during the semester in question. This is important because the off-campus site supervisor's evaluation is necessary for determining your final grade for the semester in practicum. You will be given the Evaluation of Clinical Competencies form during your first 997 Practicum Course, which is the evaluation your site supervisor must fill out. These evaluations are conducted within LiveText, an online portfolio system.

Memorandum of Courses

The Memorandum of Courses (MOC) identifies the coursework requirements for the degree (see Appendix B), the Option (see below) that you are using for completing your degree requirements, and your academic advisor. The MOC is used by the Office of Graduate Studies to ensure that graduation coursework requirements have been met. The MOC is to be signed by the advisor and the Chair of the CYAF Graduate Executive Committee Chair prior to completing 18 credits required for the degree. We recommend that this be done during the Spring semester of your first year in the program. Note that you cannot graduate in the same semester in which you submit the MOC.

You may obtain a copy of the MOC from the CYAF Department Office or through the Office of Graduate Studies (http://www.unl.edu/gradstudies/current/degrees/Masters-Memorandum.pdf). The following information and tips will help you fill out the MOC.

- You must indicate which Option you are using to complete the degree.
  - ✓ Select Option I if you are completing a thesis. If Option I, you must take an approved statistics or qualitative research methods class and 6 credits of CYAF 866: Thesis.
  - ✓ Select Option II if you are completing a Minor area of study. This must be an approved Minor, meaning that you must also get the signature of the person in the Minor granting department authorized to approve the coursework used to get the Minor. The Minor must be in a UNL department other than CYAF and must be at least 9 graduate credits of coursework.
  - ✓ Select Option III if you are completing the Medical Family Therapy certificate coursework, which include 9 credits of coursework.
- Indicate that your Major is Child, Youth and Family Studies.
- If you are using Option II for your degree, indicate the Minor area of study. If you are using either Options I or III, leave this line blank.
- Indicate that your Specialization is Marriage and Family Therapy.

- Courses listed under Courses to Remove Deficiencies do not count toward the 51 credits required for the degree. Do not list courses used to meet provisional status requirements. The only courses listed here would be a statistics class if you didn't have one as an undergraduate or a development class if you didn't have 18 undergraduate credits of social science coursework.
- Under Proposed Program of Studies list the required courses for the degree beginning on the left column. You may need to spill over on to the right column. That is fine, but list the courses used to meet the Option requirement last on the right column.

Additional information about the MOC is found at the Office of Graduate Studies web site and in the *Master's Degree Handbook*. Note that you are responsible for any updates in information.

Curriculum

The MFT course of study consists of 51 credit hours. Of the 45 credit hours of coursework in the MFT program, 30 credit hours are taught be the MFT faculty. The curriculum fulfills the educational and practicum requirements for clinical membership in the American Association for Marriage and Family Therapy and licensure in the State of Nebraska and most other states that license the practice of marriage and family therapy.

Procedure for Verifying Completion of Degree Requirements

The Office of Graduate Studies publishes a list of forms and a schedule of deadlines at their web site (http://www.unl.edu/gradstudies/current/degrees/masters.shtml). It is your responsibility to make sure that these forms are filled out correctly and that all deadlines are met.

In order to graduate, you must:

- Complete the degree requirements as identified in this handbook, the CYAF Master's Degree handbook, and the Graduate Studies Bulletin.
- Submit an approved MOC by the deadlines specified by the Office of Graduate Studies.
- Submit an Application for Degree form by the deadline specified by the Office of Graduate Studies.
- Submit a Final Examination Report for the Master's Degree form and pay the associated fee by the deadline specified by the Office of Graduate Studies. If you are using Option I for your degree, the final examination date is the date of your thesis defense. Make sure you check the Office of Graduate Studies web site for examination and thesis deposit deadlines. If you are using Options II or III for your degree, the final examination date is the date of your Theory of Therapy Presentation.
- Ensure that all other deadlines, forms, reports, examinations are completed and fees paid according to the deadlines specified by the Office of Graduate Studies and the Department of CYAF and MFT program.

The Office of Graduate Studies compares your approved MOC with your transcript to ensure that coursework requirements have been met. Your Final Examination Report for the Master's Degree form will be used to verify completion of your final examination. The MFT Program Director maintains a checklist (see Appendix A) of your completion of program requirements as specified in this handbook.

Student Survey

Students are given an anonymous survey to complete at the end of each semester of the program. The purpose of this survey is to provide faculty the opportunity to assess student perception of program climate and functioning. Data from these surveys are used by faculty to make ongoing improvements to the program.

Orientation to the Program

The new MFT student orientation is held prior to the start of the Fall semester of a student's first year in the program. This orientation to the program is conducted by the MFT faculty members. Note that this orientation is in addition to the orientation for new graduate students sponsored by the Department of Child, Youth and Family Studies. Second year students attend a portion of this orientation. The purpose of the orientation is to familiarize students with the program. Students are told about program requirements and expectations and informed of important dates and program events.

The Ongoing and Comprehensive Nature of Evaluation of Progress in the Program

Professional development as a marriage and family therapist is impacted by both academic and non-academic factors. Although your grade in classes will be determined only on your academic performance in each individual class, the MFT faculty will also consider the following in evaluating your progress in this program: a) program-, department-, and college-specific expectations and requirements (including performance in assistantships); b) your interactions with peers, faculty, and supervisors; c) non-academic influences on your professional development; and d) clinical competencies and skills as evaluated by the Evaluation of Clinical Competencies form. Because program faculty want you to succeed in the program, they may occasionally (individually or as a group) point out areas of concern or growth that may impact or be impacting your professional development. Faculty may offer suggestions for addressing these areas of concern or for managing their impact on your professional development.

How Information about Students is Used

As part of our attempts to assess student learning and to use outcome data in a way that leads toward program improvement, information about students and student achievement will be collected and stored within the program's online e-portfolio system LiveText. This information will be kept only until it is systematically examined in a way that leads toward program improvement. In general, student achievement data that is narrative in form (e.g., scores and feedback on Clinical Qualifying Examinations, Ethics in Action feedback, and Theory of Therapy papers and presentations), as well as data that summarizes student achievement through numbers, grades or by aggregating student achievement feedback (e.g., clinical contact and supervision hours, aggregate summaries of performance measures, client assessment data, Intercultural Development Inventory data) will be kept. It will be used to evaluate the effectiveness of our learning and assessment activities and to make plans for improvement. This data will be used to evaluate student progress across cohorts and program improvement across time. Identifying information that ties individual students to this data will be kept confidential.

Continued Contact with the Program:

As part of our ongoing program assessment process, the Program Director will collect and store your current contact information upon graduation from the program. This information will not be shared with outside sources, but will be used to continually assess student graduation outcomes, including but not limited to: licensure status, current employment, continued professional identification as an MFT, and licensing examination pass status. This information will be collected from you in the form of yearly surveys sent via email. We ask that you update the Program Director should changes in your contact information occur.

Cohort Check-In

In January of the first year and September of the second year, the students entering the program at the same time (the cohort) are brought together for a meeting in which they are asked to reflect on their experience with the program and with each other and to provide feedback to the faculty. This is an opportunity for the faculty members to gauge the progress of the students as a cohort group. The faculty members assess issues of unity, team-work and cohort harmony as well as address individual concerns from cohort members. The purpose of the cohort check-in is to support MFT students in their pursuit of academic success. In addition to these scheduled check-ins, students are welcome to request a cohort check-in with faculty at any time.

Technology Requirements

Our students must have regular access to a computer which has internet access. Many courses detail assignments and submission of work via UNL's Blackboard program, and regular assessments are completed and recorded through LiveText, an online e-portfolio system. Currently, two (2) desktop computers with internet access are provided to students within the clinic for the use of maintaining client files on our Electronic Health Records system. HIPAA compliancy training is provided during the first semester of the program to ensure client confidentiality when students access the EHR system on personal computers outside of the clinic. Supervision and student clinical evaluation regularly occur through the utilization of the Couple and Family Clinic's electronic recording system. Students are expected to meet HIPAA expectations when saving client's recorded sessions onto personal USB devices. While students in the Distance Therapy program will be required to gain competency in using telehealth systems (Vidyo and Polycom) to deliver mental health services, it is encouraged that all students take advantage of these resources located within the clinic to enhance their knowledge and competency of using technology as treatment delivery medium.

Unsuccessful Progress Toward Completion of the Program

The clinical faculty have a responsibility to you, the program, the Commission on Accreditation, and the profession to evaluate on an ongoing basis the appropriateness of your role as a marriage and family therapy trainee and the progress you are making toward the goal of developing the conceptual, ethical, and practice skills you will need to engage in independent practice. Students in the MFT program may be dismissed from the program if they demonstrate they are not making successful progress toward the completion of the program. The program faculty have established the Practicum Readiness Interview as a scheduled mechanism for evaluating your progress in the program. You may be dismissed from the program as a result of the Practicum Readiness Interview. However, evaluations of your progress will be ongoing throughout the program. You may be dismissed from the program at any time for the following reasons:

1) Failure to maintain the established grade point average and other academic standards (see the Graduate Bulletin).
2) Failure to make satisfactory academic progress toward the degree.
3) Violations of AAMFT Code of Ethics.
4) Failure to complete time limits for the degree as set by the MFT program, the Department (CYAF), the College (CEHS), and the Graduate School.
5) Failure to make satisfactory progress in clinical skills. This includes but is not limited to failure to seek supervision, failure to follow supervisor directives, and failure to maintain client files in a timely manner.
6) Failure to resolve personal and interpersonal issues which interfere with the delivery of satisfactory services to clients.

A faculty member who has concerns about a student regarding any of the above will meet with the student and discuss the concern. A note to the student file may also be made. If the student fails to make satisfactory progress toward resolution of the concern, the faculty member will bring the issue to the clinical faculty. The faculty will determine specific action the student will be required to take to resolve the concern and inform the student in writing. The student's progress relative to the concern will be evaluated by the clinical faculty on an ongoing basis. Evaluations of the student's progress will be written in memo format and placed in the students file and copied to the student. In the event that unsatisfactory progress is made within the time limits set by the faculty, a written notice of dismissal will be sent to the student.

Notice of dismissal may be appealed by the student in writing. The appeal process will follow the same guidelines and policies that apply to the appeal of a grade (see below).

Readmission after Dismissal or Withdrawal

Students who are dismissed from the program or who otherwise drop the program for any reason may apply for readmission. The procedure for readmission will require the completion of a new graduate application, including the three new letters of recommendation and complete transcripts. Those who reapply will be considered with those who are applying for the first time. In considering the readmission request, faculty will evaluate previous coursework, clinical work, and other activities both in and out of the program. If the student is readmitted to the program, the faculty may require that the student retake some or all of the coursework, clinical work, and other requirements.

Student Grievances

The MFT Program adheres to the established grievance procedures of the University of Nebraska, the College of Education and Human Sciences, and the Department of Child, Youth and Family Studies. The University has a Student Ombudsperson within the Office of Student Affairs that will advocate for and assist students in their efforts to resolve grievances (phone number 472-9292).

The first step in handling any grievance is to discuss the matter with the concerned individual. If this step is unproductive or, in your judgment, inappropriate, then you should contact the following persons:

- If the grievance is with an instructor concerning a class matter, the chair of the department should be contacted.
- If the grievance is with your supervisor, the MFT Program Director should be contacted.
- If your supervisor is the MFT Program Director, you should contact the chair of the department.
- If the grievance is with another student in the MFT Program, you should contact the MFT Program Director

If these steps do not resolve the problem, then you should proceed to the next level of authority. For example, if the MFT Program Director is unable to resolve the grievance satisfactorily, you should take your grievance to the Department Chair. Although there may be exceptions, the level of authority generally proceeds as follows:

a. the concerned individual
b. the MFT Program Director
c. the Chair of the Department
d. the Dean of the College
e. the Dean of the Graduate School
f. the Office of Academic Affairs

If the grievance specifically concerns a grade received in a class within the College of Education and Human Sciences, the following policy applies (as found in the Advising Handbook). Any student enrolled in a course in the College of Education and Human Sciences who wishes to appeal alleged unfair and prejudicial treatment by a faculty member shall present her/his appeal in writing to the Dean of the College no later than 30 days after notice of the student's final course grade has been mailed from campus. The complaint will be forwarded to the Student Affairs Committee consisting of faculty and student representatives. After a hearing, the committee will make a written recommendation to the Dean regarding the appeal. The committee's findings and recommendations shall be binding on the appealing student and faculty member.

Personal Psychotherapy

While we do not generally require students to receive psychotherapy, we recognize the value of psychotherapy and encourage students to participate when necessary. The faculty reserve the right to suggest, and in some cases, require personal psychotherapy for students. Students may request a list of available psychotherapy resources from the Program Director or from their advisor. It is inappropriate for students to receive psychotherapy from fellow students and from program faculty or supervisors.

Medical Family Therapy Certificate

In conjunction with the University of Nebraska Medical Center a post graduate certificate is being offered in the area of "Medical Family Therapy." Information about this program can be located through a link from the department web site.

Appendix A

MFT Graduate Student Record Form

Student Name: ______________________________ Date Entered the Program ______

Marriage and Family Therapy Program Requirements.

Requirement	**Completed Date**
Turn in therapy observation log	
Membership in AAMFT	
Complete CITI Training	
Professional liability insurance	
Clinical Qualifying Examination	
Practicum Readiness Interview	
12 month consecutive months in practicum	
500 direct client contact hours	
100 total hours of supervision: 50 hours individual and 50 hours group	
Competency in relational therapies ☐ 200 relational hours	
Competency in Cultural Sensitivity	
Competency in Documentation	
Competency in Ethics and Clinical Decision Making	
Competency in Client Management	
Competency in Professionalism	
Competency in Psychopathology	
Competency in Rural Mental Health Care	
Competency in Using Technology as a Treatment Delivery Medium	
Appropriately close all client files at FRC	
Successfully defend a thesis or complete a minor	

Program Director must sign below after verifying completion of all requirements.

_____________________________________(PD) ____________________________(Date)

Appendix B

Course Sequence and Curriculum Areas

University of Nebraska-Lincoln, Department of Child, Youth and Family Studies
Marriage and Family Therapy Specialization
COURSE REQUIREMENTS

Required Core Courses:

CYAF 951: Theoretical Foundations of Marital and Family Therapy	3 units
CYAF 952: Psychopathology and Dysfunctional Interactions	3 units
CYAF 953: Issues and Ethics for Family Professionals	3 units
CYAF 955: Clinical Family Therapy I	3 units
CYAF 956: Human Sexual Dysfunction	3 units
CYAF 865: Research Design/CYAF 863: Youth Professional as Consumers of Research	3 units
CYAF 989: Multicultural Competencies in Mental Health Treatment	3 units
CYAF 846: Addiction & Families	3 units
CYAF 997: Advanced Practicum in Family Therapy (3 units for fall/spring semesters; 4 units in the summer semesters)	14 units
Total Core Units	**38 units**

***Individual Development and Family Relations Electives:**

In consultation with their academic advisor and with the approval of the MFT faculty, students must select three credits of coursework focusing on individual and family development. These credits must include content that addresses development across the life-span and from a ecological and/or systemic perspective. If a student has not had an undergraduate course in child development, they should select EdPsych 850: Child Psychology or CYAF 973: Social Processes in Children.

Total Development Elective Unit 3 units

Thesis or Minor

Depending on the master's degree option chosen, students complete either a thesis (Option I) or a 9 credit (minimum) minor (Option II). Students choosing Option I must take EdPsy 860: Advanced Statistical Methods or EDPS 900K: Qualitative Research and a minimum of 6 units of CYAF 899: Thesis prior to graduation. Students choosing Option II must complete an approved minor of at least 9 credits (this option includes the 9-unit certificate in Medical Family Therapy).

Total Thesis or Minor Units 9 units

Total Credit Units in Specialization 50 units

**** Students are expected to have taken at least one undergraduate-level course in human development prior to enrolling in the program.***

Department of Family & Consumer Sciences
Marriage and Family Therapy Program
Sample Course Sequence

Year 1

FALL

CYAF 951 Theoretical Foundations Of Marriage And Family Therapy

CYAF 952 Psychopathology

CYAF 865 Research Design And Methodology **or**
CYAF 863 Youth Professionals as Consumers of Research

CYAF 846 Addiction & Families

SPRING

CYAF 953 Issues And Ethics For Family Professionals

CYAF 956 Couples and Sex Therapy

CYAF 955 Pre-Clinical Practicum: Introduction/Motivational Interviewing

SUMMER

CYAF 997 Advanced Clinical Practicum with trauma; Children and Families

Year 2

FALL

CYAF 989 Multicultural Competencies in Mental Health Treatment

CYAF 997 Advanced Clinical Practicum with Couples and Families

Thesis credits or Minor Course

SPRING

CYAF 997 Advanced Clinical Practicum Theory

Thesis credits or Minor course

Elective Course

SUMMER

CYAF 997 Advanced Clinical Practicum: Adolescents and Trauma

Thesis credits or Minor course

EdPsy 859 Prerequisite Equivalency Form

Marriage and Family Therapy Specialization
Department of Child, Youth and Family Studies

As specified in the Master Degree Handbook (for sale at the University Book Store), the Department of Child, Youth and Family Studies allows a comparable undergraduate or graduate statistics course to take the place of the required course Educational Psychology 859. This course must be comparable in scope and content and provide a foundation for understanding statistics covered in Educational Psychology 860. If you believe you have a comparable course, this form must be completed and signed by you, your advisor, and the Graduate Chair in order for you to receive credit for this course. Be sure to attach a copy of the syllabus for the comparable course before giving this form to your advisor for signature.

Name: ____

Semester/Year Entered the MFT Program:______________________________________

Course number/title:____________________

Department from which course was taken: ______________________________________

Institution from which course was taken: ____

Semester and Year in which the course was taken: _________________________________

Attach a copy of the course syllabus to this form and turn in to your advisor.

____

Student Signature Date

____

Advisor Signature Date

3/15/99

Appendix C

Observation of Therapy Log

Observation of Therapy Log

Marriage and Family Therapy Program

Instructions: Prior to enrolling in CYAF 955A you must observe 15 hours of therapy. The observation of hours can be obtained in two ways by either watching live cases being conducted by MFT practicum students (you must talk to the therapist before you observe), or by watching videotapes from our clinic library. Use the following log to record your observations. This log must be signed by your advisor and placed in you file before you may take CYAF 955A.

Date	Length of Time Observed	Name of Therapist	Type of Observation (Live or video)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10			
11.			
12.			
13.			
14.			
15.			

Student's Signature/Date Advisor's Signature/Date

Appendix D

Practicum Placement Interview Form

PRACTICUM EVALUATION INTERVIEW FORM

Name ____________________

Instructions: Sections I through IV are to be completed by the student. The student must turn in this form to their advisor with these Sections completed at least one week prior to the scheduled Practicum Evaluation Interview. The student's advisor completes Sections V through VII prior to the meeting. The advisor uses input from other faculty members, student grades, performance on the Clinical Qualifying Examination and other performance measures, and interactions with the student to complete Sections V through VII. The Program Director completes Section X.

I. ASSESSMENT OF CURRENT ABILITIES

A. What are your strengths as a therapist?

B. What are your weaknesses as a therapist?

II. PRACTICUM GOALS

A. What are your professional goals for practicum?

B. What are your personal goals for practicum?

III. Indicate two possible placement sites that you are interested in:

1.____

2.____

IV. **How will each of these placements help you reach your personal and professional goals? (no more than one page)**

V. **Does the student display the qualifications and readiness for intensive clinical training?** (Check each statement that the student demonstrates and indicate evidence and strengths and weaknesses in the space provided).

- ☐ Personal and professional integrity (complete the Professionalism Grading Rubric and attach to this form)
- ☐ Knowledge of Nebraska laws and statutes governing mental health practice
- ☐ Ability to make decisions using ethical decision making principles and models
- ☐ Awareness of one's own affective process
- ☐ Ability to demonstrate cultural competence and sensitivity
- ☐ Ability to accept and respond to supervision
- ☐ Potential for client management
- ☐ Maturity
- ☐ Ability to state mature motives and professional goals

Comments: ____

____

VI. What are the student's strengths?

VII. What are the student's areas of improvement?

VIII. Do the student's preferred sites match the student's interests and abilities?

IX. How will the placement sites expand the student's learning opportunities?

X. Assigned Practicum Placement ___________________________

Appendix E

Clinical Qualifying Exam

MFT Clinical Qualifying Examination

Purpose

To provide a forum wherein MFT students can demonstrate their knowledge of theories and concepts, and confirm that they have the requisite knowledge for practice as a Marriage and Family Therapist. Students should view the exam as a formal opportunity to review and integrate material from all courses and experiences during their program of study.

Requirements

Before any student may take the comprehensive examination she/he must have completed with satisfactory grades:
CYAF 951: Theoretical Foundations in Marriage and Family Therapy
CYAF 952: Psychopathology and Dysfunctional Interactions
and be currently enrolled in:
CYAF 953: Issues and Ethics for Family Professionals
CYAF 955: Clinical Family Therapy

Basic Directions

The clinical practice and ethics portions of your CQE will be administered as part of your CYAF 955 and CYAF 953 courses, respectively. Dates and expectations for these parts of the examination will be described in detail in those course syllabi and in discussion with the courses' professors. Your theoretical portion will be administered toward the end of your second semester of the program as outlined in the schedule at the beginning of this handbook.
You may not take notes, books, papers, or other materials with you into the theoretical portion of the examination. A legal pad and blank disk will be provided for you. Once you have completed the examination, you will save it on a flash drive and submit it to the Program Director. You will have the weekend to prepare a reference list (APA style) of the works cited in your answers. Email your reference list to the Program Director by noon on the following Monday. In answering the questions of the exam, be sure to organize your thoughts, demonstrate breadth of knowledge, and document your answer by referencing literature in the field.

Evaluation

The clinical practice and ethics portions of the CQE will be evaluated independently by the instructors of CYAF 955 and CYAF 953, respectively. If those instructors have concerns about a student's exam, they will bring those students' exams to the rest of the MFT faculty for evaluation of a Pass or Fail. A student passes the question if the majority of the faculty rate it Pass. Failure of one question requires a re-examination in the area of the failed question at a later time during the spring term (to be arranged with the student). Normally, a question can only be rewritten once. If one question is not satisfactorily rewritten or a portion of the CQE is Failed a second time, you will not be permitted to see clients. Examination results will be received by students as outlined in the schedule at the beginning of this handbook.

The following criteria will be used to aid the faculty in evaluating the acceptability of a response.

1. <u>Completeness.</u> There is nothing more frustrating for the student and the reader than to have to retake a question because the entire question was not answered. Make sure that you have answered each question before turning in your exam.

2. <u>Accuracy.</u> Each aspect of the response needs to be accurate. This means that you will need to base your response on the literature and specific material that has been covered

in your course work at UNL. We should not get the sense that your response is based primarily on intuitive considerations. We expect you to integrate material from disparate sources. What you need to do is write your essay in such a way that you make a logical argument as to the accuracy of your response (it needs to make sense).

3. Organization. You don't know how much easier it is to read a well organized response than a poorly organized one. You should try to make it as easy as possible for the reader to see the content that needs to be included and the accuracy of that content. Frankly, a poorly organized response often results in confusing the points you are trying to make- this reduces the accuracy of the response - and hides aspect of your response that need to be prominently included - this reduces the completeness of the response.

Each essay will be evaluated independently of your other responses. Questionable responses will be shared with other faculty members on the reading committee. If two or more faculty determine that a particular response is not adequate a decision of Fail will be made.

Examination results will be disseminated as Pass (Adequate), Low Pass (Adequate), or Not-Pass (Inadequate). Exceptional responses will be indicated as High Pass. A student failing sections(s) of the examination need only retake those sections she/he did not pass. A student who does not pass the retake examination must set up a plan of remedial study with his or her advisor.

Studying for the Examination

Many students have found it helpful to form a study group to prepare for the exam. The faculty recommend that students begin to study for the examination early in the spring semester.

Exam Questions will be written that require you to integrate material from program courses. You must also demonstrate that you have studies additional material as well. Students would do well to begin early to look for connections between courses and how material presented in one course builds on or complements material presented in other courses. Faculty members use the AAMFT Core Competencies to inform question construction. It is expected that students will demonstrate achievement of some of these competencies through their responses to the CQE questions. Students would do well to become familiar with these competencies as they study for the exam (see the Evaluation of Clinical Competencies – Appendix J).

CLINICAL QUALIFYING EXAMINATION
SCORING SHEET

Student Number___________________ Question Number _______________

Date of Examination _______________ Quest. Topic _________________

ORGANIZATION OF THOUGHTS ....PASS FAIL
Comments:

BREADTH OF KNOWLEDGE ....PASS FAIL
Comments:

DEMONSTRATION OF COMPETENCY ....PASS FAIL
Comments:

STYLE AND CONSTRUCTION ....PASS FAIL
Comments:

OVERALL SCORE: ....PASS FAIL
GENERAL COMMENTS:

Appendix F

Theory of Therapy Paper and Presentation

(Option II Requirements for Comprehensive Examination)

Assignment and Criteria for Theory of Therapy Paper and Presentation

I. ASSIGNMENT:

a. <u>Paper</u>: Prepare a 20-page (excluding title page, abstract, and reference list) double-sided scholarly paper which acts as a foundation for your presentation. The paper should include:

i. The theoretical principles that guide your clinical work**.** This should include your underlying assumptions about change, health, and therapy in light of the scholarly literature about theory and research. Your paper should address:

1. Your conceptualization of healthy and unhealthy functioning.

2. How problems develop.

3. How problems are resolved.

4. The role of the therapist in producing change.

ii. Descriptions of your repertoire of techniques.

iii. A case example that illustrates your work.

iv. An assessment of the indications and contraindications to your approach and what you do when faced with a population or problem for which your approach is not suited. Be sure to include an evaluation of the appropriateness of your approach to working with psychopathology. Referencing appropriate research literature is required.

v. A complete reference list.

Through your paper you should demonstrate cultural awarenss, cultural competence and cultural sensitivity as well as how issues of power and priveledge are addressed through your approach.

You should begin working on the paper when you start CYAF 997 and continue working on it throughout your 12-month practicum. To help, a draft of this paper is due at the end of Summer, Fall and Spring Semesters as part of the requirements for CYAF 997 (see the syllabus for each class for additional information about what is specifically required). Instructors of these classes will provide you with feedback on the paper. Be sure to turn in the marked-up copy of the paper and the instructor feedback/evaluation from the Fall semester when you turn in the paper for the Spring semester. This will help the instructor determine progress made.

The final paper is due at least one week prior to the scheduled Theory of Therapy presentation (see below). You must provide the instructor with both a hard copy of the paper and with the marked-up copies of the paper and the instructor feedback/evaluation from the Fall and Spring semesters. You must give a hard copy of the paper to each of the other MFT faculty members at least one week prior to the presentation. A copy of your paper should be made available at least one week prior to the presentation to all MFT students so that they can read it in preparation for the presentation. This can be made available electronically. It is expected that each student enrolled in CYAF 997 will read the other students papers prior to the scheduled presentation.

b. **<u>Presentation</u>**: The 25 minute presentation is typically scheduled to occur within 3 weeks of the date of Summer graduation. It is a program expectation that all students (e.g., both first and second year) attend the presentations. Attendance is a course requirement for students enrolled in CYAF 997. The other MFT faculty also attend. The course instructor, with input from other faculty, will assign a grade.

The presentation should be scholarly and creative. Please allow time for questions. It is required that you prepare and distribute a one-page handout at the time of your presentation.

You will have only 25 minutes for your presentation. Going over time may result in a reduction in grade. The focus is the demonstration of your clinical skills. Do not attempt to describe your entire theory. You don’t have enough time for that. Nor do you have enough time to present everything that is in your paper (e.g., you do not have time to teach the key principles of multiple FT theories that are being integrated; you may or may not have time to talk about your strengths and weakness—although your strengths should be evident in what you present). Your time should be used in demonstrating your clinical work. To do so, we will need to have a brief overview of your approach with an emphasis on a few key principles and techniques that are the hallmarks of your approach. Your presentation must include at least two video excerpts of your work with clients. The video excerpts should demonstrate the principles and techniques identified in the paper. You should come prepared to describe how the excerpts demonstrate these principles and techniques.

The 25 minute presentation might be best organized as follows.

	Time	Elapsed time
Introduction that captures the essense of the approach. It might be helpful to include something creative that communicates ownership to the approach and that captures the audience attention (make sure it is professional and not cheesy). This should also include a review of key concepts/principles that underlie the approach. (remember that we have read the paper already).	0:07	0:07
Introduction to first video clip (this is what you are going to see)	0:01	0:08
Video clip #1	0:03	0:11
Verbal review of first video clip (this is what you saw and how it reflects my approach)	0:01	0:12
Introduction to second video clip (this is what you are going to see)	0:01	0:13
Video clip #2	0:03	0:16
Verbal review of second video clip (this is what you saw and how it reflects my approach)	0:01	0:17
Summary/Conclusion	0:02	0:19
Questions	0:06	0:25

II. CRITERIA CHECKLIST

a. **Paper**:

i. *Organization*: follows outline of assignment, flow of paper allows for easy reading

ii. *Professionalism*: strict use of APA standards, only minor, infrequent errors in grammar and spelling

iii. *Content*: written in scholarly manner, illustrates knowledge and understanding of systemic approach, theory, and therapy and of recognized MFT theories; based on academic/scholarly and professional literature; stated in writer's own words with appropriate use of paraphrasing; link or congruency between assumptions of change, health, and therapy, theoretical principles, and techniques

iv. *Self-Assessment*: paper illustrates insight and understanding of strengths and weaknesses based on knowledge of good/effective practice, self-reflection, and feedback from supervisors over the course of MFT program

b. **Presentation**:

i. *Presentation Style*: the organization and flow of presentation appears planned and practiced, professional in dress, interactions with audience are professional in nature, creativity

ii. *Use of Time*: time is used appropriately as evidenced by student's ability to monitor length of time for each component of presentation, all components of the presentation are adequately covered, time is provided for faculty and students to ask question
iii. *Organization*: presentation has an introduction that adequately represents goals of presentation, materials are easily accessible as needed, videotapes are cued
iv. *Engagement of Audience*: student shows good eye contact with audience, asks for audience participation
v. *Appropriateness of Content*: high level of congruency between content of paper and presentation
vi. *Video Demonstration of Theory*: selection of vignettes effectively illustrate student's theory of therapy, commentary on video is appropriate and based on literature and practice
vii. *Responsiveness to Audience*: provides knowledgeable feedback to questions from audience. Note that failure to allow time for questions may be considered a fatal flaw.
viii. *Handout*: supported the presentation and effectively communicates information about the approach.

Option II Comprehensive Examination Requirement

In order to fulfill the Option II requrement of a written or oral comprehensive examination within six months of graduation, students selecting Option II will write a Theory of Therapy Paper and make a presentation of their clinical work in which they demonstrate the pinciples described in the paper. Drafts of the paper will be the final project for both the Fall and Spring semesters of CYAF 997: Practicum in Family Therapy. During these semesters, practicum supervisor will provide feedback and direction as a result of reading the paper and observing the student's clinical work and interactions with peers throughout the semester. The final project for athe Summer term of CYAF 997: Practicum in Family Therapy will be the final draft of this paper, accompanied by a formal presentation of the student's clinical work, with videotape examples to demonstrate pinciples identified in the paper. (Note that both Option I and Option II students complete this requirement as part of the CYAF 997 sequence, but Option II students count it as their graduation requirement for a comprehensive examination.)

Procedure for Option II Students:

1) The Final Examination Report Form must be filed at least four weeks prior to the date of the oral exam or by the date specified on the calendar of deadlines.
   i. The Final Examination Report Form is found at the following address: http://www.unl.edu/gradstudies/current/masters.html
   ii. Complete Parts 1 through 4 and submit to Graduate Studies
   iii. Obtain the required signatures and return the form to Terri Eastin.
2) Upon successful oral presentation, the CYAF 997 instructor informs the MFT program director, who forwards a memo (can be email) to: Teri Eastin, Graduate Studies, that all requirements for the comprehensive exam have been met.

Final Examination Report
Instructions for master's degree candidates in the Marriage and Family Therapy Specialization

Students are responsible for meeting all deadlines and graduation requirements specified by Graduate Studies. Please see http://www.unl.edu/gradstudies/current/degrees/masters.shtml for additional information. These instructions are provided as a guide to completing the Final Examination Report form. Students should consult with their advisor if the have any questions.

Part 1: Student and Program Information
Indicate name as it is on file with the Graduate Studies, NU ID Number, Mailing Address and Phone number.

Check the box "MS".

Students completing a master's thesis should check "Option I". Those completing a recognized minor that is offered through UNL should check "Option II". Those completing the Certificate in Medical Family Therapy should check "Option III".

Your Major is Child, Youth, and Family Studies. Indicate a minor if you have one (Medical Family Therapy should not be listed here. This needs to be a minor offered through courses taken at UNL.) Indicate your Specialization as Marriage and Family Therapy. Indicate your expected graduation date.

Part 2: Written Comprehensive Examination
- If you are graduating under Option I, indicate that the Major written exam is waived for the Major. Do not indicate anything for the Minor.
- If you are graduating under Option II, indicate that the Major written exam is not waived and then indicate the date of the Theory of Therapy presentation. This is the date that your paper will be evaluated. Indicate that both the Minor written and oral exams are waived, unless your minor requires an exam (I don't know of any that do).
- If you are graduating under Option III, indicate that the Major written exam is not waived and then indicate the date of the Theory of Therapy presentation. This is the date that your paper will be evaluated. Do not indicate anything for the Minor.

Part 3: Examination Procedure Approved
All students, regardless of Option, will need the signatures of their Major Advisor and the Chair of the Graduate Committee of CYAF. Students under Option II will need the signature of the representative from the Minor department.

Part 4: Final Oral Examination
Students under Option I should indicate the date of their scheduled defense of their thesis, along with the time and location of this event. Indicate the members of the examining committee.

Those under Options II and III should leave this Part blank.

Part 5: Thesis
Students under Option I should indicate the title of their thesis. The final grade for all incomplete thesis hours will be added by the major advisor after you pass the defense of your thesis. The signature line in this Part will not be completed until the defense of your thesis.

Appendix G

AAMFT Code of Ethics

PREAMBLE

The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgates, pursuant to Article 2, Section 2.01.3 of the Association's Bylaws, the Revised AAMFT Code of Ethics, effective January 1, 2015.

Honoring Public Trust

The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code. The ethical standards define professional expectations and are enforced by the AAMFT Ethics Committee.

Commitment to Service, Advocacy and Public Participation

Marriage and family therapists are defined by an enduring dedication to professional and ethical excellence, as well as the commitment to service, advocacy, and public participation. The areas of service, advocacy, and public participation are recognized as responsibilities to the profession equal in importance to all other aspects. Marriage and family therapists embody these aspirations by participating in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return. Additionally, marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest. Marriage and family therapists also encourage public participation in the design and delivery of professional services and in the regulation of practitioners. Professional competence in these areas is essential to the character of the field, and to the well-being of clients and their communities.

Seeking Consultation

The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities.

Ethical Decision-Making

Both law and ethics govern the practice of marriage and family therapy. When making decisions regarding professional behavior, marriage and family therapists must consider the AAMFT Code of Ethics and applicable laws and regulations. If the AAMFT Code of Ethics prescribes a standard higher than that required by law, marriage and family therapists must meet the higher standard of the AAMFT Code of Ethics. Marriage and family therapists comply with the mandates of law, but make known their commitment to the AAMFT Code of Ethics and take steps to resolve the conflict in a responsible manner. The AAMFT supports legal mandates for reporting of alleged unethical conduct.

Marriage and family therapists remain accountable to the AAMFT Code of Ethics when acting as members or employees of organizations. If the mandates of an organization with which a marriage and family therapist is affiliated, through employment, contract or otherwise, conflict with the AAMFT Code of Ethics, marriage and family therapists make known to the organization their commitment to the AAMFT Code of Ethics and take reasonable steps to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.

Binding Expectations

The AAMFT Code of Ethics is binding on members of AAMFT in all membership categories, all AAMFT Approved Supervisors and all applicants for membership or the Approved Supervisor designation. AAMFT members have an obligation to be familiar with the AAMFT Code of Ethics and its application to their professional services. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.

Resolving Complaints

The process for filing, investigating, and resolving complaints of unethical conduct is described in the current AAMFT Procedures for Handling Ethical Matters. Persons accused are considered innocent by the Ethics Committee until proven guilty, except as otherwise provided, and are entitled to due process. If an AAMFT member resigns in anticipation of, or during the course of, an ethics investigation, the Ethics Committee will complete its investigation. Any publication of action taken by the Association will include the fact that the member attempted to resign during the investigation.

Aspirational Core Values

The following core values speak generally to the membership of AAMFT as a professional association, yet they also inform all the varieties of practice and service in which marriage and family therapists engage. These core values are aspirational in nature, and are distinct from ethical standards. These values are intended to provide an aspirational framework within which marriage and family therapists may pursue the highest goals of practice.
The core values of AAMFT embody:

1. Acceptance, appreciation, and inclusion of a diverse membership.
2. Distinctiveness and excellence in training of marriage and family therapists and those desiring to advance their skills, knowledge and expertise in systemic and relational therapies.
3. Responsiveness and excellence in service to members.
4. Diversity, equity and excellence in clinical practice, research, education and administration.
5. Integrity evidenced by a high threshold of ethical and honest behavior within Association governance and by members.
6. Innovation and the advancement of knowledge of systemic and relational therapies.

Ethical Standards

Ethical standards, by contrast, are rules of practice upon which the marriage and family therapist is obliged and judged. The introductory paragraph to each standard in the AAMFT Code of Ethics is an aspirational/explanatory orientation to the enforceable standards that follow.

STANDARD I
RESPONSIBILITY TO CLIENTS

Marriage and family therapists advance the welfare of families and individuals and make reasonable efforts to find the appropriate balance between conflicting goals within the family system.

1.1 Non-Discrimination.

Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity or relationship status.

1.2 Informed Consent.

Marriage and family therapists obtain appropriate informed consent to therapy or related procedures and use language that is reasonably understandable to clients. When persons, due to age or mental status, are legally incapable of giving informed consent, marriage and family therapists obtain informed permission from a legally authorized person, if such substitute consent is legally permissible. The content of informed consent may vary depending upon the client and treatment plan; however, informed consent generally necessitates that the client: (a) has the capacity to consent; (b) has been adequately informed of significant information concerning treatment processes and procedures; (c) has been adequately informed of potential risks and benefits of treatments for which generally recognized standards do not yet exist; (d) has freely and without undue influence expressed consent; and (e) has provided consent that is appropriately documented.

1.3 Multiple Relationships.

Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client’s immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists document the appropriate precautions taken.

1.4 Sexual Intimacy with Current Clients and Others.

Sexual intimacy with current clients or with known members of the client’s family system is prohibited.

1.5 Sexual Intimacy with Former Clients and Others.

Sexual intimacy with former clients or with known members of the client’s family system is prohibited.

1.6 Reports of Unethical Conduct.

Marriage and family therapists comply with applicable laws regarding the reporting of alleged unethical conduct.

1.7 Abuse of the Therapeutic Relationship.

Marriage and family therapists do not abuse their power in therapeutic relationships.

1.8 Client Autonomy in Decision Making.

Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise clients that clients have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

1.9 Relationship Beneficial to Client.

Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

1.10 Referrals.

Marriage and family therapists respectfully assist persons in obtaining appropriate therapeutic services if the therapist is unable or unwilling to provide professional help.

1.11 Non-Abandonment.

Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of treatment.

1.12 Written Consent to Record.

Marriage and family therapists obtain written informed consent from clients before recording any images or audio or permitting third-party observation.

1.13 Relationships with Third Parties.

Marriage and family therapists, upon agreeing to provide services to a person or entity at the request of a third party, clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and the limits of confidentiality.

STANDARD II
CONFIDENTIALITY

Marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client.

2.1 Disclosing Limits of Confidentiality.

Marriage and family therapists disclose to clients and other interested parties at the outset of services the nature of confidentiality and possible limitations of the clients' right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.

2.2 Written Authorization to Release Client Information.

Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of couple, family or group treatment, the therapist may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

2.3 Client Access to Records.

Marriage and family therapists provide clients with reasonable access to records concerning the clients. When providing couple, family, or group treatment, the therapist does not provide access to records without a written authorization from each individual competent to execute a waiver. Marriage and family therapists limit client's access to their records only in exceptional circumstances when they are concerned, based on compelling evidence, that such access could cause serious harm to the client. The client's request and the rationale for withholding some or all of the record should be documented in the client's file. Marriage and family therapists take steps to protect the confidentiality of other individuals identified in client records.

2.4 Confidentiality in Non-Clinical Activities.

Marriage and family therapists use client and/or clinical materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with Standard 2.2, or when appropriate steps have been taken to protect client identity and confidentiality.

2.5 Protection of Records.

Marriage and family therapists store, safeguard, and dispose of client records in ways that maintain confidentiality and in accord with applicable laws and professional standards.

2.6 Preparation for Practice Changes.

In preparation for moving a practice, closing a practice, or death, marriage and family therapists arrange for the storage, transfer, or disposal of client records in conformance with applicable laws and in ways that maintain confidentiality and safeguard the welfare of clients.

2.7 Confidentiality in Consultations.

Marriage and family therapists, when consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written consent of the client, research participant, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of the consultation.

STANDARD III
PROFESSIONAL COMPETENCE AND INTEGRITY

Marriage and family therapists maintain high standards of professional competence and integrity.

3.1 Maintenance of Competency.

Marriage and family therapists pursue knowledge of new developments and maintain their competence in marriage and family therapy through education, training, and/or supervised experience.

3.2 Knowledge of Regulatory Standards.

Marriage and family therapists pursue appropriate consultation and training to ensure adequate knowledge of and adherence to applicable laws, ethics, and professional standards.

3.3 Seek Assistance.

Marriage and family therapists seek appropriate professional assistance for issues that may impair work performance or clinical judgment.

3.4 Conflicts of Interest.

Marriage and family therapists do not provide services that create a conflict of interest that may impair work performance or clinical judgment.

3.5 Maintenance of Records.

Marriage and family therapists maintain accurate and adequate clinical and financial records in accordance with applicable law.

3.6 Development of New Skills.

While developing new skills in specialty areas, marriage and family therapists take steps to ensure the competence of their work and to protect clients from possible harm. Marriage and family therapists practice in specialty areas new to them only after appropriate education, training, and/or supervised experience.

3.7 Harassment.

Marriage and family therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.8 Exploitation.

Marriage and family therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.9 Gifts.

Marriage and family therapists attend to cultural norms when considering whether to accept gifts from or give gifts to clients. Marriage and family therapists consider the potential effects that receiving or giving gifts may have on clients and on the integrity and efficacy of the therapeutic relationship.

3.10 Scope of Competence.

Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

3.11 Public Statements.

Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

3.12 Professional Misconduct.

Marriage and family therapists may be in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continue to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

STANDARD IV
RESPONSIBILITY TO STUDENTS AND SUPERVISEES

Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

4.1 Exploitation.

Marriage and family therapists who are in a supervisory role are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

4.2 Therapy with Students or Supervisees.

Marriage and family therapists do not provide therapy to current students or supervisees.

4.3 Sexual Intimacy with Students or Supervisees.

Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee.

4.4 Oversight of Supervisee Competence.

Marriage and family therapists do not permit students or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.

4.5 Oversight of Supervisee Professionalism.

Marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.

4.6 Existing Relationship with Students or Supervisees

Marriage and family therapists are aware of their influential positions with respect to supervisees, and they avoid exploiting the trust and dependency of such persons. Supervisors, therefore, make every effort to avoid conditions and multiple relationships with supervisees that could impair professional judgment or increase the risk of exploitation. Examples of such relationships include, but are not limited to, business or close personal relationships with supervisees or the supervisee's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, supervisors document the appropriate precautions taken.

4.7 Confidentiality with Supervisees.

Marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law.

4.8 Payment for Supervision.

Marriage and family therapists providing clinical supervision shall not enter into financial arrangements with supervisees through deceptive or exploitative practices, nor shall marriage and family therapists providing clinical supervision exert undue influence over supervisees when establishing supervision fees. Marriage and family therapists shall also not engage in other exploitative practices of supervisees.

STANDARD V
RESEARCH AND PUBLICATION

Marriage and family therapists respect the dignity and protect the welfare of research participants, and are aware of applicable laws, regulations, and professional standards governing the conduct of research.

5.1 Institutional Approval.

When institutional approval is required, marriage and family therapists submit accurate information about their research proposals and obtain appropriate approval prior to conducting the research.

5. 2 Protection of Research Participants.

Marriage and family therapists are responsible for making careful examinations of ethical acceptability in planning research. To the extent that services to research participants may be compromised by participation in research, marriage and family therapists seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

5. 3 Informed Consent to Research.

Marriage and family therapists inform participants about the purpose of the research, expected length, and research procedures. They also inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate such as potential risks, discomforts, or adverse effects. Marriage and family therapists are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments which limit understanding and/or communication, or when participants are children. Marriage and family therapists inform participants about any potential research benefits, the limits of confidentiality, and whom to contact concerning questions about the research and their rights as research participants.

5.4 Right to Decline or Withdraw Participation.

Marriage and family therapists respect each participant's freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation. When offering inducements for research participation, marriage and family therapists make reasonable efforts to avoid offering inappropriate or excessive inducements when such inducements are likely to coerce participation.

5.5 Confidentiality of Research Data.

Information obtained about a research participant during the course of an investigation is confidential unless there is a waiver previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

5.6 Publication.

Marriage and family therapists do not fabricate research results. Marriage and family therapists disclose potential conflicts of interest and take authorship credit only for work they have performed or to which they have contributed. Publication credits accurately reflect the relative contributions of the individual involved.

5.7 Authorship of Student Work.

Marriage and family therapists do not accept or require authorship credit for a publication based from student's research, unless the marriage and family therapist made a substantial contribution beyond being a faculty advisor or research committee member. Co-authorship on student research should be determined in accordance with principles of fairness and justice.

5.8 Plagiarism.

Marriage and family therapists who are the authors of books or other materials that are published or distributed do not plagiarize or fail to cite persons to whom credit for original ideas or work is due.

5.9 Accuracy in Publication.

Marriage and family therapists who are authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the published materials are accurate and factual.

STANDARD VI
TECHNOLOGY-ASSISTED PROFESSIONAL SERVICES

Therapy, supervision, and other professional services engaged in by marriage and family therapists take place over an increasing number of technological platforms. There are great benefits and responsibilities inherent in both the traditional therapeutic and supervision contexts, as well as in the utilization of technologically-assisted professional services. This standard addresses basic ethical requirements of offering therapy, supervision, and related professional services using electronic means.

6.1 Technology Assisted Services.

Prior to commencing therapy or supervision services through electronic means (including but not limited to phone and Internet), marriage and family therapists ensure that they are compliant with all relevant laws for the delivery of such services. Additionally, marriage and family therapists must: (a) determine that technologically-assisted services or supervision are appropriate for clients or supervisees, considering professional, intellectual, emotional, and physical needs; (b) inform clients or supervisees of the potential risks and benefits associated with technologically-assisted services; (c) ensure the security of their communication medium; and (d) only commence electronic therapy or supervision after appropriate education, training, or supervised experience using the relevant technology.

6.2 Consent to Treat or Supervise.

Clients and supervisees, whether contracting for services as individuals, dyads, families, or groups, must be made aware of the risks and responsibilities associated with technology-assisted services. Therapists are to advise clients and supervisees in writing of these risks, and of both the therapist's and clients'/supervisees' responsibilities for minimizing such risks.

6.3 Confidentiality and Professional Responsibilities.

It is the therapist's or supervisor's responsibility to choose technological platforms that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

6.4 Technology and Documentation.

Therapists and supervisors are to ensure that all documentation containing identifying or otherwise sensitive information which is electronically stored and/or transferred is done using technology that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

6.5 Location of Services and Practice.

Therapists and supervisors follow all applicable laws regarding location of practice and services, and do not use technologically-assisted means for practicing outside of their allowed jurisdictions.

6.6 Training and Use of Current Technology.

Marriage and family therapists ensure that they are well trained and competent in the use of all chosen technology-assisted professional services. Careful choices of audio, video, and other options are made in order to optimize quality and security of services, and to adhere to standards of best practices for technology-assisted services. Furthermore, such choices of technology are to be suitably advanced and current so as to best serve the professional needs of clients and supervisees.

STANDARD VII
PROFESSIONAL EVALUATIONS

Marriage and family therapists aspire to the highest of standards in providing testimony in various contexts within the legal system.

7.1 Performance of Forensic Services.

Marriage and family therapists may perform forensic services which may include interviews, consultations, evaluations, reports, and assessments both formal and informal, in keeping with applicable laws and competencies.

7.2 Testimony in Legal Proceedings

Marriage and family therapists who provide expert or fact witness testimony in legal proceedings avoid misleading judgments, base conclusions and opinions on appropriate data, and avoid inaccuracies insofar as possible. When offering testimony, as marriage and family therapy experts, they shall strive to be accurate, objective, fair, and independent.

7.3 Competence.

Marriage and family therapists demonstrate competence via education and experience in providing testimony in legal systems.

7.4 Informed Consent.

Marriage and family therapists provide written notice and make reasonable efforts to obtain written consents of persons who are the subject(s) of evaluations and inform clients about the evaluation process, use of information and recommendations, financial arrangements, and the role of the therapist within the legal system.

7.5 Avoiding Conflicts.

Clear distinctions are made between therapy and evaluations. Marriage and family therapists avoid conflict in roles in legal proceedings wherever possible and disclose potential conflicts. As therapy begins, marriage and family therapists clarify roles and the extent of confidentiality when legal systems are involved.

7.6 Avoiding Dual Roles.

Marriage and family therapists avoid providing therapy to clients for whom the therapist has provided a forensic evaluation and avoid providing evaluations for those who are clients, unless otherwise mandated by legal systems.

7.7 Separation of Custody Evaluation from Therapy.

Marriage and family therapists avoid conflicts of interest in treating minors or adults involved in custody or visitation actions by not performing evaluations for custody, residence, or visitation of the minor. Marriage and family therapists who treat minors may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective as a treating marriage and family therapist, so long as the marriage and family therapist obtains appropriate consents to release information.

7.8 Professional Opinions.

Marriage and family therapists who provide forensic evaluations avoid offering professional opinions about persons they have not directly interviewed. Marriage and family therapists declare the limits of their competencies and information.

7.9 Changes in Service.

Clients are informed if changes in the role of provision of services of marriage and family therapy occur and/or are mandated by a legal system.

7.10 Familiarity with Rules.

Marriage and family therapists who provide forensic evaluations are familiar with judicial and/or administrative rules prescribing their roles.

STANDARD VIII
FINANCIAL ARRANGEMENTS

Marriage and family therapists make financial arrangements with clients, third-party payors, and supervisees that are reasonably understandable and conform to accepted professional practices.

8.1 Financial Integrity.

Marriage and family therapists do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals. Fee-for-service arrangements are not prohibited.

8.2 Disclosure of Financial Policies.

Prior to entering into the therapeutic or supervisory relationship, marriage and family therapists clearly disclose and explain to clients and supervisees: (a) all financial arrangements and fees related to professional services, including charges for canceled or missed appointments; (b) the use of collection agencies or legal measures for nonpayment; and (c) the procedure for obtaining payment from the client, to the extent allowed by law, if payment is denied by the third-party payor. Once services have begun, therapists provide reasonable notice of any changes in fees or other charges.

8.3 Notice of Payment Recovery Procedures.

Marriage and family therapists give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, therapists will not disclose clinical information.

8.4 Truthful Representation of Services.

Marriage and family therapists represent facts truthfully to clients, third-party payors, and supervisees regarding services rendered.

8.5 Bartering.

Marriage and family therapists ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if: (a) the supervisee or client requests it; (b) the relationship is not exploitative; (c) the professional relationship is not distorted; and (d) a clear written contract is established.

8.6 Withholding Records for Non-Payment.

Marriage and family therapists may not withhold records under their immediate control that are requested and needed for a client's treatment solely because payment has not been received for past services, except as otherwise provided by law.

STANDARD IX
ADVERTISING

Marriage and family therapists engage in appropriate informational activities, including those that enable the public, referral sources, or others to choose professional services on an informed basis.

9.1 Accurate Professional Representation.

Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy in accordance with applicable law.

9.2 Promotional Materials.

Marriage and family therapists ensure that advertisements and publications in any media are true, accurate, and in accordance with applicable law.

9.3 Professional Affiliations.

Marriage and family therapists do not hold themselves out as being partners or associates of a firm if they are not.

9.4 Professional Identification.

Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.

9.5 Educational Credentials.

Marriage and family therapists claim degrees for their clinical services only if those degrees demonstrate training and education in marriage and family therapy or related fields.

9.6 Employee or Supervisee Qualifications.

Marriage and family therapists make certain that the qualifications of their employees and supervisees are represented in a manner that is true, accurate, and in accordance with applicable law.

9.7 Specialization.

Marriage and family therapists represent themselves as providing specialized services only after taking reasonable steps to ensure the competence of their work and to protect clients, supervisees, and others from harm.

9.8 Correction of Misinformation.

Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.

Legal and Ethics Consultations

Your membership in AAMFT allows you access to various member benefits, including consultations with AAMFT's legal and ethics staff. All members of AAMFT are eligible to receive Ethical Advisory Opinions. Members in the following AAMFT membership categories are eligible for Legal Consultations: Associate, Member, Pre-Clinical Fellow, and Clinical Fellow.

Appendix H

National Examination and Licensure

National Licensing Examination

For licensure, you must pass the National Licensing Exam. If you will be licensed in Nebraska, we recommend that you take the exam as soon after your graduation as you can. (Please check with the state in which you are seeking licensure to determine when you can take the exam for licensure in that state). The program has purchased National Licensing Exam study materials that you can check out. These are located in the student work room. Also, the National Exam's Candidate's Handbook includes all public domain information about the content of the exam, and is available at www.amftrb.org. It is a very useful structure for review and study. We also recommend the practice exam offered by AMFTRB (Association of Marital and Family Therapy Regulatory Boards). It's comprised of "retired" items from the exam, very affordable, and offers candidates a feel for the computer based testing format. It's also available through the AMFTRB website.

Licensing

Mental health practice requires state licensure. Because each state has unique licensing requirements that can change, we ***strongly*** suggest early in your program you become familiar with the licensing requirements of the state in which you plan to practice. It is each student's responsibility to ensure that they are familiar with the licensure requirements in the state in which the plan to practice. The AAMFT keeps current a list of state licensure boards on their web site at www.aamft.org.

A 2017 review of state licensure requirements revealed that the UNL MFT program curriculum meets the licensure requirements for 49 of the 50 United States. The AMFTRB also publishes information about state licensure requirements. This information can be accessed at www.amftrb.org (State Licensure Comparison Chart). According to the 2017 review of state licensure requirements, additional coursework would need to be taken to meet the licensure requirements of California. These additional requirements are listed below:

1) California
    - A two semester or three quarter unit course in California law and professional ethics for marriage, family, and child counselors
    - A minimum of seven contact hours of training or coursework in child abuse assessment and reporting
    - A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency as specified by regulation
    - A minimum of 10 contact hours of training or coursework in sexuality
    - A minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment detection, and intervention strategies
    - A minimum of a two semester or three quarter unit survey course in psychological testing
    - A minimum of a two semester or three quarter unit survey course in psychopharmacology
    - A minimum of 10 contact hours of coursework in aging and long-term care, which could include, but is not limited to, the biological, social, and psychological aspects of aging

Appendix I

Examples of M.S. Options I, II and III

Policies

Always refer to the Graduate Studies website (www.unl.edu/gradstudies) for the policies and procedures of the each option. You must follow deadlines and criteria for graduation that is established by grad studies

This section is merely to give you examples of what some other students have done in the past and some helpful ideas for how to determine the focus of your choice.

Which option do I choose?

Work with your advisor to choose an option that will most effectively prepare you for your professional goals. Make the decision based on your next professional step. Your advisor will help you with knowing what that is. The following is a description of each and some examples of what other students have done.

Option I: Thesis

Option I is typically chosen by students who intend on pursuing a career in research. Your thesis would be a foundational research experience that will enable you to pursue further research endeavors, especially during your doctoral education. Students must complete an advanced statistics or qualitative research course plus 6 hours of thesis credits. Examples of thesis topics include the impact of language on engagement of Latino clients in family therapy, Paternal leave after the birth of a child, step parenting, collaborative health care, psychopathology of high users of medical services, cultural competence in MFT, effectiveness of distance therapy, etc.

Option II: Minor

Option II requires students to satisfactorily complete the 42 credits of required coursework plus an approved minor of no less than 9 credits. Minor courses must be taken from Departments outside of Child, Youth and Family Studies. Students choosing Option II will complete a minimum of 51 credits to be eligible for graduation. Students should consult with their academic advisor in selecting a minor which complements their career goals. Examples of minors commonly completed by students include Educational Psychology and Communication Studies. Other minors may include but are not limited to Gerontology, Business Administration, Psychology, Sociology, Biological Sciences, etc.

Option III: Intensive Work

Option III is an intensive work project for students who are interested in pursuing clinical specializations. While many directions are possible the most common for our students is the Medical Family Therapy Certificate.

Students must apply and be admitted into the certificate program; which occurs in early June (the end of your first year). Upon admittance, students must complete three courses (9 credits) offered at the University of Nebraska Medical Center, Department of Internal Medicine. These courses include: IMed 752: Theory and Practice of Medical Family Therapy; IMed 753: Families, Health, and Illness; and IMed 754: Applied Medical Family Therapy. In addition, students accepted into this program will need to be assigned an internship site that is medically related, and allows you to practice collaboratively with physicians and other allied health professional.

Appendix J

Evaluation of Clinical Competencies

A formative evaluation of student learning outcomes and clinical competency is conducted at the end of the Fall, Spring, and Summer Semesters in CYAF 997: Practicum in Family Therapy. The instrument identified in this appendix, the Evaluation of Clinical Competencies, facilitates these formative evaluations. This evaluation is administered via LiveText to off-site supervisors, practicum instructors, and students during each of their 997 Practicum Courses. Students must complete a self-assessment of their own clinical work utilizing the Evaluation of Clinical Competencies by the deadline as specified in the 997 syllabus.

A summative evaluation of student clinical work is conducted at the end of the Summer term, prior to graduation, in CYAF 997: Practicum in Family Therapy by utilizing this document and the data it garners throughout the student's time in clinical practica.