

THE

MASTER OF ARTS IN
MARRIAGE AND FAMILY THERAPY DEGREE PROGRAM

AT

LOUISVILLE PRESBYTERIAN THEOLOGICAL SEMINARY

(Revised August 2022)

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Louisville Presbyterian Theological Seminary

MASTER OF ARTS DEGREE IN MARRIAGE AND FAMILY THERAPY

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

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

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

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

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

Admission Requirements

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

Transfer of Credit Policy for the MFT Program

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

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

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

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

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

Program Goals (Standard 12.5)

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

Student Learning Outcomes (Standard 12.5)

- SLO 1 Graduating students will be able to flexibly conduct evidence-based, systemic therapy with individuals, couples and families that meets entry level professional standards in both face to face and telehealth contexts.
- SLO 2 Graduating students will demonstrate a broad knowledge of systemic theory and MFT treatment models and flexibly apply these in evidence-based practice in face-to-face and telehealth contexts.
- SLO 3 Graduating students will be able to think ethically and make appropriate clinical ethical decisions.
- SLO4 Graduating students will be able to use a multi-contextual, antiracist approach to Marriage and Family Therapy that attends to religious, cultural, racial, economic, gender, and sexual orientation diversity and intersectional contexts in client, client-therapist, supervisory, and broader social systems.
- SLO 5 Graduating students will be able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy.
- SLO 6 Graduating students will be able to apply an ethical framework, including but not limited to the AAMFT Code of Ethics, to make appropriate decisions in therapy, advocacy, service and public participation.

COAMFTE Developmental Competencies

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

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

This framework is intended to encompass historical, current, and future elements of MFT professional identity and practice, and to organize student learning outcomes expected of a graduate of the COAMFTE Accredited program.”¹

ACCREDITATION AND PROFESSIONAL AFFILIATION

The MFT Program is accredited by The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the American Association for Marriage and Family Therapy (AAMFT). Students, clinical supervisors, and academic faculty in the MFT Program are expected

¹ COAMFTE Standards, Version 12.5, p. 36.

to assent to and abide by the AAMFT Code of Ethics. Violation of these ethics may result in disciplinary action and dismissal from the Program.

American Association for Marriage and Family Therapy (AAMFT)

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

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

The American Association for Marriage and Family Therapy

Telephone: (703) 838-9808

E-mail: memberservice@aamft.org

Fax: (703) 838-9805

Web: www.aamft.org

LIABILITY INSURANCE

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

EDUCATIONAL REQUIREMENTS OF THE MFT PROGRAM

MAMFT Degree Portability

Applicants to the MAMFT Program are advised to compare and identify similarities and differences between Kentucky licensure qualifications and license regulations in the state or province in which they intend to be licensed. Licensure regulations for all states can be accessed at https://www.aamft.org/Directories/MFT_Licensing_Boards.aspx. Prior to admission, applicants will be required to acknowledge with signature their understanding that there may be potential differences in licensing regulations across states and provinces. Individuals accepted for admission to the MAMFT Program will work closely with an academic advisor to review license regulations and plan a course of study to account for regulatory differences between Kentucky and another state or province in which the student plans to be licensed.

Progressing Through the Program

Students begin the MFT program by taking foundational courses central to forming a beginning theoretical platform to begin clinical training. First year courses ordinarily include: Theoretical Foundations of Family Therapy (PC 3043), Human Growth and Transformation (PC 4083), Psychopathology (PC 3223), Introduction to Scripture for MFT Students (BI 1103), and Ethics and Professional Issues in MFT (PC 3053). Students begin the application component in the first semester, concurrent with didactic courses. This strategy emphasizes the Program's dedication to integrating skills, theory and spirituality/theology. First semester students begin the application component by taking Practicum 1: Beginning MFT Practice (PC 4413) and Introduction to Teletherapy (PC 4401) in preparation for a more intensive clinical experience in Practicum 2. Most students will begin work with actual clients late in the Fall semester of the first year, contingent on demonstrating readiness for supervised practice in Practicum 1 and Teletherapy. Second year students will continue in Practicum 2 and complete 300 hours of clinical work under supervision, MFT Research (PC 2813), Integrational Studies and other theory or practice courses. By the end of Practicum 2, students will demonstrate foundational proficiency in all Developmental Competency Components. Some students may opt to take Practicum 3 to meet license regulations in another state, to enhance specific competencies, or explore new models or modes of therapy. The final semester in the program consists of preparation for the Senior Integrative Experience and Exit Examination, along with completing all clinical and administrative details necessary for graduation.

Some Practicum Specifics:

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

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

MFT Practicum 3/Internship is an advanced elective. Enrollment requires that a student has passed all foundational Student Learning Outcomes and Developmental Competencies as demonstrated by the Practicum 2 final evaluation. As outlined in the Practicum 3/Internship syllabus, students will establish a learning contract with their supervisor that includes relational/systemic supervision with specific goals related to Student Learning Outcomes and Developmental Competency Components.

Academic Requirements

The Master of Arts in Marriage and Family Therapy degree requires 70 hours of academic study. With guidance from their academic advisor and careful course management, some students may complete the program in 2.5 years. The maximum length of time in the program is 6 years.

Of the 70 hours of academic study, 15 hours will be in Integrational Studies which will include courses in Bible, Theology, and reflection/integration experiences designed to provide a foundation for integrational discourse and tools for exploring one's own spiritual and theological tradition. The remaining hours are distributed over areas of study required to meet Program Goals, Student Learning Outcomes and COAMFTE Foundational Curriculum requirements. To graduate, students must complete all academic courses with a 2.5 cumulative grade point average, and pass the Exit Examination and Senior Integration Experience.

**Marriage and Family Therapy Standard Curriculum
(Revised July 2021)**

Theoretical Knowledge: 9 hours

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

Clinical Knowledge: 22 hours

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

Human Development: 6 hours

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

Ethics and Professional Issues: 3 hours

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

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

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

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

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

Graduation Competency Assessment

PC 500-0	Senior Integration Experience (Prerequisite: Successful completion of Practicum 2)
PC 501-0	MFT Exit Examination

Total Hours: 70

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

Clinical Requirements

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

- Successful completion of Practicum courses by demonstrating that Developmental Competencies required by syllabi are met.
- Successful completion of a minimum of 300 direct client contact hours, of which 100 are relational hours, and a minimum of 100 hours of MFT relational/systemic supervision.
- Appropriate management of clinical records, including closure or transferring of all client relationships and records when closing practice at Louisville Seminary Counseling Center.

APA Style

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

Student Technology Requirements

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

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

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

Graduation Competency Assessments

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

Personal Therapy Requirement

The Master of Arts in Marriage and Family Therapy Program requires all students seeing clients to engage in personal therapy. This requirement is based upon the belief that psychotherapy is

a vital component of the training and growth of psychotherapists, and that it is the professional responsibility of every therapist to identify, address, and work through personal issues that may have an impact on clinical interactions with future clients.

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

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

Self-Development

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

Pastoral and Spiritual Formation

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

- Students will register for and participate in a formation/reflection group in the second year of the program. In the third year, students are expected to continue formational work through group supervision.
- Students will be encouraged toward creative engagement with their own faith traditions, faith groups, or denominations and local congregations.
- Students will be expected to examine their faith traditions and personal spirituality as a fundamental dimension of life which impacts and interacts with their work in counseling.

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

CONCENTRATION IN BLACK CHURCH STUDIES

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

DUAL DEGREE OPPORTUNITIES

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

SEMINARY POLICIES

Diversity in the MFT Program

In creating community, the Marriage and Family Therapy Program strives for a diverse student body, faculty and staff that mirrors the society out of which it arises while challenging the prevailing hegemonic paradigm. We acknowledge the failings of this program and institution, and the academy in general. As expressed by the Seminary’s Quality Enhancement Project, titled “Forming Students for the Work of Anti-Racism” (<https://sacscoc.org/app/uploads/2021/07/Louisville-Presbyterian-Theological-Seminary-QEP-Executive-Summary.pdf>), we strive for justice and equality in the educational milieu and continuously reaffirm our commitment to be agents of change. To this end, we welcome persons from all communities and strive as a collective to uncover, name and resist institutional and individual acts, processes, and structures that discourage inclusion and undermine equity in shared life. We believe that we are made stronger through the inclusion of unheard voices and

stories while at the same time, inviting the privileged to listen for the voices of those who have been and continue to be disenfranchised.

Therefore, we join with COAMFTE and acknowledge the importance of inclusive hiring and admissions practices, construction of program policies, and procedures throughout the program that recognize human dignity and define diversity as being inclusive of race, age, gender, ethnicity, sexual orientation, relationship status, gender identity, socioeconomic status, disability, health status, religious or spiritual belief, religious or spiritual affiliation and national origin. It is the policy of the Marriage and Family Therapy Program at Louisville Presbyterian Theological Seminary to:

- Strive for a diverse student body and faculty including instructors, supervisors, other relevant educators, and professional staff.
- Embody antiracism commitments, policies and practices.
- Document our diversity and inclusion policies.
- Publish material regarding the diversity composition of our students, faculty, and supervisors, unless doing so would be prohibited by law.
- Reject discrimination on the basis of race, age, gender, ethnicity, sexual ^{[[SEP]]}orientation, relationship status, gender identity, socioeconomic status, disability, health status, religious or spiritual belief, religious or spiritual affiliation or national origin in any of our activities or policies relating to students, faculty, including instructors, supervisors, other relevant educators and professional staff.
- Comply with applicable state and federal nondiscrimination laws and regulations.

Diversity Demonstration Charts

The charts below provide a demonstration of the diversity of students, faculty and staff within the MFT Program during the years listed.

Type/Academic Year	Total #	Gender			Age	
		M	F	Trans/Non-Binary	Youngest	Oldest
Students						
2021-2022	34	9	24	1	22	56
2020-2021	34	6	27	1	22	55
2019-2020	32	5	26	1	24	67
2018-2019	25	5	20		23	66
Faculty						
2021-2022	3	1	2			
2020-2021	4	1	3			
2019-2020	3	1	2			
2018-2019	3	1	2			

Program Clinical Supervisors						
2021-2022	10	2	8			
2020-2021	10	2	8			
2019-2020	9	2	7			
2018-2019	9	5	4			

Type/Academic Year	Total #	Ethnicity					
		NR	AA	W	L/H	AS	Multi
Students							
2021-2022	34	2	10	19	1		2
2020-2021	34	1	12	20			1
2019-2020	32		10	21			1
2018-2019	25		5	20			
Faculty							
2021-2022	3			3			
2020-2021	4		1	3			
2019-2020	3		1	2			
2018-2019	3		1	2			
Program Clinical Supervisors							
2021-2022	10		2	8			
2020-2021	10		3	7			
2019-2020	9		3	6			
2018-2019	9		2	7			

* Non-resident/International student

Use of Inclusive Language

In accordance with seminary policy, students are to use inclusive language in class discussions and in written and oral communication by using language representative of the whole human community in respect to gender, sexual orientation, ethnicity, age, and physical and intellectual capacities. Direct quotations from theological texts and translations of the Bible do not have to be altered to conform to this policy. In your own writing, however, when referring to God, you are encouraged to use a variety of images and metaphors, reflecting the richness of the Bible's images for God. More discussion about inclusive language can be accessed from the Academic Support Center and from the section of the LPTS web site with information for current students. Additional information is also presented in the [LPTS Student Handbook, pg. 17](https://www.lpts.edu/assets/documents/guides/student-handbook-2020-21.pdf) (<https://www.lpts.edu/assets/documents/guides/student-handbook-2020-21.pdf>).

Policy Regarding Students with Learning Differences

Students requiring accommodations for a documented physical or learning disability should be in contact with the Director of the Academic Support Center during the first two weeks of a semester (or before the semester begins) and should speak with the instructor as soon as possible to arrange appropriate adjustments. Students with environmental or other sensitivities that may affect their learning are also encouraged to speak with the instructor. (See LPTS Student Handbook, *Policy Regarding Students with Learning Differences*, pg. 49 for additional information.)

Students with complaints regarding disability issues should follow the policy for dealing with complaints and grievances as described in the "Student Code of Conduct," LPTS Governance Manual, Sections 1.4.2, & 4.1, pgs. 22-24).

Policy on Sexual Assault and Harassment

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

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

Any aggrieved person, student, or employee is encouraged to share his or her concerns directly with the individuals with whom he or she has disagreements in congruence with the "Guidelines for Louisville Seminary during Times of Disagreement." (See Section I Appendix)

If this does not resolve the problem, or if there is some impediment to this approach, the aggrieved person is encouraged to file a complaint of sexual harassment with either of two people designated by the President of the Seminary. Whichever of these individuals first hears the complaint will contact the other designated individual and they will, together, in consultation with the President, choose a third person to serve on an investigative panel to investigate the charge. In appointing the investigating panel, the status and gender of parties to a complaint shall be taken into account along with any preferences or concerns as to composition expressed by any party to a complaint. The President shall inform the investigating panel of any past history of similar problems with any party to a complaint and of any other information that may be relevant to its investigation. Confidentiality shall be maintained to the fullest extent possible.

After considering all of the facts and circumstances, the investigating panel shall submit a written recommendation to the President and to the parties involved as to what action, if any, should be taken. Unless an appeal of the recommendations of the investigating panel is made to the President, the recommendation of the panel shall become final. If any party to the complaint is not satisfied with the action recommended, that person may appeal in writing within seven (7) days the decision to the President, who shall consult with the Executive Committee of the Board of Trustees to determine a final decision. Within a week from the date of the appeal, the President shall submit a written recommendation as to what action will be taken. Confidentiality shall also be maintained to the fullest extent possible during any appeal. (See also LPTS Student Handbook, pg. 46-47)

Complaints, Concerns, and Grievances

The MFT Program follows the Seminary's policy for managing complaints, concerns and formal grievances. The Seminary Governance Manual states a "strong preference for informal resolution of disputes which is expressed in the document, "Seeking to be Faithful Together: Guidelines for Louisville Seminary during Times of Disagreement," which contains suggestions about how disputes may be resolved informally. (See Section I Appendix; additional information can be found in the LPTS Governance Manual, Section 5, pg. 13.) It is that document, rather than the Code of Student Conduct, (pp 15 ff), which embodies the ethos of the Seminary community. "...It is the strong preference of the seminary community that this Code [of conduct] be used only as a last resort, after sincere efforts at informal resolution have failed." (pp. 15) Consistent with this policy, student complaints or concerns about student colleagues would first be expressed to the involved parties for informal resolution. Complaints or concerns about classes and the MFT Program would first be expressed to faculty members, the Clinical Director or Program Director for informal resolution. Should informal resolution fail, complaints and concerns would be expressed to the Program Director for further action or referral to the Office of the Dean of Community Life.

Formal student grievance procedures are described in the "Student Code of Conduct," LPTS Governance Manual, Section 4.1, pgs. 22-24).

MFT PROGRAM EVALUATION POLICY AND PROCEDURES

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

- At an individual level, data is used to show that students meet requirement for Student Learning Outcomes and COAMFTE Developmental Competencies and LPTS-specific competencies. Data is gathered through rubrics and evaluations. This data shows that

students are making appropriate progress toward Student Learning Outcomes and competencies.

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

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

GUIDANCE AND EVALUATION: An Overview

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

1. Each applicant's performance at the time of initial interviewing for acceptance is discussed by MFT Screening Interview Team in making the selection of each entering class.
2. Each MFT student will be assigned an academic advisor from the MFT teaching faculty who will meet with the student during each semester of study to review that student's progress and plan for the academic period ahead. This advisor will remain available to the student throughout his or her course of study and shall meet formally a minimum of two times each academic year.
3. Evaluation of academic performance is reflected in class grades and rubrics which demonstrate a student has met all Student Learning Outcomes and COAMFTE Developmental Competencies related to the course. This evaluation is established by the Marriage and Family Therapy Program and Seminary policies (c.f., Faculty Handbook) and is implemented in each course by individual instructors.
4. **Practicum Evaluation Policy.** All Practicum evaluations are based on competencies and learning outcomes described in each Practicum syllabus. As described in the syllabus for Practicum 2, a clinical and administrative evaluation is completed at the end of each semester. The evaluation is performed by the student's primary clinical supervisor in collaboration with the MFT faculty, the student's group supervisor, Clinical Director, and MFT Administrative Assistant. Clinical Supervisors will review individual Clinical Evaluation results with their supervisees within the context of supervision. In addition to semester evaluations, interim student progress is reviewed by the Clinical Staff² in regular twice-monthly meetings.
5. **Practicum Evaluation Process (Practicum 2).**
 - a. Prior to semester review dates, the following rubrics will be completed:
 - i. The **Clinical Supervisor** will complete sections 1-4 of the **Clinical & Administrative Evaluation**.
 - ii. Students will complete the **Student Self Evaluation rubric**, review it with their Clinical Supervisor, and submit it to the MFT Office.
 - b. At the first and third semester reviews, the student and their Clinical Supervisor will review the progress of the student in Practicum 2. The evaluation forms will be signed and submitted to the MFT Administrative Assistant for entering into the student's MFT file.

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

- c. At the second semester and final semester reviews, a Clinical Staff meeting is designated for Practicum evaluations. The Clinical Staff as a whole will review each student's progress using the rubrics noted in 5.a. above.
 - d. The Clinical Supervisor will review the Clinical & Administrative Evaluation with the student. After the student has reviewed and signed the evaluation, the evaluation is submitted to the MFT Administrative Assistant and entered into the student's MFT file.
 - e. Based on the final Clinical staff review of student progress, a pass/fail grade determination will be made. The grade will be forwarded to the Registrar by the MFT Administrative Assistant.
6. The SIE is a capstone project that demonstrates culmination of the integration of clinical and theological work and indicates that the student is clinically prepared for graduation and entry-level professional practice as a marriage and family therapist (see instructions for the SIE in Section IV of the MFT Program Manual). The SIE Committee may determine by vote or consensus that a student's SIE receives: (1) Full Approval, (2) Conditional Approval, or (3) Not Approved.
 7. Special clinical consultations or evaluations may be requested by the student, faculty, or clinical supervisor at any time during the course of study at Louisville Seminary. The purpose of such consultations will be clearly defined, documented, and include specific recommendations from the Clinical Staff for the student, supervisor, or faculty.
 8. During the third year, student must pass the MFT Program's Exit Examination. This examination demonstrates that the student has mastered the fundamental body of theoretical and practical knowledge required to pass the national MFT licensing examination and function as an entry-level marriage and family therapist.

FOLLOWING GRADUATION FROM THE MARRIAGE AND FAMILY THERAPY PROGRAM

Kentucky State Licensure and Employment

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

Marriage and Family Therapists with Associate status work under supervision of a Kentucky Board Approved Marriage and Family Therapy Supervisor. Requirements for licensure as a MFT

in Kentucky can be found at www.MFT.KY.gov. In addition to passing the national licensure exam, Associates are required to obtain a minimum of 1,000 clinical hours and 200 supervision hours over a two-to five-year period.

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

Professional Membership

American Association for Marriage and Family Therapy (AAMFT)

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

CONTINUATION IN THE MFT PROGRAM

- Seminary policy requires students to maintain a cumulative GPA of 2.5 or above in academic work.
 1. “When a student’s grade point average in any semester falls below the “B-” level (2.68), whether this leads to academic probation or not, a conference with his or her Faculty Advisor becomes mandatory. A brief summary of that conference will be prepared, signed by both student and advisor, and filed with the Dean of the Seminary in the student’s confidential file. Further consultation may be required, as directed by the Faculty Handbook.” (See 2021-2022 LPTS Catalogue on-line, pg. 120; <https://www.lpts.edu/assets/documents/catalog/2021-2022-catalog.pdf>)
 2. “Students are placed on probation if they fall behind on pace, maximum time frame or if their cumulative grade point average falls below 2.5 on a 4.0 scale. A student on probation will not be permitted to register for more than nine credit hours per semester and is required to have an academic plan while on probation. Academic probation is removed when satisfactory academic progress is met. Students will be granted no more than two semesters of probation, and failure to remove probation results in loss of candidacy and separation from the Seminary.

“Students who are enrolled in the Master of Arts in Marriage and Family Therapy degree program and who are placed on academic probation will meet with a faculty review committee to determine whether they will be allowed to begin or continue to

participate in Practicum while on probation.” (2021-2022 LPTS Catalogue on-line, pg. 120-121; <https://www.lpts.edu/assets/documents/catalog/2021-2022-catalog.pdf>)

- Students must pass each Practicum course and meet all associated learning outcomes and Developmental Competencies to continue in the MFT Program.
 1. All Practicum courses are Pass/Fail. Course requirements, student Learning Outcomes, associated Developmental Competencies, scoring criteria and course requirements are contained in individual Practicum syllabi. Assessment of student progress toward learning outcomes and competencies at mid-term and final evaluation is a collaborative process that includes student self-evaluation, evaluation by the dyad supervisor, input from the group supervisor and review of all data by the Clinical Staff. A student receiving one or more scores of “Does Not Meet Expectations” at mid-Practicum review will work with their supervisor to develop a supervision plan specifically directed toward meeting competency requirements prior to final Practicum Evaluation.
 2. A student assessed as failing to meet learning outcomes and Developmental Competency Components in any Practicum final evaluation will receive a failing grade in the Practicum. If a student receives a failing Practicum Evaluation in Practicum 1 or 2, the course may be repeated one time. The student will bear the tuition cost for repeating the class. Clinical and supervision hours accumulated in a failed practicum will not be applied to the student’s repeat of a Practicum course or toward graduation.
 3. Remediation:
 - a. A student who has difficulty meeting expectations academically will be referred to their academic advisor and Academic Support Center to assess the student’s academic progress and, if needed, develop a plan to meet academic expectations.
 - b. At times, a student’s self-report, their supervisor’s observations, or semester evaluation indicate that a student is making less than expected progress toward SLOs and Developmental Competencies. The student, supervisor and Clinical Director will assess clinical progress and, if needed, develop a plan to help the student meet clinical expectations.
 - c. Remedial actions are meant to provide students with resources to meet the academic and clinical expectations of the MFT Program. Continuation in the program remains contingent upon students earning passing grades as described above.
- The Clinical Director may suspend a student’s clinical practice immediately if that student displays unethical professional conduct, violations of the AAMFT Code of Ethics, or fails to comply with the policies, procedures and expectations of the MFT Program or seminary as described in the Program’s manuals. The Clinical Director will call a committee comprised of the MFT Program Director, the student’s clinical supervisor, and the student’s academic advisor to report concern and determine response.

- The MFT Program Director may initiate immediate action for dismissal from the MFT Program any time a student displays unethical professional conduct, violations of the AAMFT Code of Ethics, or failure to comply with the policies, procedures and expectations of the MFT Program or seminary as described in the Program's manuals. Procedures for dismissal in these circumstances will comply with Seminary policy (See "Student Code of Conduct," LPTS Governance Manual, Section 4.1, pgs. 22-24).

Revised 7/2021

Section I Appendix

MAMFT Degree Worksheet

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

“Seeking to be Faithful Together: Guidelines for Louisville Seminary During Times of Disagreement”

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

MAMFT Worksheet (2022-2023)

Course Number	Course Name	Hours
Theoretical Knowledge		
PC 304-3	Theoretical Foundations of Family Therapy (A-1st Year Fall)**	3
PC 308-3	Theories of Change (A-3rd Year Fall)	3
PC 317-3	Race, Culture, and Gender in Clinical Practice (B)	3
Clinical Knowledge		
PC 322-3	Psychopathology (A-1st Year Spring)	3
PC 303-3	Couples Therapy: Theory & Practice (B-Year 1 or 2)	3
PC 243-3	Treatment of Addictions (B)	3
PC 223-3	Trauma/Abuse (B)	3
PC 440-1	Introduction to Teletherapy	1
PC 441-3	Practicum 1: Beginning MFT Practice (A-1st Year Fall)**	3
PC 442-3	Practicum 2 (Begins Jan of 1 st yr)	3
SM 1211/2	Year 2 Spiritual Integration in Clinical Practice	3
Human Development		
PC 408-3	Human Growth & Transformation (B)	3
PC 307-3	Human Sexuality (A-Year 1 or 2)	3
Ethics and Professional Issues		
PC 305-3	Professional Issues & Ethics in MFT (B-Year 1 or 2)	3
MFT Research		
PC 281-3	Marriage & Family Therapy Research (B-Year 1 or 2)	3
Integrational Studies		
SM 1101/SM1102	Theological Reflection Groups (A-Year 1 Fall and Spring)	3
BI 1103	Introduction to Scripture for MFT (B-Year 1 or 2)	3
TH 110-3	Systematic Theology (A-Year 1)	3
	Christian Ministry in Religious Diversity course	3
	Black Church Studies Course	3
Electives (and Practicum 3 as Needed)		
	Free Electives	7
PC 443-3	Practicum 3 Internship or Elective	3
Graduation Competency Assessment		
PC 501-0	MFT Exit Examination	0
PC 500-1	Senior Integration Experience (in Practicum 3)	0

July 2021

Total Hours: 70

MFT Program Outcome Based Education Framework for Student Achievement

LPTS Mission: *Led by the Holy Spirit, Louisville Presbyterian Theological Seminary educates people to proclaim the Gospel, to care for all, and to work for justice in communities everywhere.*

MFT Program Mission: *The mission of the Marriage and Family Therapy Program is to educate persons with theological or spiritual commitments to become marriage and family therapists competent to practice in a diverse, multicultural and interfaith world.*

Program Goals	Student Learning Outcomes	Target and Measure	Developmental Competency Components
<p>Program Goal 1: To graduate students prepared with clinical, theoretical, and ethical tools to provide systemic individual, couple, and family therapy as entry-level professional MFT practitioners.</p>	<p>SLO 1: Graduating students will be able to flexibly conduct evidence-based, systemic therapy with individuals, couples and families that meets entry level professional standards in both face to face and telehealth contexts.</p>	<p align="center">Formative Assessment:</p> <ul style="list-style-type: none"> • 80% of students will score “Meets Expectations” on PC 4423 second semester practicum rubric, sections I and II. • 80% of students will score 70 or better on the final examination for PC 4401, Introduction to Telehealth. <p align="center">Summative Assessment:</p> <ul style="list-style-type: none"> • 80% of graduating students will score “Meets Expectations” on sections I, II, III, V of the SIE rubric (which includes telehealth evaluation). • 80% of graduating students will score 70 or higher on Exit Examination Domains 1, 2, 4, 5. 	<ul style="list-style-type: none"> • Knowledge of the MFT profession. • Practice of relational/systemic therapy as a qualified behavioral/mental health provider. • Commitment to ethical practice through ethical codes of the MFT profession and pertinent regulatory bodies.
<p>(Program Goal 1 Continued)</p>	<p>SLO 2: Graduating students will demonstrate a broad knowledge of systemic theory and MFT treatment models and flexibly apply these in evidence-based practice in face to face and telehealth contexts.</p>	<p align="center">Formative Assessment:</p> <ul style="list-style-type: none"> • 80% of students will score 70 or higher on final examination in PC 3043, Theoretical Foundations. • 80% of students will score “Meets Expectations” on sections I, II, III, V on PC 4423 second semester practicum rubric. <p align="center">Summative Assessment:</p> <ul style="list-style-type: none"> • 80% of students will receive a passing grade (70+) on the Exit Examination Domains 1, 2. • 80% of students will score “Meets Expectations” on SIE rubric section IV. 	<ul style="list-style-type: none"> • Knowledge of the MFT profession. • Practice of relational/systemic therapy as a qualified behavioral/mental health provider. • Development and application of research to further the knowledge and practice of the MFT profession.

<p>Program Goal 1 (Continued)</p>	<p>SLO # 3 Graduating students will be able to think ethically and make appropriate clinical ethical decisions.</p>	<p>Formative Assessment:</p> <ul style="list-style-type: none"> 80% of students will score 70 or above on PC 3053 Ethics, final examination. 80% of students will score “Meets Expectations” on PC 4423 second semester practicum rubric, section IV. <p>Summative Assessment:</p> <ul style="list-style-type: none"> 80% of graduating students will score “Meets Expectations” on SIE rubric, section IV. 80% of graduating students will score 70 or above on Exit Examination, Domain 6. 	<p>Commitment to ethical practice through ethical codes of the MFT profession and pertinent regulatory bodies.</p>
<p>Program Goal 2: To graduate students who demonstrate cultural competence and can provide individual, couple and family therapy with diverse clients.</p>	<p>SLO 4: Graduating students will be able to use a multi-contextual, antiracist approach to Marriage and Family Therapy that attends to religious, cultural, racial, economic, gender, and sexual orientation diversity and intersectional contexts in client, client-therapist, supervisory, and broader social systems.</p>	<p>Formative Assessment:</p> <ul style="list-style-type: none"> 80% of students will score 80 or above on the PT 3173, Gender, Race, Class Final Essay rubric. 80% of students will score “Meets Expectations” on PC 4423 second semester practicum rubric, Section III. <p>Summative Assessment:</p> <ul style="list-style-type: none"> 80% of graduating students will score “Meets Expectations” on the SIE rubric section III. 	<ul style="list-style-type: none"> Awareness, knowledge, and skill to responsibly serve diverse communities.
<p>Program Goal 3: To graduate students with an entry-level professional ability to reflect theologically and spiritually on their clinical practice in a multi-faith world.</p>	<p>SLO 5: Graduating students will be able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy.</p>	<p>Formative Assessment:</p> <p>80% of students will score “Meets Expectations” on sections VI, VII on PC 4423 second semester practicum rubric.</p> <p>Summative Assessment:</p> <p>80% of graduating students will score “Meets Expectations” on section VI and VII of the SIE rubric.</p>	<ul style="list-style-type: none"> Knowledge of the MFT profession. Practice of relational/systemic therapy as a qualified behavioral/mental health provider. Commitment to ethical practice through ethical codes of the MFT profession and pertinent regulatory bodies. Awareness, knowledge, and skill to responsibly serve diverse communities.

<p>Program Goal 4: To graduate students with ethical commitments to service, advocacy, antiracism, and public participation as an MFT.</p>	<p>SLO 6: Graduating students will be able to apply an ethical framework, including but not limited to the AAMFT Code of Ethics, to make appropriate decisions in therapy, advocacy, service, and public participation.</p>	<p>Formative Assessment: 80% of students will complete PC 3173 Gender, Race, and Class Final Essay with a score of 80 or higher.</p> <p>Summative Assessment:</p> <ul style="list-style-type: none"> • 80% of graduating students will score “Meets Expectations” on the SIE rubric, section IV. • 80% of graduating students will score 70 or above on the Exit Exam, Domain 6. 	<ul style="list-style-type: none"> • Commitment to ethical practice through ethical codes of the MFT profession and pertinent regulatory bodies. • Awareness, knowledge, and skill to responsibly serve diverse communities.
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Seeking to be Faithful Together:

Guidelines for Louisville Seminary During Times of disagreement*



Give them a hearing—listen before we answer

John 7:51
Proverbs 18:13

Speak the truth in love

Ephesians 4:15
Proverbs 12:18

Maintain the unity of the spirit in the bond of peace

Ephesians 4:3
Psalm 34:13-14



In a spirit of trust and love, we promise we will . . .

- 1** Treat each other respectfully so as to build trust, believing that we all desire to be faithful to Jesus the Christ;
 - we will keep our conversations and communications open for candid and forthright exchange;
 - we will not ask questions or make statements in a way that will intimidate or judge others.
- 2** Learn about various positions on the topic about which there is disagreement.
- 3** State what we think we heard and ask for clarification before responding, in an effort to be sure we understand each other.
- 4** Share our concerns directly with individuals or groups with whom we have disagreements in a spirit of love and respect in keeping with Jesus' teaching.
- 5** Focus on ideas and suggestions instead of questioning people's intelligence or integrity;
 - we will not engage in name-calling or labelling of others prior to, during, or following the discussion.
- 6** Share our experiences about the subject of disagreement so that others may more fully understand our concerns.
- 7** Indicate where we agree with those of other viewpoints as well as where we disagree.
- 8** Seek to stay in community with each other though the discussion may be vigorous and full of tension;
 - we will be ready to forgive and be forgiven.
- 9** Follow these additional guidelines when we meet in decision-making bodies:
 - urge persons of various points of view to speak and promise to listen to these positions seriously;
 - seek conclusions informed by our points of agreement;
 - be sensitive to the feelings and concerns of those who do not agree with the majority and respect their rights of conscience;
 - agree to call the question only after the issue has been adequately discussed;
 - abide by the decision of the majority, and if we disagree with it and wish to change it, work for that change in ways that are consistent with these Guidelines.
- 10** Include our disagreements in our prayers, not praying for the triumph of our view points, but seeking God's grace to listen attentively, to speak clearly, and to remain open to the vision God holds for us all.

*Louisville Seminary, in an effort to heal from the effects of and prevent hurtful conflicts, adopted this peacemaking document in the spring of 1994 for use in our governance and community living.
(MAC -Zip:A-Z/Forms/Form-Dean of Stdnt; Seeking...)

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

1. Professional reports have specific purposes:

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

2. Professional reports should:

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

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

PRACTICUM: CLINICAL EXPERIENCE AND PRACTICUM SITES

CLINICAL EXPERIENCE REQUIREMENTS

To fulfill clinical requirements in the MFT Program, students must complete Practicum 1 and 2 with a minimum of 300 supervised, direct client contact hours. At least 100 of the required 300 hours will be with couples, families, or other relational systems. Students ordinarily will take 2 years to complete the clinical requirements. Documentation of clinical and supervision hours (logs and client session records) are due to the MFT Administrative Assistant by the 1st of each month.

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

Relational Hours is a category of direct clinical contact hours in which a clinician delivers therapeutic services with two or more individuals conjointly, who share an ongoing relationship beyond that which occurs in the therapeutic experience itself. Examples include family subsystems, intimate couple subsystems, enduring friendship/community support subsystems, and residential, treatment, or situationally connected subsystems.

- Relational hours also may be counted with relational subsystems that include a person whose only available means to participate in the in-person therapeutic meeting is telephonic or electronic (e.g., incarcerated, deployed or out-of-town subsystem members.)
- Group therapy can be counted as relational hours if those in the group therapy have a relationship outside of (above and beyond) the group itself. Conversely, group therapy sessions of otherwise non-related individuals are not considered as relational hours.

Students are required to work with diverse clients in the LSCC and one year in an external practicum site that broadens student experience with underserved and marginalized communities in Louisville and surrounding areas (See LSCC description, pg. 30).

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

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

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

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

MFT Practicum 3/Internship is an advanced elective. Enrollment requires that a student has passed all foundational Student Learning Outcomes and Developmental Competencies as demonstrated by the Practicum 2 final evaluation. As outlined in the Practicum 3/Internship syllabus, students will establish a learning contract with their supervisor that includes relational/systemic supervision with specific goals related to Student Learning Outcomes and Developmental Competency Components. Ordinarily, Practicum 3/Internship will be organized for the student to earn an additional 100 hours of clinical experience.

PRACTICUM SITES

Louisville Seminary Counseling Center (LSCC)

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

All students in the program provide services to clients at Louisville Seminary Counseling Center (LSCC) and at least one external site. Communities served at the LSCC include BIPOC, LGBTQI persons with specific focus on trans youth, persons and families with low or no income, and those who live in housing and/or food insecurity. Services are provided face-to-face and teletherapy using evidence-based practice with particular focus on minority stress. Students are also placed in a community agency selected to provide students with diverse experience.

Placement at Off Campus Sites

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

Clinical hours obtained through Clinical Pastoral Education experiences at medical sites may be applied to clinical hour requirements if the site meets the criteria for an external placement.

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

Procedure for Off-site Practicum Placement Conflict

Students are encouraged to follow the Seminary's "Guidance for Louisville Seminary during Times of Disagreement" with anyone they may have a conflict with at the off-site placement. If this does not produce desirable results, the student shall bring the concern(s) to the Clinical Director and their LPTS dyad supervisor. The Clinical Director will talk with the student and the site supervisor to determine the best course of action.

Off-site placements are encouraged to (1) talk with the student about the concern(s), (2) reach out to the Clinical Director if the conversation with the student does not bring desired results. The Clinical Director will speak with the site supervisor and the student to determine the best course of action.

Possible actions that may be taken:

- asking for a different site supervisor, if possible,
- moving the student to a different placement,
- removing the off-site placement as a potential placement site,
- other mutually agreed upon solution.

Student Employment and Clinical Hours

MFT students who are employed in a clinical capacity may request that a portion of their employment hours be counted toward Practicum requirements. Conditions: (1) Employment context and duties must be direct therapeutic services and must provide experience consistent with meeting the Program's learning outcomes and Developmental Competency Components; (2) The employment context must also provide resources for direct observation of a student's work by LPTS clinical supervisors and must meet all other Program and COAMFTE standards for clinical training. A contract between the MFT Program/LPTS and the work setting is required. The contract must clearly define clinical responsibility and liability for clients and the student, define what specific experiences and activities will qualify as clinical hours for the student, and define how LPTS supervisors will have access to student's clinical work. 3) The work placement must be in a jurisdiction in which Program Clinical Supervisors are licensed (generally Kentucky and Southern Indiana) and in which the experience meets all regulatory standards for clinical training outside Kentucky. Requests for credit for employed experience will be evaluated on a case-by-case basis by the Clinical Director and the MFT Program Director.

PRACTICUM: SUPERVISION

DEFINITIONS

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

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

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

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

Supervision

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

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

Any interruption in supervision (dyad or group) will be managed between the student, the student's supervisor, and the Clinical Director.

PROGRAM SUPERVISION REQUIREMENTS AND RELATED IT POLICIES

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

Individual/Dyadic MFT relational/systemic supervision

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

Students are required to record all counseling sessions held with Louisville Seminary Counseling Center clients (in-person and virtual). Clients participating in therapy at LSCC sign a Video Release allowing recording of sessions. Clinical supervisors are given access to all of their supervisees' video recordings for supervision purposes. Recordings may be securely removed from LSCC on the secure seminary laptop or encrypted thumbdrive.

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

Clinical supervisors providing supervision at LSCC are permitted to record the supervision sessions at their own discretion. Recordings may be securely removed from LSCC on an encrypted thumbdrive. Virtual recordings by supervisors of dyad supervision sessions are permitted following HIPAA guidelines. In both cases, supervisees will be notified when a supervisory session is being recorded.

Group MFT relational/systemic supervision

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

Group supervisors are permitted to record group supervision sessions at their own discretion. Recordings may be securely removed from LSCC on the secure seminary laptop or encrypted thumbdrive. Virtual recordings of group supervision sessions by supervisors are permitted

following HIPAA guidelines. Supervisees will be notified when a group supervision session is being recorded.

PREPARATION FOR SUPERVISION

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

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

Ethical Foundations

Confidentiality

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

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

4. Supervisors, faculty, and interns are required to excuse themselves from supervisory sessions addressing cases of clients that they know personally. Likewise, supervisors and faculty shall excuse themselves from the review of a student with whom they have a personal relationship.
5. Conversation about clinical cases is restricted to discussion in formal observation rooms and clinical case conference settings. Informal or casual discussion in hallways or other social settings is not acceptable.
6. If asked whether someone is in therapy, the proper response is to state, "I can neither confirm nor deny any information about any person who may or may not be connected or associated with this agency." When clients are encountered in public, care is taken to avoid personal contact or acknowledgement unless initiated by the client.
7. Disclosure of any information about a client to an outside source is only permitted when a client has submitted a signed release requesting specific information be disclosed to a named person or organization. Appropriate release forms should be included in the client's TheraNest file. Any subpoenas or court orders related to a client or client file shall be immediately referred to the Clinical Director.
8. Records concerning student reviews and evaluations shall be kept under lock and key with access only by the Program administrators or to the student upon their request.

What Constitutes "Informed Consent"

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

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

6. The client's right to ask questions about the nature and process of therapy at any time.
7. The client's right to end therapy at any time.

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

HIPAA-HITECH Policies and Procedures

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

HIPAA was enacted in 1996 and allowed entities until 2004 to become 'compliant' with protecting individual protected health information (PHI).

HITECH was enacted in 2009 to "strengthen the civil and criminal enforcement of HIPAA rules" (<https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/administrative/enforcementrule/enfifr.pdf>).

HIPAA-HITECH applies to Louisville Seminary Counseling Center because health information is transmitted and stored in electronic form through the EHR system used.

The Louisville Seminary Counseling Center document "HIPAA-HITECH Policies and Procedures for Students" appears in the appendix for this section. A detailed HIPAA-HITECH Manual for Louisville Seminary Counseling Center resides in the Clinical Director's office. Interested individuals may make an appointment with the office in order to review the Manual.

INDIVIDUAL/DYADIC SUPERVISION STRUCTURE AND PROCEDURE

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

Philosophy of Contracts

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

1. Administrative and Clinical Responsibilities – Defines the overall responsibilities of each supervisee. The forms used for Practicum contracts contain standardized responsibilities. Supervisors may include additional requirements as needed. Standard responsibilities include: 1. Present video recordings (observable data) or written case

report during the supervisory time each week. 2. Maintain a ratio of 1 hour of supervision for every 3 hours of client contact (1:3). 3. Complete administrative paperwork in a timely fashion. 4. Follow all policies and procedures for Louisville Seminary Counseling Center.

2. Specific Measurable Goals – Goals established for Practicum may reflect one or more of the following areas, corresponding to the Practicum course syllabus. These may include:

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

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

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

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

GROUP/LIVE SUPERVISION

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

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

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

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

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

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

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

Group/Live Supervision & Individual/Dyadic Supervision

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

1. When scheduled to present in group supervision, a student shall inform their individual clinical supervisor. Students are encouraged to talk with their clinical supervisor about which client(s) would be appropriate and might benefit from this experience, any specific concerns regarding client attendance at a live session, and client ability to manage group feedback.

2. When presenting a live case, students will video record group supervision sessions to have the opportunity for review and discussion with their individual supervisor at their next meeting.
3. Students will process group supervision sessions with their individual clinical supervisors at the individual supervision session following group supervision.
4. When a client attends group supervision for therapy, students will include this experience in their progress note.
5. Case write-ups for presentations, comments from the group supervision process, and supervisory feedback are not maintained in the client file.
6. Group supervisors will provide students with a written description of the framework and action of group supervision for the semester. A copy will be kept on file in the MFT Office. This document will outline how live supervision is to be scheduled, any theoretical framework for supervision during the semester, and any expectations for written documents to be completed by the student to prepare for group supervision.

THEOLOGICAL REFLECTION AND SPIRITUAL INTEGRATION

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

PRACTICUM: EVALUATION POLICY AND PROCEDURE

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

CLINICAL COMPETENCE

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

EVALUATIVE STANDARDS

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

CRITERIA FOR FINAL PRACTICUM GRADE

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

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

PSYCHOTHERAPY

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

Section II Appendix

Practicum Log Example

Practicum 2 Case Study Guide for an Individual

Practicum 2 Case Study Guide for Couples or Families

Practicum 2 Clinical & Administrative Evaluation

Academic Year 2022-2023 Group Supervision Expectations and Procedures

LPTS Reflect Team Approach for MFT Supervision Groups

What to Expect When Attending the Therapeutic Group Process

HIPAA-HITECH Policies and Procedures for Students

PRACTICUM RECORD LOG

Month & Year of this Record: _____

Student Name: _____

Clinical Supervisor: _____

Report of Client Contact Hours at LSCC and _____

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

Constellation	Clinical Hours Completed Off-Campus				Total Columns	
	Individual / Individuals	Couple/ Couples	Family/ Families	Other Relational Systems	Total Relational Hrs.	Total All Client Hrs. @ Off Site
Single						
Group of . . .						
Total Hrs. Off-Campus						
OFFICE USE ONLY						
Total this Page						
Cum Carry Over						
GRAND TOTAL						

Report of Clinical Supervision Hours through LSCC

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

Student Signature: _____

Clinical Supervisor: _____

Definitions

I. Constellation of Client Contact

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

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

II. Standard Practicum Log Definitions – Client Contact

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

Couple - Two individuals considered as intimately joined together who function socially as a unit. The word “couple” is a universal description of the link and bond between two people.

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

Family – A social system characterized and/or constructed by affective ties that may include biological, mutual care, or long-term household relationships formed by kinship, commitment, or legal obligation, such as foster care or institutional placement.

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

Other Relational Systems - Members of a systemic group attending session to address concerns related to the group.

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

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

Constellation of Supervision

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

Group – A group constellation for supervision occurs when 3-6 students work with the supervisor (Live Supervision).

Types of Supervision

Client Present - when the supervisor observes a student conducting therapy through a one-way mirror, TV monitor, or other observation device.

Video/Audio - When the supervisor observes/listens to a videotape/audiotape of the student conducting therapy.

Case Report - All form of supervision NOT based on raw data.

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

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

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

I: Identifying Information/Description of Client

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

II: Presenting Problem

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

III: Clinical Assessment

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

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

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

IV: Treatment Planning and Summary of Treatment to Date

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

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

B. State your treatment plan for this client.

1. Write one or two specific, ***observable and measurable client outcome goals*** (“at the end of therapy...”).

Be sure outcome goals are consistent with client Presenting Problem.

2. Briefly describe your planned interventions.

C. State your contract with the client.

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

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

V: Theological Reflection

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

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

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

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

VI: Use of Self

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

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

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

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

I: Identifying Information/Description of Client

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

II: Presenting Problem

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

III: Clinical Assessment

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

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

C. Corollary Individual Assessment and Screening. Include here:

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

IV: Treatment Planning and Summary of Treatment to Date

- A. Refer to III. A above. Be sure that your treatment plan and treatment summary are consistent with the theoretical model you have chosen and shows clear attention to:
 1. the systemic framework for all assessments,
 2. relevant cultural, family, gender, religious and spiritual, racial, socioeconomic contextual factors,
 3. how these interact with assessment and diagnosis and your own social location as an observer/evaluator context
- B. State your treatment plan for this client family.
 1. Write one or two specific, ***observable and measurable client outcome goals*** (“at the end of therapy...”).
 2. Be sure outcome goals are consistent with couple/family Presenting Problem.
 3. Briefly describe your planned interventions.
- C. State your contract with the couple/family.
- D. Attend to research and evidence-based practice in goal setting and treatment planning.
- E. Evaluate the effectiveness of your strategy to date using data from ORS/SRS and other client report.

V: Theological/Spiritual Reflection

- A. Describe theological, spiritual and faith issues integral to this couple/family’s self-presentation.
- B. Describe how your own value system, personal belief system, personal faith and faith tradition interact with or inform your work with this couple/family.
- C. Describe how your theological/spiritual thinking/reflection about this case has influenced your interaction with clients, understanding of the case, treatment plan, interventions, and/or understanding of the case.
- D. Provide a brief theological statement about how you see what you are doing to be healing and or helpful.

VI: Use of Self

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

Practicum 2: Clinical & Administrative Evaluation (Rev. 07/2021)

Student: _____ Date of Report: _____

Clinical Supervisor _____

This evaluation is: Semester: ___ 1st ___ 2nd ___ 3rd ___ 4th

Practicum 2 Evaluation Procedure:

A student's progress toward mastering Practicum competencies will have a comprehensive review at the end of each semester in practicum 2. The second semester review will constitute the formative "check point" to document students' progress toward SLO's, Developmental and LPTS Competencies.

1. Each end of semester review will be completed by the student's **Clinical Supervisor using the rubric (pg. 2-6 below)**. This assessment is based on competencies observed in student self-evaluation and case-report, written reports to supervisor, and presentation of raw data in supervision. **Student and supervisor** will review the Clinical Rubric (pp. 2-6) and sign that they have reviewed these documents and discussed them (pg. 6) **prior to the clinical staff meeting described in 4 below.**
2. **Practice Management, Group Supervision Fulfillment of Administrative Requirements** (pg. 7) will be completed by the LSCC Director, MFT Administrative Assistant and Group Supervisor.
3. **At the end of the second semester of Practicum 2, Students will submit a five (5) page case study.** The case study will be submitted to MFT faculty members assigned by the MFT Program Director for evaluation and a pass/fail grade. The grade will be documented on page 7 of this rubric and will be presented to the Clinical staff and MFT faculty.
4. All documents (1-3 above) will be formally reviewed by the clinical staff and MFT faculty at a Clinical Staff meeting set aside specifically to review Practicum student progress.
5. **At the second-semester review**, the clinical staff and MFT faculty will determine that the student is making appropriate progress toward meeting expectations on Developmental Competencies, LPTS Competencies and SLOs. Any problems in progress or need for remediation observed will be noted on page 7. If appropriate, the student's contract for clinical supervision can be altered at this time to reflect any recommendations.
6. Following the clinical staff meeting (4 above), the Clinical Supervisor will review all documents and faculty input with the student. The student and supervisor will sign the **Recommendation** section (pg. 7) of the Evaluation and submit the signed document to the MFT Office. Results of clinical evaluations become part of the student's educational record.
7. **The Senior Integration Experience acts as the summative evaluation for Practicum 2 in which the student demonstrates that they have met expectations on all competencies and SLOs and are ready to practice as an entry-level professional therapist (see SIE Instructions and rubric).**

Practicum 2: Clinical & Administrative Evaluation

Practicum 2 Clinical Rubric

Instructions for Completing Evaluation:

Scores are based on the following criteria based on progress expected of a Practicum 2 student:

2: Meets Expectations

1: Does not Meet Expectations. The student (a) has not met expectation for a particular clinical competency, or set of competencies and/or (b) is not demonstrating acceptable progress toward Practicum 2 competencies and SLOs.

Note strengths and areas of excellence, and areas needing improvement in the *Narrative* sections below.

Section I

COAMFTE Developmental Competency 1: Knowledge of Profession

(SLO 1, 2, 3)

Student demonstrates Knowledge of Profession in written and oral presentations that include:

- Appropriate use of systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy.
- Comprehension of a variety of individual and systemic therapeutic models and their application, including evidence-based therapies and culturally sensitive, anti-racist approaches.
- Articulation of foundational contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).

Knowledge of state, & federal laws and regulations; standards of practice in MFT.

Score:

Meets Expectations (2) _____

Does Not Meet Expectations (1) _____

Narrative Comments

Section II

COAMFTE Developmental Competency 2: Practice of Therapy

(SLO 1,2, 4, 5)

Student demonstrates competence in Practice of Therapy in written and oral presentations that include:

- Ability to gather and review intake information, balance attention to individual, family, community, cultural, and contextual factors.

- Ability to explain to client or legal guardian practice setting rules, fees, rights and responsibilities of each party, including privacy, confidentiality policies, and duty to care.
- Ability to maintain appropriate and productive therapeutic alliances with a broad range of clients.
- Ability to diagnose and assess client behavioral and relational health problems systemically and contextually.
- Ability to develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of systemic racism and other extra-therapeutic factors on client systems.
- Consistently employing a guiding theory to establish and carry out treatment plans from intake to termination.
- Ability to screen for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and danger to others and establish appropriate safety plans.
- Ability to recognize when to seek supervision and consultation.

Score:

Meets Expectations (2) _____
 Does Not Meet Expectations (1) _____

Narrative Comments

Section III
COAMFTE Developmental Competency 3: Human Diversity and Social Structure
(SLO 4, 5, 6)

Student demonstrates competency in Human Diversity and Social Structure by written and oral presentations that include:

- Attention to the context and value of multiple perspectives and multicultural awareness in a global context.
- Attention to local, national, and global concerns, and demonstrates the ability to practice beyond western culture.
- Attention to diversity, intersectionality, and inclusion with clients and colleagues regardless of their race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories, immigration, and/or language are treated with respect and dignity.²
- Ability to serve and support marginalized and underserved communities through advocacy for racial, cultural, sexual and gender minorities and anti-racist commitment and action.

² COAMFTE Accreditation Standards, Version 12.0, pg. 3

- Practice that shows awareness and clinical sensitivity to multiple, diverse groups and oppressive factors such as systemic racism.

Score:

Meets Expectations (2) _____

Does Not Meet Expectations (1) _____

Narrative Comments

Section IV

COAMFTE Developmental Competency 4: Professional Ethics, Law and Identity

(SLO 3, 6)

Student demonstrates competency in Professional Ethics, Law and Identity by written and oral presentations that include:

- Knowledge of the AAMFT Code of Ethics and state laws regulating the practice of MFT.
- Knowledge of situations in which ethics, laws, professional liability, and standards of practice apply.
- Appropriate use of clinical supervision or consultation.
- Self-monitoring of personal attitudes, well-being and personal challenges to ensure these do not impact the therapy process adversely or create vulnerability for misconduct.
- Ability to sustain standard of practice in relationship with clients, maintaining client files and meeting deadlines for progress notes and other vital clinical documentation.

Score:

Meets Expectations (2) _____

Does Not Meet Expectations (1) _____

Narrative Comments

Section V
COAMFTE Developmental Competency 5: Research and Evidence-based Practice
(SLO 1, 2, 5)

Student demonstrates competency in Research and Evidence-based Practice by written and oral presentations that include:

- Knowledge of MFT literature, research, and evidence-based practice.
- Use of current MFT and other research to inform assessment, treatment planning and guiding the course of therapy.
- Use of client feedback to determine the effectiveness of clinical practice and techniques.

Use of current research to identify systemic racism, racist practices and inform anti-racism practices

Score:

Meets Expectations (2) _____

Does Not Meet Expectations (1) _____

Narrative Comments

Section VI
LPTS Competency A: Self of Therapist
(SLO 4, 6)

Student demonstrates competency in use of self in therapy by written and oral presentations that include:

- Effective, appropriate use of supervision and consultation to enhance use of self as therapist in relationship to a broad, diverse client population.
- Cognitive and emotional awareness of personal and therapeutic reactions to clients.
- Ability to identify and implement appropriate self-care as therapist.
- A growing, self-reflective sense of self as therapist.

Score:

Meets Expectations (2) _____

Does Not Meet Expectations (1) _____

Narrative Comments

Section VII
LPTS Competency B: Theological and Spiritual Integration Practices
(SLO 5)

Student demonstrates competency in theological and spiritual integration by written and oral presentations that include:

- A personal spiritual or theological self-location that informs clinical work and interaction with clients.
- Ability to critically examine theories and interventions used in therapy from a theological and/or spiritual perspective.
- Ability to engage religious, spiritual and theological issues raised by clients in a way that respects both client and therapist's location and is therapeutically, ethically and pastorally responsible.
- A methodology that guides a thoughtful practice of spiritual, pastoral, or theological assessment in clinical cases.
- A spiritual/theological frame of reference that enhances diversity, anti-racist commitments, intersectionality and advocacy with clients and colleagues regardless of their race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories, immigration, and/or language are treated with respect and dignity.

Score:

Meets Expectations (2) _____
Does Not Meet Expectations (1) _____

Narrative Comments

Other Comments

General Observations

Clinical Strengths

Practicum 2: Clinical & Administrative Evaluation

This page completed at 2nd semester and the completion of Practicum 2 only.

Formal Case Write-Up

Student has satisfactorily completed 5-page case write-up

Yes _____ No _____

Academic Advisor: _____

Practice Management, Group Supervision Fulfillment of Administrative Requirements

		Unacceptable	Acceptable
a.	Student has responsibly attended to professional behavior at LSCC. (Evaluated by LSCC Director—Mark and initial)		
b.	Student has regularly and appropriately participated in Group Supervision. (Evaluated by Group Supervisor—Mark and initial)		
c.	Student has responsibly attended to management of case records and timely completion of administrative paperwork. (Evaluated by Administrative Assistant—Mark and initial)		
d.	Student has completed _____ hours of supervised experience.		

RECOMMENDATION

Practicum evaluation:

- Making adequate progress toward practicum competencies _____
- Needs additional work or intervention to meet in practicum competencies _____

Other Comments:

Supervisor Date

Student Date

**Fall 2022 Group Supervision
Expectations and Procedures**

(The times below are an example – Group Supervisors may change the times to make it appropriate for their group)

Group A: 1:00-3:00 p.m.

Welcome!

Introductions

Contact Information of Group Supervisor: _____

What are we doing?

Attendance is required

Absence requires prior notice and approval

Let's figure it out together

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

Adapted version of the Reflect Team model – see attachment

Review of Meeting Dates: _____

Preparing for your LIVE Group Supervision Presentation

Consultation with Individual Supervisor about appropriate clients for LIVE

Case Write-Up – see handout

Signing up for dates, weeks 3-9

Week 1 – Today

Week 2 – Volunteers for a role play and practice run

Week 3-9 – Presentations

Week 10 – Wrapping up, Case Review, Closing

Preparing your Client for LIVE Group Supervision

Schedule session for client at 1:30 pm

The invitation:

See attachment

Discuss positive benefits of LIVE supervision

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

Explain how process will go – names on the screen

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

Schedule of Events for your LIVE Group Supervision Presentation:

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

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

The Presenter provides:

- Devotion/Meditation
- Case Write-up
- Genogram

1:05-1:10 pm – Devotion/Meditation

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

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

- Presenter greets client
- Optional group greeting for client
- Therapy

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

- Group members offer reflections and wonderings

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

- Optional good-bye
- Client leaves

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

- Presenter Reflections
- Group Affirmations
- How to integrate this experience into the client's treatment

2:50 pm – Dismissal

LPTS Reflect Team Approach for MFT Supervision Groups

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

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

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

A. Listening

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

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

B. Responding

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

LPTS Reflect Team Process for Client Session

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

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

“As If” Reflecting Option:

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

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

LPTS Reflect Team Process for Video or Role Play Presentation

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

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

“As If” Reflecting Option:

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

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

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

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

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

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

LPTS Reflect Team Process via Zoom for Client Session

(when client is joining via Zoom)

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

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

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

Roles of Reflect Team Participants

Role of the Client:

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

Role of the Presenter:

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

Role of the Reflecting Team Members:

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

Role of the Interviewer:

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

Role of the Recorder:

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

Role of the Clinical Supervisor:

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

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

Louisville Seminary Counseling Center

What to Expect When Attending the Therapeutic Group Process

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

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

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

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

HIPAA-HITECH Policies and Procedures for Students

Risk Analysis

Louisville Seminary's information technology staff (RFX Technologies), the Clinical Director of LSCC, and the Administrative Assistant of LSCC conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of PHI held by LSCC yearly.

These risks include but are not limited to:

1. Loss of student laptop computer
 - a. Where the laptop houses video recorded data of therapy sessions
 - b. Where the laptop houses other potential access to PHI
2. A student laptop computer breach by an unauthorized individual
 - a. Where the laptop houses video recorded data of therapy sessions
 - b. Where the laptop houses other potential access to PHI
3. A breach of LSCC on-site desktop computers by an unauthorized individual
 - a. Where the desktop houses video recorded data of therapy sessions
 - b. Where the desktop houses other potential access to PHI
4. A breach of Zoom by an unauthorized person entering a therapy session
5. A breach of the cloud-based EHR (TheraNest) by an unauthorized individual
The EHR (TheraNest) is a business associate that maintains and stores PHI.
6. A breach of the on-site server that houses the video recording software and hardware (VISO Noldus) by an unauthorized individual
VISO Noldus houses and stores video recorded data of therapy sessions.
7. A natural disaster that would render it difficult or impossible to access secured records

Risk Management

1. The Seminary's information technology staff (RFX Technologies), the Clinical Director of LSCC, and the Administrative Assistant of LSCC require all on-site desktop computers to be password protected and the password is only given to those who need access.
2. The on-site video recording equipment (Noldus VISO) is password-protected. Each authorized person has an individual password. Only authorized persons are given access.
3. Student laptop computers are password-protected. Students are instructed to not give their password to anyone, nor to let anyone else use the computer.
4. Students are instructed to password encrypt all files on their laptop computers that contain PHI.
5. Each student has their own password to their own Zoom account. Students are instructed to use the waiting room feature for therapy sessions via Zoom, which reduces the chance of an unauthorized person entering the session.

Information System Activity Review

The Seminary's information technology staff (RFX Technologies), the LSCC Clinical Director and the Administrative Assistant of LSCC will regularly conduct reviews of records of information system activity, such as audit logs, access reports, and security incident tracking reports.

Assigned security responsibility – LSCC Clinical Director - Beth Seeger Troy

Security Incident Procedures

Once a security incident has been identified, the Clinical Director and RFX should be notified immediately. The Clinical Director will document the incident and the outcome.

1. Following the discovery of a breach of unsecured PHI (as defined under HIPAA regulations), LSCC will notify each individual whose unsecured PHI has been or is reasonably believed to have been accessed, acquired, used, or disclosed as a result of such breach. The notification will happen immediately upon discovery, and no later than 60 calendar days after discovery of a breach.
 - a. The notification will include a brief description of the breach ; the date(s) of the breach; date of discovery of the breach; description of the types of unsecured PHI that were involved in the breach; any steps individuals should take to protect themselves from potential harm resulting from the breach; a brief description of what LSCC is doing to investigate the breach, mitigate harm to individuals, and to protect against any further breaches; and contact procedures for individuals to ask questions or learn additional information.
 - b. Notification will come in written form to the last known address of the individual. If the individual is deceased, the next of kin or personal representative will be notified, if LSCC has the address of that person.
 - i. If there is insufficient or out-of-date contact information, a phone call may be made to the phone number on record, for 10 persons or less.
 - ii. For 10 persons or more, the LPTS website will post a conspicuous notice, and a notice will be placed in the local newspaper and on local media sources. In addition, a toll-free number will be established and remain active for 90 days to allow individuals to learn whether their unsecured PHI may be included in the breach.
2. LSCC will notify the Secretary of Health & Human Services (HHS) as directed on the HHS web site.
3. Business associates will notify LSCC immediately following the discovery of a breach of PHI, but no later than 60 calendar days after discovery of the breach.
 - a. The notification shall include: the identification of each individual's PHI that has been breached.
 - b. It will also include any other available information required to include in notification to the individual.
4. An exception to the foregoing is where LSCC or its business associate are able to demonstrate that there is a low probability that the PHI has been compromised based on a risk assessment of at least the following factors:

- a. The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification.
- b. The unauthorized person who used the PHI or to whom the disclosure was made.
- c. Whether the PHI was actually acquired or viewed.
- d. The extent to which the risk to the PHI has been mitigated.

Access Management policy and procedures

Only those who need access to PHI will have access. Preventative measures are in place to prevent those working in other departments of the Seminary from accessing PHI.

Workforce security policy and procedures

Only authorized persons will have access to PHI through passwords to on-site desktop computers, VISO Noldus, and laptop computers. RFX, the Clinical Director, and the Administrative Assistant will establish, document, review, and modify a user’s right of access to workstations, transactions, programs, or processes.

1. The procedure for authorizing and/or supervising workforce members who work with PHI is that they are students, supervisors, faculty, or administrative staff with the MFT Program. The Seminary’s information technology staff (RFX) has access as a business associate to provide technological support to the on-site desktop computers and laptop computers given to the students. VISO Noldus support staff has access as a business associate to provide technological support to the hardware and software recording equipment.
 - a. Each student is provided a Seminary-owned laptop computer at MFT Orientation. The student signs a document indicating they will protect the laptop and not allow anyone else to use or have access to the laptop.
 - i. Students are given a temporary password to the laptop computer and will need to change the password in order to set up their access to the computer.
 - ii. Students are given a temporary password to the EHR (TheraNest) that will be changed by the student in order to set up their account and access to PHI.
 - iii. Students are encouraged to adjust the settings on the laptop so it will timeout and require a password entry after 3 minutes of non-use.
 - b. Each faculty member or supervisor is given a temporary password to access the EHR that will be changed by the faculty member/supervisor in order to set up their account and access to PHI.
2. PHI access is limited to MFT students, faculty, supervisors, and administrative staff within LSCC, the Seminary’s information technology staff (RFX), and VISO Noldus technology staff. Any other person is unauthorized unless a business associate agreement is signed and on file in the Administrative Assistant’s office.
3. The procedures for terminating access to PHI when an individual is no longer an MFT student, or is no longer employed by the seminary are as follows:
 - a. Remove access to the EHR. Only the Clinical Director and Administrative Assistant can do this.

- b. Remove access through changing passwords on the on-site desktop computers. Only RFX can do this.
- c. Remove access to Noldus VISO. Only the Clinical Director and Administrative Assistant can do this.
- d. Students return Seminary laptop computers to the Clinical Director or Administrative Assistant prior to graduation, taking a leave of absence, termination from the MFT program or, if requested, due to suspension of clinical practice.

LSCC has a security awareness and training program for all members of the workforce who have access to PHI.

- 1. RFX runs periodic security updates to address security reminders.
- 2. RFX has procedures for guarding against, detecting, and reporting malicious software.
- 3. RFX has procedures for monitoring log-in attempts and reporting discrepancies.
- 4. Password management.
 - a. RFX has procedures for creating, changing, and safeguarding passwords for the on-site desktop computers and laptop computers.
 - b. The Clinical Director and Administrative Assistant can create, change, and safeguard passwords for on-site desktop computers, Noldus VISO, and the EHR.

Contingency plan for emergencies - administrative, physical, technical

- 1. Data backup plan - PHI is housed in TheraNest’s cloud storage software program.
- 2. Disaster recovery plan - Data recovery will happen through the EHR and RFX servers. The Clinical Director and/or Administrative Assistant would be allowed into the area where the electronic information system is stored in order to support the restoration of lost data.
- 3. Emergency mode operation plan - Critical business processes will continue during emergencies through TheraNest, Zoom, and students’ Seminary laptop computers.
- 4. Testing and revision procedures - The Clinical Director, Administrative Assistant, and RFX will periodically test and revise, if necessary, the contingency plans.
- 5. Applications and data criticality analysis - The Clinical Director, Administrative Assistant, and RFX will assess the criticality of specific applications and data in support of other contingency plans.

Evaluation

A periodic technical and nontechnical evaluation will be completed in response to environmental or operational changes affecting the security of PHI to ensure LSCC and business associates meet the requirements of HIPAA-HITECH.

Safeguards - physical, administrative, technical

- 1. Physical access to electronic information systems servers within the building where LSCC is housed, is limited to RFX.
 - a. The room(s) where equipment is housed is locked at all times and only those with authorized access have keys to the room.

- b. Any person(s) accessing VISO Noldus, TheraNest, or the server for the MFT department will identify themselves as being with the respective agencies. Anyone from RFX will identify themselves.
 - c. The LPTS facilities department will repair or modify any physical components connected to security of doors, locks, walls, or other hardware related to maintaining security of PHI.
 - d. Workstation use. Where possible, desktop computer screens will face away from unauthorized persons in the room.
 - i. Authorized persons using on-site desktop computers will ensure that the area behind the screen is clear of any unauthorized person while accessing PHI. This does not include data which may belong to the client (unauthorized person). The desktop will not be left unattended while TheraNest is open.
 - ii. Authorized persons using laptop computers will ensure the area around them is clear of any unauthorized person while accessing PHI. This does not include data which may belong to the client (unauthorized person). The laptop will not be left unattended while TheraNest is open. If an unauthorized person is in the same room as the authorized person, the authorized person must close out of TheraNest and close the laptop.
 - iii. Only RFX moves devices within the facility. Only devices that have been loaned to students (laptop computers) may leave the facility.
 - 1. A student may check out a video camera to record a therapy session. The camera must be returned to LSCC at the end of the day and locked in the Chart Room. Or it must remain in a double locked bag/container until the student can return the camera. The Administrative Assistant maintains a log of who checks out cameras and when they are returned.
2. Technical access to PHI is only by authorized users - RFX, TheraNest, students, faculty, supervisors, MFT Administrative staff, and VISO Noldus.
- a. Each user has a unique identification access code (password) onto laptops computers, TheraNest, VISO Noldus, and Zoom.
 - b. Emergency access - RFX, the Clinical Director and the Administrative Assistant may gain emergency access to a student's TheraNest account or VISO Noldus account. Only RFX has access to Seminary desktop and laptops computers.
 - i. Both desktop and laptop computers have an automatic logoff feature that is used to terminate an electronic session after a predetermined time of inactivity. TheraNest and VISO Noldus both have an automatic logoff feature.
 - ii. Emails sent from the "Counselor" email are encrypted. Also, information sent through TheraNest to clients is encrypted and only accessed through the portal feature of the software. It is required when sending any client information via email to another therapist, faculty, MFT staff, or supervisor that the document is password-protected and the password sent in a different email.
 - c. Audit Controls. Hardware and software in use currently record activity in information systems that contain or use PHI.

- d. TheraNest and VISO Noldus have mechanisms that protect PHI from being altered or destroyed in an unauthorized manner.
- e. Passwords protecting software and hardware that contain PHI are only given to those who are authorized to have access to PHI.
- f. Any PHI transmitted over an electronic communications network should only be sent through TheraNest or an encrypted email or fax. Transmitted PHI come directly from TheraNest and cannot be modified or altered. PHI sent through encrypted email will be sent as a pdf file to maintain the integrity and inability to modify PHI.

Device removal

- 1. Device removal. Only laptop computers loaned to students and video cameras may be removed from the facility. The laptop must be password protected, and any documents containing PHI that are not part of TheraNest must also be password-protected.
- 2. Media reuse.
 - a. When a student returns the Seminary-owned laptop, all information is wiped from the laptop by RFX.
 - b. Once RFX has wiped all documents and extraneous software from a laptop computer, the laptop is given to a new student. A temporary password is provided and the new student will be required to enter a new password.

Sanction Policy

Sanctions will be applied to any MFT student, faculty member, clinical supervisor or administrative staff who fail to comply with the security policies and procedures of Louisville Seminary Counseling Center (LSCC). Those sanctions may include but are not limited to:

- 1. Termination of access to any PHI
 - a. Termination of access in the EHR (TheraNest)
 - b. Termination of access to LSCC recording system (VISO Noldus)
 - c. Termination of access to LSCC on-site desktop computers
 - d. Termination of access to Seminary-provided laptop computer
- 2. Suspension of clinical practice at LSCC and off-site placement

In order to rectify any possible breaches, [LSCC/off-site agency] will inform the client(s) of a possible breach, the nature and contents of the information that may have been accessed by an unauthorized person, and the steps being taken by LSCC/off-site agency to address the situation. See the Security Incidents Procedures section of this document for more details.
- 3. Termination of clinical practice at LSCC and off-site placement, and removal from the MFT program.

The persons responsible for receiving and processing requests for access to records and what records are subject to access are the Clinical Director and Administrative Assistant.

The person responsible for receiving and processing amendment requests is the Clinical Director.

The persons responsible for receiving and processing requests for accountings of disclosures are the Clinical Director and Administrative Assistant.

The person responsible for receiving complaints and able to provide further information about matters covered by this notice is the Clinical Director.

A detailed HIPAA-HITECH Manual for Louisville Seminary Counseling Center resides in the Clinical Director's office. You may make an appointment with the office in order to review the Manual.

Compiled by: Beth Seeger Troy, Clinical Director

Reviewed by: Dianne Reistroffer, Interim Officer of Institutional Research and Effectiveness
and Professor Emerita of Ministry and Methodist Studies.

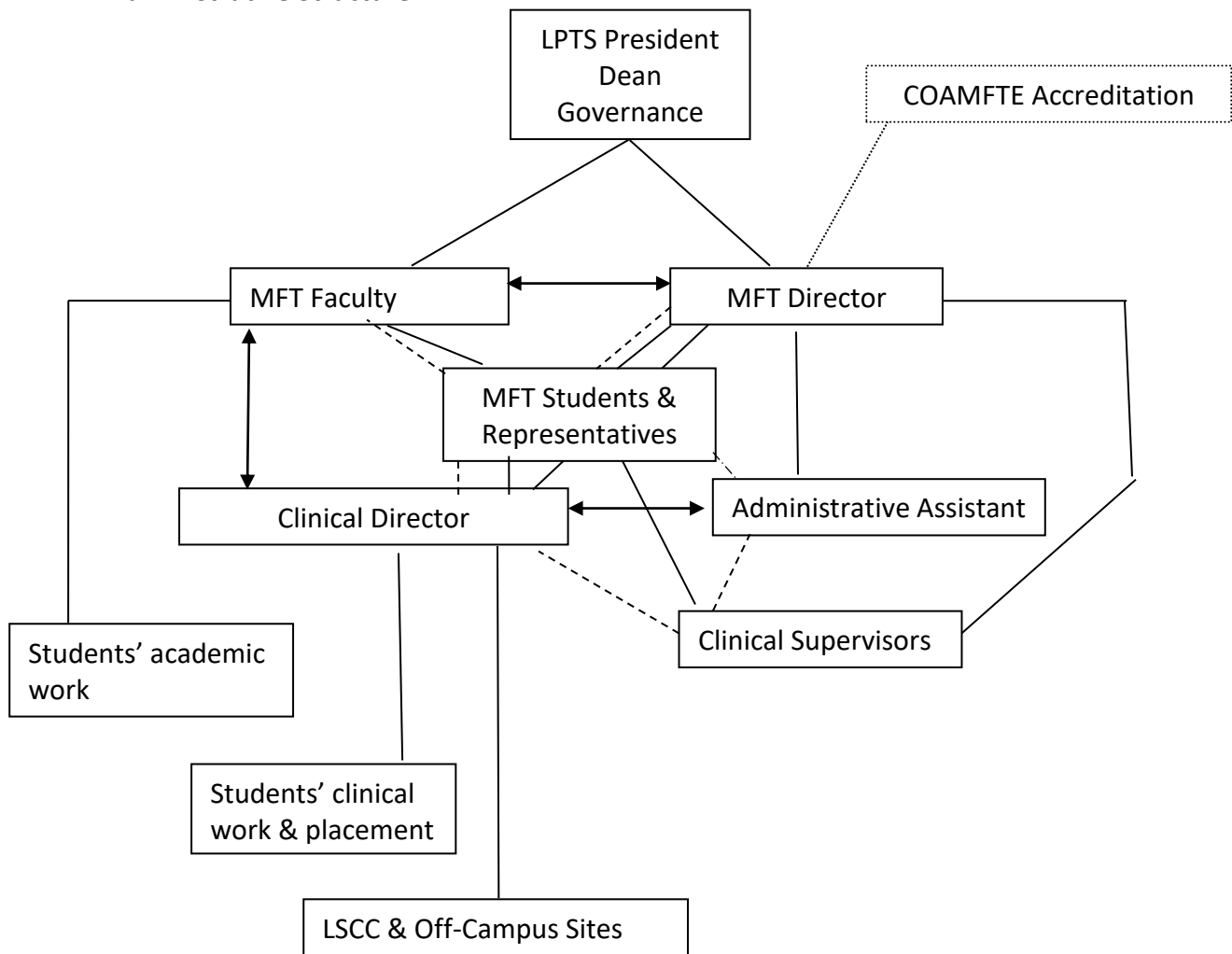
Reviewed by: Jim Dietz, Attorney at Law

Program Leadership and Assessment

LEADERSHIP IN THE MFT PROGRAM

The educational experience in the MFT Program is a collaborative enterprise involving Seminary Administration, students, clinical supervisors, the MFT faculty, the Clinical Director, and the MFT Program Administrative Assistant. Course and clinical offerings are guided by the program's accrediting body, Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the American Association for Marriage and Family Therapy (AAMFT). Below is a graphic representation of the connection of these roles.

MFT Administrative Structure



- Responsibility
- - - - - Communication
- ↔ Collaboration
- · - · - Guidance

MFT Program Director

The MFT Program Director provides administrative, clinical and academic oversight of the Master of Arts in Marriage and Family Therapy (MAMFT). The MFT Program Director is a full-time tenured or tenure-track seminary faculty member. The MFT Director is responsible to the Dean of the Seminary. The Director is evaluated biannually by the Dean of the Seminary with input from selected Communities of Interest.

Duties of the MFT Program Director include, but are not limited to:

- Organizes and manages resources to assure that the MFT Program meets all Educational goals, including Program Goals and Student Learning Outcomes.
- Collaborates with the Dean and Clinical Director to assure that the MFT Program has adequate academic, clinical and administrative staff to meet goals and outcomes.
- Oversees the review, revision and implementation of the MFT Program curriculum in collaboration with MFT Program faculty and seminary faculty.
- Manages all accreditation reviews related to the MFT Program.
- Reviews and implements policies and procedures for the MFT Program in collaboration with MFT faculty, Clinical Director, and Administrative Assistant.
- Supervises the Clinical Director and Administrative Assistant.
- Represents the MFT Program in Seminary strategic planning, organizational review, interdepartmental administrative collaboration, and other Seminary administrative duties as assigned by the Dean.
- Serves as liaison for the MFT Program to all appropriate professional, state Board, or accrediting institutions.
- Prepares and oversees the MFT Program budget in collaboration with the Administrative Assistant.
- Organizes and implements periodic review necessary to maintain Program and Seminary accreditations in collaboration with MFT faculty and Clinical Director.

Louisville Seminary Counseling Center (LSCC) Clinical Director

The LSCC Clinical Director manages all clinical practice and student practicum dimensions of the MFT Program. The Clinical Director works in collaboration and consultation with the MFT Program Administrative Assistant, the MFT Program Director, the MFT Faculty, and the Clinical Supervisors. The MFT Program Director supervises and evaluates the work of the Clinical Director. (See Section Appendix for Staff Evaluation form and process.)

The Clinical Director:

- Directs the Louisville Seminary Counseling Center (LSCC) to reflect the highest ethical and clinical standards of practice, optimal student practicum effectiveness, and cost-effective operation.
 - Develops and maintains clinical experience offerings through community networking, marketing and cultivating referral sources.
 - Coordinates clinical placements for all MFT students in accordance with MFT Program policies, Program Goals, Student Learning Objectives, theological reflection priorities, and other priorities as defined by the MFT program.
 - Assures that LSCC and external practicum sites provide adequate and diverse clinical experience to guarantee broad student counseling experience and support timely student graduation.
 - Collaborates with the MFT Core Faculty to develop and maintain MFT policies related to practicum and clinical excellence in the MFT Program.
- Recommends potential clinical supervisors in consultation with the Program Director and MFT faculty; supervises, evaluates and manages relationship with the Program's clinical supervisors.
- Oversees students' supervised experience and responds to student practicum concerns guided by MFT Program and Seminary policies.
- Attends MFT Core Faculty meetings and collaborates with the MFT Faculty and Program Director to develop, improve and review Program Goals, Student Learning Outcomes, and program priorities.
- Collaborates with MFT Director and Administrative Assistant to develop the LSCC budget.
- Manages clinical staff meetings.
- Maintains a personal clinical practice as required by accrediting agencies.
- As time permits, teaches occasional courses in the MFT curriculum consistent with competence and interest, as negotiated with the MFT Program Director.

Administrative Assistant to the Marriage and Family Therapy Program

The Administrative Assistant provides direct support of and acts in a confidential and collaborative role to the Director of the Marriage and Family Therapy Program and the Louisville Seminary Counseling Center Clinical Director. This position acts as Office Manager for the MFT Program. Reports to and is evaluated by to the Director of the MFT Program. (See Section Appendix for Staff Evaluation form and process.)

The Administrative Assistant's duties include

- Works with the MFT Program Director, LSCC Clinical Director and MFT Faculty to review and implement policies and procedures for the MFT Program, the Practicum experience, and Louisville Seminary Counseling Center (LSCC).

- Manages confidential office records and student portfolios (current and graduate), including monitoring MFT students' progress through the Practicum series.
- Manages all program data and information related to accreditation and mandatory reporting.
- Monitors and manages client records, office functions, and therapist practice at LSCC.
- Trains and supports students in the use of EHR system, Viso recording system, and Outlook calendar procedures.
- In collaboration with the LSCC Clinical Director, supervises the LSCC Student Assistant.
- Collaborates with the MFT Program Director and LSCC Clinical Director to develop budgets for the Program and LSCC. Monitors approved fiscal budgets.
- Participates in MFT faculty meetings and collaborates with the MFT Faculty, Program Director, and LSCC Clinical Director to develop, improve and review Program Goals, Student Learning Objectives, and program priorities. Transcribes and distributes meeting minutes and monitors follow-up of decisions.
- Participates in Clinical Staff Meetings, and collaborates with the LSCC Clinical Director regarding agenda items. Transcribes and distributes meeting minutes and monitors follow-up of decisions.
- Supervises the closure of MFT students' clinical practice and facilitates students in compliance with graduation requirements. Collaborates with the Registrar's Office to verify clinical completion for graduating MFT students.
- Works in collaboration with Admissions Office around the MFT Program applications and manages the MFT Screening Interview process for program candidates.
- Collaborates with the Office of Black Church Studies and Advanced Learning and provides administrative support for MFT Program's continuing education offerings.
- Other responsibilities as assigned by the MFT Program Director.

Program Clinical Supervisors

Supervision of clinical work at Louisville Presbyterian Theological Seminary is central to our mission. Our quest is to provide the highest quality experience in learning new skills, developing therapist identity, and integrating theoretical, religious and spiritual issues into the work of marriage and family therapy.

Supervisors are appointed dependent upon therapeutic experience, personal maturity, specific academic and experiential training in supervision and meeting all qualifications described below. Supervisors, while embracing a variety of therapeutic and supervisory models, approach supervision with awareness of the client and intern in a systemic context.

Clinical Supervisors General Position Description

Contract and Renewal

Clinical supervisors are offered an annually renewable one-year contract to provide supervision services. This contract is made by the MFT Program Director, in collaboration with the Clinical Director, and approved by the Dean of the Seminary. Supervisors are accountable for their work to the Clinical Director, the MFT Program Director, the Dean of the Seminary, and to seminary personnel policies and procedures.

The annual contract will define services to be provided, rate of pay for service, expectations for service, and length of service.

Supervisors will be paid at a rate annually established by Louisville Presbyterian Theological Seminary.

Dates of service are within Louisville Seminary's fiscal year, June 1 through May 31.

Renewal of contracts with supervisors will be contingent upon evaluation of supervisor's participation in the MFT Program and the Program's need for supervisors. Supervisors will be presented a contract for annual service in the spring of each year.

Qualifications

Supervisors appointed by Louisville Seminary and must meet the following criteria:

- Hold as a minimum Clinical Fellow status with the American Association of Marriage and Family Therapy (AAMFT).
- Keep state license and KY Board Approved Supervisor status current. AAMFT Approved Supervisor status is encouraged. AAMFT Supervisor Candidates must submit their supervision plan with a timetable for completion to the Clinical Director.
- Five (5) years of clinical practice of Marriage and Family Therapy as a licensed or certified therapist.
- Be able to articulate a.) a personally integrated systemic model of marriage and family therapy that they use in clinical practice, and b.) a guiding systemic supervisory philosophy and how this relates to training marriage and family interns in a seminary context.
- Demonstrate the ability to integrate spiritual and theological dynamics with clinical practice.
- Be committed to providing marriage and family therapy supervision at the intersection of theory, clinical practice, faith, and theology.
- Maintain and verify personal liability insurance for personal clinical practice.

- Demonstrate personal maturity and willingness to explore their own personal issues, biases and frames of reference that influence supervision.
- Be multi-culturally aware and integrate this into supervision practice.

Responsibilities Outline

Supervisors will be responsible for clinical supervision of assigned students and will participate in designated administrative activities central to the MFT Program as outlined below.

Clinical Supervision

- ✓ Provide supervision in compliance with HIPAA regulations. Provide adequate consistent weekly supervision for students to meet the minimum expectation of 1 hour of supervision per 5 hours of clinical experience throughout the calendar year. Supervisors will be assigned supervisees by the Clinical Director.
- ✓ Provide supervision using a delivery platform approved by the MFT Program (face-to-face or virtual).
- ✓ Be responsible for responding to clinically-related student crises.
- ✓ Be available to supervise one or two dyads per year if an Approved Supervisor and one dyad a year if a Supervisor Candidate.
- ✓ Provide opportunities for students to work with and observe the supervisor's clinical work. In this context, "clinical work" includes participating in co-therapy with the supervisor, observing the supervisor working with clients, and/or role-playing.
- ✓ Supervisors may be offered additional group supervision ("Live") opportunities, in mutual agreement with the Clinical Director.

Administrative

- ✓ Abide by all policies and procedures outlined in the MFT Program Manual, Louisville Seminary Counseling Center Operating Manual, Louisville Seminary policies and all legal and ethical expectations as required by the Commonwealth of Kentucky and our accrediting bodies.
- ✓ Attend Clinical Staff meetings, as scheduled.
- ✓ Participate in MFT Screening interviews, including reading files, serving on interview teams, and collaborating on MFT admission decisions.
- ✓ Complete all forms required by the MFT Program.
- ✓ Review and approve student documentation of clinical and supervision hours as reported on monthly Practicum Logs.
- ✓ Keep complete records of all supervision offered in accordance with AAMFT and other professional standards.
- ✓ Seek opportunities for personal growth in supervision skills.
- ✓ Obtain coverage for individual supervisees during times of vacation or absences other than times of seminary closure and obtain face-to-face supervision for individual supervisees if absence exceeds 10 days. Supervisor providing coverage will be

responsible for responding to clinically-related student crises. For assistance with supervision availability please contact the Clinical Director.

Ethical & Professional

- ✓ Be engaged in direct client contact.
- ✓ Comply with all applicable ethical standards and legal requirements, including those relating to conflict of interest and dual relationships with students, faculty and staff.
- ✓ Meet all AAMFT ethical and professional standards.
- ✓ Abide by all governance policies and procedures of Louisville Seminary.

Clinical Supervisor Evaluation

Each summer, the Clinical Director evaluates supervisor effectiveness prior to the August MFT Program Workday. Supervisors are provided data from the Sufficiency Survey, GSQ data describing student experience in supervision, and students' narrative of experience in supervision located in the final Practicum 2 materials. The Clinical Supervisor schedules a meeting to review this data with individual supervisors and discuss effectiveness, areas of strength and any need improvement. A copy of each clinical supervisor's signed evaluation form is filed in the MFT Administrative Assistant's office. Aggregated data is reviewed at the August MFT Program Workday for input related to enhancing supervisor effectiveness. At this time, the Program explores what continuing education the Program may sponsor to enhance supervisory theory and practice. (See Section Appendix for Clinical Supervisor Evaluation form.)

Student Representatives

Purpose: Student Representatives are elected by the MFT student body to provide representation of student interests to the MFT Program leadership, Seminary student governing bodies, and the broader Seminary community. Interests may include but are not limited to:

- a. Providing feedback to the MFT Program administration and faculty about student experience in the Program,
- b. Suggesting recommendations for Program improvement,
- c. Communicating with the Program Director and MFT faculty about student concerns, problems or grievances, and
- d. Coordinating MFT student interests with Seminary governance, Seminary student activities and concerns, Seminary community life.

II. Election of Student Representative.

- a. Terms, Limits and Positions
 - i. Chair, Second-, and Third-Year Rep positions are elected in April to serve for one academic year.

- ii. First-Year Rep terms begin in October and end in May of the following Spring Semester.
 - iii. In the event that the Third-Year Rep or the Chair will be a December graduate, their position will be filled during the October election. This replacement term will begin in December and last until May to complete the academic year. Position transitions occur at the final LSCC student staff meeting of the semester.
 - iv. Student Reps will select positions of Secretary, Vice Chair, Pastoral Care, and other positions.
 - v. There is no limit to the number of times a person can serve as a student representative.
- b. Elections Process
- i. Nominations
 1. Nominations can be made by any voting member of the body for any position.
 2. Candidates must agree to serve prior to being nominated.
 3. Nominations will take place starting October 1 for Fall elections and April 1 for Spring elections, to be emailed to the Student Rep Secretary.
 4. Elections will take place during a weekly student meeting (held during an LSCC student staff meeting) and will take place by October 15 and April 15, as the student meeting schedule allows.
 - ii. Balloting
 1. Prior to the nomination process, the Secretary will appoint one or two graduating seniors to serve as Election Officials for the election. Election Officials will accept absentee ballots on the day of the election and count paper ballots on the day of the election.
 2. Chair position is elected first. All students vote for the Chair position.
 3. Only members of a specific cohort vote for their cohort representative.
 4. Elections are conducted on anonymous paper ballots.
 5. Balloted election is done for each position, regardless of the number of nominees.
 6. Write-in candidates will not be accepted during elections.
 - iii. Requirement for Quorum: All election contests must represent a quorum ($\frac{2}{3}$) of eligible voters for the contest in question. This can be achieved with absentee voting.
 - iv. Absentee Voting: If a voter is unable to attend the LSCC student staff meeting on election day, they may submit an absentee vote by way of emailing the Election Official before or on the day of election. Absentee votes must be received before 9:30 a.m. on election day.
 1. The vote sent in by email will count in the tie breaking votes as long as the absentee voter's candidate is not eliminated.
 2. In the event of a tie and the absentee voter's candidate was eliminated, then Elections Officials will attempt to call the absentee voter. The absentee voter has 10 minutes to return the message in order to re-vote.

3. It is the absentee voter's right to include the extent to which the absentee voter wants to be contacted in the event of a tie.
- v. Tie Breaking:
1. In the event of a tie, the Election officials will conduct a re-vote.
 2. In the event of another tie, equaling the 3rd vote, then
 - a. All present voters (all 3 cohorts) will vote together to decide a cohort representative.
 - b. For the chair position, third year students present will vote. If there is an even number of third year students present, then the third year representative will not vote to ensure the tie can be broken.

III. Student Representative Positions *

- a. Chair - The Chair is responsible for:
 - i. Scheduling and convening student rep meetings
 - ii. Convening monthly student meetings
 - iii. Representing students at faculty, administration, and LPTS student body meetings, as needed
 - iv. Structuring agendas
 - v. Facilitating processes
- b. Vice Chair – The Vice Chair is responsible for:
 - i. Representing students at faculty, administration, and LPTS student body meetings as needed
 - ii. Serving as a liaison with any working groups
 - iii. Assisting Chair as needed.
- c. Secretary – The Secretary is responsible for:
 - i. Recording minutes and filing copies with the MFT Program office
 - ii. Assisting Chair or Vice Chair as needed.
- d. Pastoral Care Liaison – The Pastoral Care Liaison is responsible for:
 - i. Receiving pastoral care concerns from students
 - ii. Coordinating care, as necessary
 - iii. Instilling positivity, building community and a culture of nurture.

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

IV. General Responsibilities. Student representatives will:

- a. Meet monthly with MFT students to hear, review and act on any student concerns and interests.
- b. Meet as needed to process, plan responses to or follow-up with student concerns and interests.
- c. Meet monthly for a designated section of the MFT Faculty Meeting to represent student interests, concerns, etc. with the MFT Program faculty and leadership.

- d. Meet as needed with the Program Director to represent or communicate immediate or pressing student concerns.
- e. One Student Representative will meet at least once per semester with the MFT Program Administrative Team (Program Director, Clinical Director, and Administrative Assistant) to provide feedback and coordinate student concerns/input with Program administrative functions.
- f. One Student Representative will serve on the Louisville Seminary Counseling Center's Advisory Board (meets twice yearly).
- g. Collaborate with MFT students to construct an annual agenda to further student interests, address important student concerns, consider how to improve and extend MFT student input into Seminary governance or programming, and improve community life within the MFT Program.
- h. Collaborate with the Program Director to review and revise Student Representative Policies.
- i. Collaborate with the MFT Program Director and Clinical Director to provide student input for MFT Program and counseling center policies.

Revised 7/2022

MFT PROGRAM PERSONNEL

Director of the Marriage and Family Therapy Program

Trina Armstrong, Ph.D., LMFT, is an Associate Professor of Marriage and Family Therapy and Pastoral Theology at Louisville Presbyterian Theological Seminary. Dr. Trina holds a Ph.D. in Practical Theology, Spiritual Care and Counseling from Claremont School of Theology, a Master of Divinity degree from Fuller Theological Seminary, and a Master of Science degree in Psychology, Marriage, and Family Therapy from California Southern University. She is an ordained Itinerant Elder in the African Methodist Episcopal (AME), having served churches in California, Minnesota, and Illinois. Dr. Trina is a Clinical Fellow and a Supervisory Candidate with the American Association for Marriage and Family Therapy. She was an Assistant Professor at the United Theological Seminary of the Twin Cities, where she founded the Center for Inter-religious Chaplaincy. She also directed the Clinical Pastoral Counseling program as an Assistant Professor at Garrett-Evangelical Seminary. Dr. Trina has been a pastoral counselor, hospice chaplain, community-based systemic therapist, and marriage and family therapist at counseling centers, churches, homeless shelters, and transitional homes with children, adults, couples, and families. She is the founder of the Center for Wellness Encounters, a private practice serving BPIOC trauma survivors. Dr. Trina's research and writing focus on the impact of historical, relational, and developmental trauma on individuals, couples, and families.

MFT Faculty

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

Loren L. Townsend, Ph.D., is Henry Morris Edmonds Professor of Pastoral Ministry and Professor of Pastoral Care and Counseling at Louisville Seminary. He is an ordained Baptist minister. Loren is a Clinical Fellow and Approved Supervisor by the American Association for Marriage and Family Therapy, and a licensed Marriage and Family Therapist in Kentucky. Prior to arriving at Louisville Seminary in 1996, he directed clinical training programs in Arizona and

Georgia. His writing and research have focused on the integration of family therapy, spirituality and theology as these intersect in clinical practice. Publications include *Pastoral Care with Stepfamilies*, *Pastoral Care in Suicide*, *Introduction to Pastoral Counseling* and a number of book chapters and journal articles.

Clinical Director

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

Clinical Supervisors

Laura Barclay, M.Div., MAMFT, LMFT, KY Board Approved Supervisor, and Supervisor Candidate at Louisville Presbyterian Theological Seminary, is a therapist in private practice in Louisville, Kentucky. Laura is a Clinical Fellow and a Supervisor Candidate with the American Association for Marriage and Family Therapy. She received a Master of Arts in Marriage and Family Therapy from Louisville Presbyterian Theological Seminary and a Master of Divinity from Wake Forest University. When she's not marching in the streets and joining with others to make good trouble, she enjoys traveling, nerding out about Star Wars, etc., with her friends and spouse Ryan, and playing with her dogs, Gryffin and Dobby.

Emily Crouch, MDiv, MAMFT, LMFT, Supervisor at Louisville Presbyterian Theological Seminary, is a therapist in private practice and a contractor at Transformations, LLC. Emily is a Professional Member of American Association for Marriage and Family Therapy. She is a certified EMDR therapist and an ordained Episcopal priest. Emily received a Master of Divinity from The General Theological Seminary, New York, NY and a Master of Arts in Marriage and Family Therapy from Louisville Presbyterian Theological Seminary, Louisville, Kentucky.

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

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

Rebecca Street, MAMFT, LMFT, Supervisor at Louisville Presbyterian Theological Seminary, is a therapist and the Director of Compliance and Technology at Creative Family Counseling. She is a Clinical Fellow and Professional Member of American Association for Marriage and Family Therapy. Rebecca is a Positive Discipline Certified Parent Educator and Level II Trained in Attachment Based Family Therapy. Rebecca received a Master of Arts in Marriage and Family Therapy from Louisville Presbyterian Theological Seminary, Louisville, Kentucky.

Amy Travis, LMFT, LCADC, Supervisor at Louisville Presbyterian Theological Seminary, is a therapist and Clinical Family Services Manager for The Morton Center in Louisville. She is a Professional Member of American Association for Marriage and Family Therapy. In addition to being an LMFT, Amy is a Licensed Clinical Alcohol and Drug Counselor. She is also a board approved supervisor for that license. Amy received a Master of Arts in Marriage and Family Therapy and a Master of Divinity with a Certificate in Educational Ministry from Louisville Presbyterian Theological Seminary.

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

PROGRAM ASSESSMENT PLANS

LPTS MFT Program Plan for Assessing Outcome-Based Educational Achievement

Consistent with COAMFTE standards, the MFT Program gathers data each year to demonstrate that educational goals are being met and to inform program improvement related to mission, goals, student learning outcomes (SLO). Data is collected, organized, reviewed, and used to guide action for improvement. The Assessment Plan describes what data is to be collected, how it is collected and by whom, mechanisms for input from Communities of Interest, a timeline and procedure for data review, and instructions for how the Assessment Plan itself is evaluated. The Assessment Plan information is the same for all program goals and student learning outcomes (SLOs).

Data Collection and Preparation for Review

- Faculty submit data from course examinations and signature assignments to Program support staff
- Faculty support staff collect data from identified student, faculty and supervisor evaluations
- Faculty support staff aggregate data from SLO measures into spreadsheet in preparation for the MFT Program Workday

Data review and action

- Core faculty and Program Clinical Supervisors analyze data for competency targets at the annual MFT Program Workday
- Core faculty and Program Clinical Supervisors plan for any needed action or revision to improve program learning outcomes

Assessment Cycle

- Assessment is an annual cycle with a focus on the MFT Program Summer Workday which begins and ends the cycle. Data collection takes place throughout the calendar year.

Input from feedback to Communities of Interest

- MFT Students
 - Input gathered through annual Sufficiency Survey, Graduating Student Questionnaire, Course Evaluation forms, student representatives meeting with faculty
 - Program Director provides a Fall program update in MFT plenary meeting

- MFT Program Graduates
 - Input gathered in triennial Alumni Questionnaire
 - Program Director provides program update for Alumni at the Seminary’s annual Alumni Reunion

- Community Site Supervisors
 - Input gathered through annual feedback forms submitted to Clinical Director
 - Feedback to Community Site Supervisor is provided by the Clinical Director in individual meetings with Site Supervisors

- Program Clinical Supervisors
 - Input gathered from through annual collaborative evaluations with Clinical Director
 - Feedback to Program Clinical Supervisors is provided in MFT Program Workday

- Non-Core Faculty
 - Input is gathered feedback provided through monthly Seminary Framework meetings and Seminary faculty meetings attended by both Core Faculty and Non-Core Faculty

LPTS MFT Program Plan for Assessing Environmental Resources and Supports

COAMFTE (Standards, Version 12.5) defines environmental supports as “...institutional and program resources that contribute to successful student achievement, program quality and an inclusive and diverse learning environment.” The MFT Program evaluates environmental supports using a process of review “...incorporating feedback collected from selected communities of interest, program review, focused corrective action/advocacy where needed, and input to and from institutional leaders.”

Areas of environmental resources and supports

- Inclusive and diverse learning environment that “...promotes an overall atmosphere in all relevant settings that is sensitive to the needs of diverse, marginalized, and/or underserved communities and promotes an open, safe, and respectful exchange of diverse views and opinions” (pg. 39)

- Physical resources, such as classroom space, administrative space, training clinic, computers, etc.

- Technology resources, institutional and program policies, computers in library and MFT dedicated student laptops, WiFi, video recording equipment, Zoom capabilities, TheraNest, library e-resources.

- Instructional resources, such as Learning Management System, Instructional Technology Administrator, library resources.
- Clinical resources, such as on-campus clinic, supervisors and clinical administrator, telehealth platform, off-campus training sites.
- Student academic resources, such as Academic Support Center,
- Student support services, such as Office of the Dean of Community Life, student orientation, The Women’s Center, student housing, assistance for personal psychotherapy.
- Student support services, such as Academic Resource Center.

Input to and feedback from selected Communities of Interest

- Current MFT Students
 - Input gathered through annual Sufficiency Survey, Graduating Student Questionnaire, student representatives meeting with faculty in September and April
 - Input from Student Representatives, September and April faculty meetings
 - Program Director provides a Fall program update in MFT student plenary meeting
- Recent MFT Program Graduates
 - Input gathered in triennial Alumni Questionnaire
 - Program Director provides program update for Alumni at the Seminary’s annual Alumni Reunion
- Non-Core Faculty
 - Input is gathered feedback provided through Seminary faculty meetings attended by both Core Faculty and Non-Core Faculty

Data Collection and Preparation for Review

- Faculty support staff gather data from the annual Sufficiency Survey and the Graduating Student Questionnaire (GSQ)
- Student representatives gather data from student representative meetings and provide findings to Core Faculty for review.
- Board of Trustees Academic Affairs Committee and Community Life Committee members provide feedback to the Program Director regarding environmental resources and supports in April and October meetings.
- Data collected from annual Site Supervisor survey.
- Faculty support staff aggregate data into spreadsheet in preparation for the MFT Program Workday

Data review and action

- The Core Faculty review data for areas needing action in the September Core Faculty meeting each September.
- Core faculty plan for any needed action or revision to improve program environmental resources and supports.
- Program Director meets with the Dean of the Seminary following the September Faculty meeting to evaluate proposed changes.

MFT Program Assessment Calendar

- January-July: Support staff collect, organize and aggregate on spreadsheets data related to Program Goals, Student Learning Outcomes, and environmental resources and supports
 - Signature class assignments and exams for the year
 - Senior Integration Experience aggregated scores
 - Exit Examination aggregated scores
 - Graduating Student Questionnaire
 - Course evaluation aggregated data
 - Annual Sufficiency Survey
 - Course evaluations questions 11, 13, 16, 17, 18, 29 (aggregated)
 - Alumni Survey (triennial)
 - Employer Survey (triennial)
 - Site Supervisors survey (annual)
- August: Aggregated data collected above is evaluated by Core Faculty and Program Clinical Supervisors during the MFT Program Workday. Core Faculty and Program Clinical Supervisors recommend changes to strengthen the program through revision/improvement of Program Goals, SLOs, environmental supports and potential curriculum adjustments.
- September: MFT Program Core Faculty evaluate, organize, prioritize, and act on recommendations for improvement emerging from the MFT Program Workday. Program Director provides a Fall program update for students in MFT plenary meeting.
- October and April: Feedback to the Board of Trustees during semi-annual meeting.

- Spring and Fall semesters: Input is gathered feedback provided through monthly Seminary Framework meetings and Seminary faculty meetings attended by both Core Faculty and Non-Core Faculty.
- Cycle Repeats.

LPTS MFT Program Process for Review/Revision of the MFT Curriculum

1. The MFT faculty annually reviews the effectiveness of the curriculum in terms of meeting articulated goals by means of:
 - Student review of each class through student course evaluations (managed by the registrar);
 - MFT faculty review of course syllabi, course sequencing and discussion of curricular effectiveness by the MFT Faculty and clinical staff in regularly scheduled meetings (see Assessment Cycle);
 - Input from central Communities of Interest through an annual Sufficiency Survey, an Employer Survey, and an Alumni survey
 - Review of student performance on standard tests (for example, the national MFT Examination) taken in conjunction with regulatory requirements toward licensing.
 - Student performance scores on Practicum evaluations and Senior Integrative Experience.
2. The MFT Program Core Faculty reviews outcome data to identify strengths and areas for improvement. Should the above review suggest the need for curriculum change or improvement, the MFT Program Director will organize the MFT Faculty to propose a recommended curriculum change to the Dean of the Seminary and Seminary academic Framework (CR: Building Communities and Nurturing Relationships).
3. If a systemic revision seems warranted, the MFT Program Director will collaborate with the Dean to construct an acceptable process for revision that includes substantial input from identified Communities of Interest.
4. Consistent with COAMFTE standards, the primary responsibility for MAMFT curriculum revision resides in the MFT Faculty, who shall work in consultation throughout the process with the LPTS faculty and Academic Committee of the Council.
5. On completing a proposed revision of the curriculum, the MFT Faculty shall request the Seminary faculty's approval for curriculum changes. Upon the approval by the Seminary Faculty, the Dean, with the approval of the President, shall forward the revision to the Academic Affairs Committee of the Board.
6. The Board of Trustees has the authority to sustain the proposed curriculum revision and authorize its implementation or it may return it for further refinement. The Board of Trustees also has the authority to reject any revision and direct that the current curriculum be maintained.

Section III Appendix

MFT Program Director Leadership and Effectiveness Review
Evaluation: Louisville Seminary Counseling Center (LSCC) Clinical Director
Employee Performance Evaluation (Administrative Assistant)
MFT Program: Collaborative Supervisor Annual Evaluation
Evaluation of the Supervisor (Student evaluation form for dyad supervisor)
External Practicum Site Administrative Supervision Feedback

MFT Program Director Leadership and Effectiveness Review

Purpose of the Program Director Evaluation:

1. To Evaluate the Program Director's leadership and effectiveness in key functions
2. Identify areas of strength and areas where leadership and effectiveness can be developed or enhanced.
3. Review will include assessment of the following areas:
 - a. Oversight and monitoring of all MFT Program operations.
 - b. Commitment to the mission of the seminary and attention to how the MFT Program contributes to the seminary's mission, priorities and values (for example enhancing diversity and Anti-racist commitments, etc.)
 - c. Participation in strategic planning within the MFT Program and in relation to the larger mission of the seminary.
 - d. Management of MFT Program budget and collaboration with the seminary's administrative leadership to assure adequate resources (example: improving technology, staffing, etc.).
 - e. Provides leadership in evaluating and developing both academic and clinical practice curriculum.
 - f. Assures that clinical and academic resources are sufficient to meet stated Program Goals and maintain COAMFTE accreditation.

Review Process

1. The Dean of the Seminary conducts the Leadership and Effectiveness review.
2. Input for the review will be gathered from the following Communities of Interest.
 - a. Students (data from annual Sufficiency Survey)
 - b. Supervisors/clinical staff (data from annual Sufficiency Survey)
 - c. MFT faculty and administrative staff (Interview with Dean of the Seminary)
 - d. Seminary Administrators (Dean of the Seminary, CFO, etc.)
3. Data from the Sufficiency Survey and interviews are collected and reviewed by the Dean of the Seminary. The Dean will construct a report of findings and communicate these and any recommendations to the Program Director.
4. Ordinarily, the review of the Program Director's effectiveness will take place bi-annually. Data from the Program Director review may be included in the Director's biennial or triennial faculty review.

Revised 9/2020

Evaluation: Louisville Seminary Counseling Center (LSCC) Clinical Director

Clinical Director:

Evaluator:

Brief Description: The LSCC Clinical Director manages all clinical practice and student practicum dimensions of the MFT Program. The Clinical Director works in collaboration and consultation with the MFT Program Administrative Assistant, the MFT Program Director, the MFT Faculty, and the Clinical Supervisors. The MFT Program Director supervises and evaluates the work of the Clinical Director. (See Section Appendix for Clinical Director Evaluation form and process.)

Evaluation of Specific Duties:

- I. Directs the Louisville Seminary Counseling Center (LSCC) to reflect the highest ethical and clinical standards of practice, optimal student practicum effectiveness, and cost-effective operation.

- Develops and maintains clinical experience offerings through community networking, marketing and cultivating referral sources.

1	Does not meet expectations
2	Marginally meets expectations
3	Meets Expectations
4	Exceeds Expectations

- Coordinates clinical placements for all MFT students in accordance with MFT Program policies, Program Goals, Student Learning Objectives, theological reflection priorities, and other priorities as defined by the MFT program.

1	Does not meet expectations
2	Marginally meets expectations
3	Meets Expectations
4	Exceeds Expectations

- Assures that LSCC and external practicum sites provide adequate and diverse clinical experience to guarantee broad student counseling experience and support timely student graduation.

1	Does not meet expectations
2	Marginally meets expectations
3	Meets Expectations
4	Exceeds Expectations

- Collaborates with the MFT Core Faculty to develop and maintain MFT policies related to practicum and clinical excellence in the MFT Program.

1	Does not meet expectations
2	Marginally meets expectations
3	Meets Expectations
4	Exceeds Expectations

- II. Recommends potential clinical supervisors in consultation with the Program Director and MFT faculty; supervises, evaluates and manages relationship with the Program’s clinical supervisors.

1	Does not meet expectations
2	Marginally meets expectations
3	Meets Expectations
4	Exceeds Expectations

- III. Oversees students’ supervised experience and responds to student practicum concerns guided by MFT Program and Seminary policies.

1	Does not meet expectations
2	Marginally meets expectations
3	Meets Expectations
4	Exceeds Expectations

- IV. Attends MFT Core Faculty meetings and collaborates with the MFT Faculty and Program Director to develop, improve and review Program Goals, Student Learning Outcomes, and program priorities.

1	Does not meet expectations
2	Marginally meets expectations
3	Meets Expectations
4	Exceeds Expectations

- V. Collaborates with MFT Director and Administrative Assistant to develop the LSCC budget.

1	Does not meet expectations
2	Marginally meets expectations
3	Meets Expectations
4	Exceeds Expectations

VI. Manages clinical staff meetings.

1	Does not meet expectations
2	Marginally meets expectations
3	Meets Expectations
4	Exceeds Expectations

VII. Maintains a personal clinical practice as required by accrediting agencies.

1	Does not meet expectations
2	Marginally meets expectations
3	Meets Expectations
4	Exceeds Expectations

- As time permits, teach occasional courses in the MFT curriculum consistent with competence and interest, as negotiated with the MFT Program Director.

1	Does not meet expectations
2	Marginally meets expectations
3	Meets Expectations
4	Exceeds Expectations

Narrative:

My signature indicates that I and the MFT Program Director have reviewed the contents of this evaluation and that I have received a copy.

Clinical Director's Signature: _____ Date: _____

- I agree overall with the MFT Program Director's evaluation of my work.
- I strongly disagree with part or all of the MFT Program Director's evaluation of my work and request an appeal.

MFT Program Director's Signature: _____ Date: _____

Employee Performance Evaluation

Louisville Presbyterian Theological Seminary

Employee: Department: Job title: Supervisor:

Date of evaluation: Review period:

Date of last evaluation:

- 3 months (new employee) 6 months (new employee) Annual
- Employee/Supervisor requests presence of a Peer/Human Resource Representative during evaluation meeting Representative:

MISSION

Louisville Seminary educates and forms servant leaders for tomorrow's ministries. We build bridges: between sacred texts and human lives; between the past and the future; among persons of different faiths, Christian denominations, and cultures; all in the name of Jesus Christ, the bridge between God and humanity.

PURPOSE

To provide an opportunity for the supervisor and employee to discuss the employee's job performance, to remove any uncertainties regarding job responsibilities or expectations, highlight achievements, and identify growth responsibilities. To mutually review the employee's work, sharing perspectives about performance of the employee, to review the working relationships with others, workload and priorities. To assist the employee in doing the best possible job by outlining improvement strategies, to boost enthusiasm for doing the job by appreciating accomplishments and to promote better understanding of the job in the context of the Seminary's work and mission.

PROCEDURE

Employees and their supervisor participate together in an annual performance review. The performance review is a process and a means of setting goals, and measuring and enhancing individual and organizational performance. Supervisors are responsible for conducting an annual performance review in January (unless otherwise arranged) for employees whom they supervise relative to job descriptions and mutually agreed upon goals. The employee is to fill out applicable portions of this form related to self-evaluations and submit it to their supervisor one week prior to the scheduled in-person performance evaluation meeting. Employees are encouraged to evaluate their own performance, and dialogue about any other issues related to the quality of Seminary life, and to set and document goals for the coming year. Both the employee and supervisor should decide and indicate for each the level at which the employee performed for this review period. The supervisor should consider input from the employee during the performance evaluation meeting in an effort to arrive at a mutual understanding regarding the final evaluation. The employee and/or supervisor can request the presence of a peer or human resources representative at the performance evaluation meeting.

The performance evaluation responses should not come as a surprise to the employee, but rather should recap feed- back the supervisor has provided the employee throughout the past year. If areas needing improvement are identified, the employee and supervisor will develop a formal plan designed to assist the employee in

gaining the training or information needed to be successful in their position. The plan will be submitted with the employee's evaluation to Human Resources.

Employee/Supervisor Self-Evaluation Assessment Survey

Describe the aspects of your job you performed particularly well since your last performance review (top strengths, major accomplishments, goals achieved, professional development and/or campus activities, etc.).

Since your last performance review, have you performed any new tasks or additional duties outside the scope of your regular responsibilities (job description)? If so, please specify.

What goals do you hope to accomplish during the next year? Goals should be SMAART (**S**pecific, **M**easurable, **A**ttainable, **A**greed Upon, **R**ealistic, **T**imely).

What opportunities and additional resources would be helpful to accomplish these goals?

Other Comments: What other comments, suggestions, or matters need to be addressed?

Employee

Supervisor

PERFORMANCE RATING SCALE

3	Exceptional work that exceeds expectations . Contributions to the institution go above and beyond position requirements. Deserves superior recognition.
2	Meets expectations for position requirements and standards. Viewed as a reliable and meaningful contributor to the institution.
1	Does not meet expectations . Performance is less than required. Must take action to improve their contribution. Supervisor will work with employee to develop a formal plan for employee to meet expectations.

QUALITY OF WORK—INCLUDING ACCURACY, THOROUGHNESS, AND ORGANIZATION

Work quality is good and fully meets all quality standards for the position. Work is completed with a normal amount of review, input, and correction on an ongoing basis. Limits waste of materials and time.

Employee 3 2 1

Supervisor 3 2 1

QUANTITY OF WORK—OUTPUT GENERATED IN A SPECIFIED PERIOD OF TIME

Completes a fully acceptable amount of quality work equal to that normally expected. Work output is stable; produces an acceptable amount of work on an ongoing basis.

Employee 3 2 1

Supervisor 3 2 1

JOB KNOWLEDGE

Good knowledge of all essential elements of the job. Knows when appropriate to seek assistance from others on how to complete more complex or unusual tasks. Participates in training as required or as needed.

Employee 3 2 1

Supervisor 3 2 1

LEARNING NEW SKILLS & INITIATIVE FOR IMPROVEMENT

New skills are learned in a reasonable time period and applied effectively through normal training methods and with some direction. Employee expresses an interest in acquiring new skills. Often develops/suggests ways to improve procedures and methods in own job, and other related systems or areas of work outside of own area of responsibility.

Employee 3 2 1

Supervisor 3 2 1

ATTENDANCE & PUNCTUALITY

Is rarely absent, arrives punctually, works required hours. Takes responsibility to be present and available when needed to complete important tasks and meet or assist others in meeting deadlines.

Employee 3 2 1

Supervisor 3 2 1

COMMUNICATIONS

Conveys information effectively and efficiently. Is tolerant towards the expression of differing ideas. Ensures that others are informed of matters affecting their work as needed. Consistently addresses others with respect.

Employee 3 2 1

Supervisor 3 2 1

MISSION OF THE SEMINARY & TEAMWORK

Understands the mission of the seminary. Good team worker. Gets along well with others. Displays a positive, cooperative approach to work and the Seminary community.

Employee 3 2 1

Supervisor 3 2 1

SAFETY

Contributes to a safe and secure environment by following established Seminary policies and procedures. Is careful and uses good judgment in observing safety procedures and rarely takes chances in regards to safety of self or others.

Employee 3 2 1

Supervisor 3 2 1

DECISION-MAKING/JUDGMENT

Has the capacity to respond to changing situations and expectations seeking out relevant data and properly evaluating situations before arriving at a decision. Clarifies who has authority to make decisions if needed.

Employee 3 2 1

Supervisor 3 2 1

DEPENDABILITY & RELIABILITY

Can be relied on to complete all aspects of job with promptness and professionalism. Consistently meets deadlines. Uses discretion with confidential material.

Employee 3 2 1

Supervisor 3 2 1

CONFLICT RESOLUTION

During times of disagreement, is respectful to others and uses diplomacy and tact to maintain effective working relationships. Seeks constructive approaches to resolving workplace issues.

Employee 3 2 1

Supervisor 3 2 1

EMPLOYEE ACKNOWLEDGMENT

I understand that this performance evaluation is not an employment agreement or contract. As an employee of Louisville Seminary, I am expected to maintain a current working knowledge of policies, procedures, and guidelines necessary to answer work-related questions and to provide assistance to students, employees, and the general public in a timely and courteous manner. I am also expected to perform other reasonable duties as may be assigned by my supervisor and to contribute to the team efforts of the department and to assist the Seminary in achieving its strategic goals. I must abide by all laws and Seminary policies and guidelines. Further, I understand that I may request a copy of such policies, procedures, and guidelines from my supervisor, area Vice President, Department Head, or the Office of Human Resources.

My signature indicates that I, my supervisor, and Peer/Human Resources Representative (if applicable) have reviewed the contents of this evaluation and that I have received a copy.

Employee Signature: _____ Date: _____

- I agree overall with my Supervisor’s evaluation of my work.
- I strongly disagree with part or all of my Supervisor’s evaluation of my work and request an appeal.

Supervisor Signature: _____ Date: _____

Peer/HR Rep Signature (if applicable): _____ Date: _____

Area VP/Dean Signature: _____ Date: _____

updated 1.11.2021

Received by HR:

Name:

Signature:

Marriage and Family Therapy (MFT) Program Collaborative Supervisor Annual Evaluation

Purpose: The purpose for the Collaborative Supervisor Annual Evaluation is to assess the sufficiency of clinical supervision as delivered by the program’s clinical supervisors. Results of the review are used for program improvement.

Process: Prior to consulting with the Clinical Director, each supervisor will complete the evaluation and prepare to share this assessment with the Clinical Director. The supervisor and Clinical Director will review the self-assessment and highlight areas of strength (sufficient) and areas that may need attention for program improvement or development (insufficient). The supervisor and Clinical Director will review any scores of “insufficient” and determine what program action, resources, or changes might be needed to move an insufficient score to sufficiency.

Supervisor (Name): _____

Date of Evaluation: _____

Mission

The mission of the Marriage and Family Therapy Program is to educate persons with theological or spiritual commitments to become marriage and family therapists competent to practice in a diverse, multicultural, and interfaith world.

Please indicate whether the supervisor has engaged in the following activities that support the MFT Program’s Mission.

- Maintained current licensure under the state licensing requirements and maintained AAMFT Approved Supervisor Status, Supervisor Candidate designation, or Kentucky Board Approved Supervisor status.
- Participated in at least one training, workshop, or CE opportunity focused on current trends in the delivery of mental health treatment.
- Participated in at least one training, workshop, and/or personal development opportunity focused on increasing cultural and/or spiritual/theological competency.
- Rated an average of at least 3.5 out of 5 on student evaluations related to practicum and supervision.

- Attended at least 75% of MFT Clinical Staff meetings scheduled throughout the academic year, one of which must have been the MFT Faculty Retreat.

Please rate the faculty member's performance related to the program's Mission and/or Goals.

Sufficient: Faculty member met 3 of 4 Goal 1 targets.

Insufficient: Faculty member met fewer than 3 of 4 Goal 1 targets.

MFT Program Goals and Student Learning Outcomes

The following is an evaluation of the faculty member's contributions to the **MFT Program Goals** through the facilitation of the corresponding **Student Learning Outcomes**.

Program Goal 1: To graduate students prepared with clinical, theoretical, and ethical tools to provide systemic individual, couple, and family therapy as entry-level professional MFT practitioners.

Associated Student Learning Outcomes (SLO 1and 2): *Working knowledge of a variety of theories; Understanding of specific theories; Articulation of personal theory as informed by recognized theories, research, and professional literature.*

Please describe the supervisor's contributions to Goal 1 and the associate student learning outcomes.

- Provided weekly clinical supervision during at least one semester where students' theoretical models are incorporated into the supervisory experience.
- Provided supervision in a variety of systemic theoretical models during at least one semester wherein the average rating of performance on student evaluations was at least 3.5 out of 5.
- Rated and provided feedback to students on SIE and/or Practicum 2 evaluations.
- Collaborated with faculty to refine and revise expectations on student evaluations and use of systemic models and theories.

Please rate the faculty member's performance related to this goal and the associated student learning outcomes.

Sufficient: Faculty member met 3 of 4 Goal 1 targets.

Insufficient: Faculty member met fewer than 3 of 4 Goal 1 targets.

Program Goal 2: To graduate students who demonstrate cultural competence and provide individual, couple and family therapy with diverse clients.

Associated Student Learning Outcomes (SLO 4): *Ability to use a multi-contextual, antiracist approach to Marriage and Family Therapy that attends to religious, cultural, racial, economic, gender, and sexual orientation diversity and intersectional contexts in client, client-therapist, supervisory, and broader social systems.*

Please describe the supervisor's contributions to this goal and the associated student learning outcomes.

- Provided weekly clinical supervision during at least one semester that included deliberate attention to students' ability to use a multi-contextual, antiracist approach to Marriage and Family Therapy that attends to religious, cultural, racial, economic, gender, and sexual orientation diversity and intersectional contexts in client, client-therapist, supervisory, and broader social systems.
- Provided supervision of assessment, diagnostics, and/or clinical treatment during at least one semester, wherein the average rating of performance on student evaluations was at least 3.5 out of 5.
- Attended and evaluated students' SIE presentation and provided feedback to issues of diversity and anti-racism.
- Evaluated students' clinical case presentations as assigned in advanced practicum courses during at least one semester.

Please rate the faculty member's performance related to this goal and the associated student learning outcomes.

Sufficient: Faculty member met a minimum of 3 of 4 Goal 2 targets

Insufficient: Faculty member met less than 3 of 4 Goal 2 targets.

Program Goal 3: To graduate students with an entry-level professional ability to reflect theologically/spiritually on their clinical practice in a multi-faith world.

Associated Student Learning Outcomes (SLO 5): *Able to use a multi-contextual, antiracist approach to Marriage and Family Therapy that attends to religious, cultural, racial, economic, gender, and sexual orientation diversity and intersectional contexts in client, client-therapist, supervisory, and broader social systems.*

Please describe the faculty member's contributions to this goal and the associated student learning outcomes:

- In the clinic, the supervisor works with students to construct a language to integrate religious, cultural, racial, economic, gender, and sexual orientation diversity and intersectional contexts in client, client-therapist, supervisory, and broader social systems.
- The supervisor mentors students toward effective expression of religious, cultural, racial, economic, gender, and sexual orientation diversity and intersectional contexts in client, client-therapist, supervisory, and broader social systems in the Practicum 2 case write-up and/or SIE.
- The supervisor provided weekly clinical supervision during at least one semester that included attention to religious, cultural, racial, economic, gender, and sexual orientation diversity and intersectional contexts in client, client-therapist, supervisory, and broader social systems students' attunement to self-of-the-therapist dynamics and clinical care related to treatment of diverse populations are incorporated into the supervisory experience.
- Provided supervision in methods to integrate religious, cultural, racial, economic, gender, and sexual orientation diversity and intersectional contexts in client, client-therapist, supervisory, and broader social systems with an average rating of performance on student evaluations of at least 3.5 out of 5.
- Provided feedback to students on case presentations related to anti-racism and diversities completed for classroom assignments at least once.
- Evaluated students and provided feedback on the development of clinical competencies related to the treatment of diverse populations as outlined in SLO 4 and Developmental Competency 4 at least once.

Please rate the faculty member's performance related to this goal and the associated student learning outcomes.

Sufficient: Faculty member met 4 of 6 Goal 3 targets.

Insufficient: Faculty member met fewer than 4 of 6 Goal 3 targets.

Program Goal 4: To graduate students with ethical commitments to service, advocacy, and public participation as an MFT.

Associated Student Learning Outcomes (SLO 6): *Students will be able to apply an ethical framework, including but not limited to the AAMFT Code of Ethics, to make appropriate decisions in therapy, advocacy, service, and public participation.*

Please describe the faculty member's contributions to this goal and the associated student learning outcomes:

- Provided weekly clinical supervision during at least one semester where students' developmental skills related to application of ethical decision making and systemically focused documentation were incorporated into the supervisory experience.
- Provided supervision related to ethics and the law, the AAMFT Code of Ethics, ethical decision-making models, and/or the application of ethical considerations in clinical treatment during at least one semester, wherein the average rating of performance on student evaluations was at least 3.5 out of 5.
- In supervision discussed and/or modeled how to make decisions in therapy related to advocacy, service, and public participation.
- On Practicum 2 review and/or SIE committee, evaluated students on Developmental Competency 4 (Ethics) as that relates to advocacy, service, and public participation at least once.

Please rate the faculty member's performance related to this goal and the associated student learning outcomes.

Sufficient: Faculty member met 2 of 4 Goal 4 targets.

Insufficient: Faculty member met fewer than 2 of 4 Goal 4 targets.

For any area(s) where the faculty member was rated as insufficient, please describe the plan of remediation to address and correct insufficiencies.

Additional Feedback: _____

Evaluation completed by: _____

EVALUATION OF THE SUPERVISOR

Evaluation Date: _____

Clinical Supervisor: _____

Student: _____

Time Period: From _____ to _____

1. Indicate the typical frequency _____ and duration _____ of your supervisory meetings.

2. Indicate the modality of supervision used:

	Very Much	Much	Moderate	Some	None
_____ case discussion	5	4	3	2	1
_____ review of video recordings	5	4	3	2	1
_____ co-therapy with supervision	5	4	3	2	1
_____ live supervision	5	4	3	2	1
_____ other, please specify _____					

Section One

	Very Much	Much	Moderate	Some	None
1. The supervisor is on time for all scheduled appointments	5	4	3	2	1
2. The supervisor is prepared for each supervision session	5	4	3	2	1
3. The supervisor helps me set goals for Practicum and supervision.	5	4	3	2	1
4. The supervisor helps me relate what I learn in supervision to academic course work and Practicum goals	5	4	3	2	1
5. The supervisor provides timely and direct feedback about my progress with clinical work and Practicum goals	5	4	3	2	1

		Very Much	Much	Moderate	Some	None
6.	The supervisor provides effective feedback about relating to clients at all stages of the therapy process from joining to termination	5	4	3	2	1
7.	The supervisor provides timely and direct feedback related to personal issues that affect my clinical, administrative, or supervisory performance.	5	4	3	2	1
8.	The supervisor helps me recognize issues of transference and counter-transference that arise in my clinical work.	5	4	3	2	1
9.	The supervisor offers input, critique and additional reading to support learning alternative models of therapy.	5	4	3	2	1
10.	The supervisor assists me with evaluating empirical information for theoretical and treatment planning decisions.	5	4	3	2	1
11.	The supervisor assists me in exploring my personal spirituality and faith and helps me reflect theologically and spiritually on my cases and clinical work.	5	4	3	2	1
12.	The supervisor invites discussion regarding the supervisory relationship and its dynamics.	5	4	3	2	1
13.	The supervisor attends to multi-cultural issues in my work including gender, race, class, socio-economic status, disability, and country of origin.	5	4	3	2	1

14.	The supervisor assists me with clinical interview, assessment, and the process of DSM-5 diagnosis.	5	4	3	2	1
15.	The supervisor assists me in learning clinical procedures, techniques, and skills for intake, client history and, establishment of a treatment plan for the client.	5	4	3	2	1
16.	The supervisor is available for consultation in the event of a clinical emergency or other urgent issue relating to the client or therapist risk.	5	4	3	2	1
17.	The supervisor helps me identify the support and assistance I need to manage the stresses I experience as a student therapist. other	5	4	3	2	1

Section Two

1. Specific strengths of my supervisor:

2. Specific limitations I experience in supervision:

3. What works best about my supervision:

4. Narrative comments explaining any score or responses in Section One:

Student

Date

Rev. 04/2018

External Practicum Site Administrative Supervision Feedback

External Site: _____

Name of Administrative Supervisor: _____

Date of completion of form: _____

Were expectations of what was needed by your site clearly explained?

1 - strongly disagree 2 - disagree 3 - neutral 4 - agree 5 - strongly agree

Were expectations of what was needed of you clearly explained?

1 - strongly disagree 2 - disagree 3 - neutral 4 - agree 5 - strongly agree

If you had questions, were they answered in a timely fashion?

1 - strongly disagree 2 - disagree 3 - neutral 4 - agree 5 - strongly agree

If there were issues with a student, were they dealt with in a timely fashion by the Clinical Director?

1 - strongly disagree 2 - disagree 3 - neutral 4 - agree 5 - strongly agree

Were any issues dealt with satisfactorily by the Clinical Director?

1 - strongly disagree 2 - disagree 3 - neutral 4 - agree 5 - strongly agree

Is there anything else you'd like to share about your experience as a site administrative supervisor that could improve the MFT Program and/or the process of having student interns?

GRADUATION

REQUIREMENTS

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

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

Graduates are expected to complete the Graduating Student Questionnaire (GSQ) administered through the Dean of Community Life Office. Please note that MAMFT graduates are categorized as “Professional MA” in the GSQ.

Graduation Policy
Determining Your Graduation Date

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

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

MFT PROGRAM EXIT EXAMINATION AND THE AMFTRB EXAM

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

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

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

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

SENIOR INTEGRATION EXPERIENCE – MFT Program Capstone Project

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

There are two parts to this project:

1. A comprehensive written report. Using the “SIE Case Study Guide and Rubric” students will prepare a formal case study of the selected client case. This report will give the student an opportunity to demonstrate in-depth knowledge of a preferred theoretical model of therapy, peer-reviewed research related to the presenting problem, use of intervention/clinical skills, and integration of theology and spirituality into clinical work.

2. A formal, oral case presentation. Students will be given 45 minutes to present their clinical work with a couple or family. The goal of this presentation is to allow students to demonstrate knowledge and clinical skills related to family therapy theory, intervention, and the ability to present a clinical case to professional colleagues.

Preparation of the SIE Case Write-Up and Oral presentation

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

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

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

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

PowerPoint

Students may prepare a PowerPoint presentation to use on the day of their oral presentation. It is important to note that it is impossible to cover all the information from the written report.

Students should concentrate on main themes showing how theory and practice are integrated into the case.

The PowerPoint presentation should include the following:

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

Session Clips

Video clips of the session are required to demonstrate the therapist's work with the couple or family presented. A recording showing work with a co-therapist is acceptable, provided the graduating student is shown leading the therapeutic work. The clips should demonstrate the therapist working in a systemic framework toward goals of therapy in the broader context of multiple sessions.

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

Other Documents Required

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

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

Collaborative Boundaries

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

- Review by the ASC.
- Collaboration in voluntary SIE seminars provided to graduating seniors by the MFT faculty in the late fall and early spring of each year. These seminars provide a forum to examine and discuss expectations, processes and provide input and support as students prepare their SIE.
- Students may work together on SIEs so long as the boundary of presenting one's own work is maintained.

Required ASC Consultation

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

SIE Committee Composition and Roles

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

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

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

- A second **MFT staff or faculty member** may sit on the SIE Committee. Based on the presentation, the faculty member works with other committee members, evaluates the presenter's ability to integrate theory and interventions, and evaluates the student's theological reflection and critical thinking.
- For dual degree students, a LPTS **non-MFT faculty member** sits on the SIE Committee. The faculty member reviews the SIE final draft prior to the presentation and scores the document based on the SIE Rubric. During the student's presentation, the non-MFT faculty member makes inquiries or comments on the student's theological, biblical, and/or ministerial thinking and practice from the perspective of the faculty member's discipline.

SIE Presentation

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

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

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

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

If the presentation is in person, the committee will briefly release the student presenter from the room. If the presentation is virtual, the committee will briefly leave the student in the main session of the Zoom room and enter a breakout room. The committee will reflect on the presentation and prepare comments for student feedback, giving special attention to the presenter's readiness to enter the therapeutic community as an entry-level professional colleague. Readiness is defined as the student's ability to articulate and demonstrate (by oral presentation, written case study, and committee interaction) therapeutic style, an understanding of MFT theory presented in clinical work, interventions, critical systemic analysis, diagnostic skill, theological reflection, and clinical summary. The committee will determine one of the following by consensus. If consensus is not possible, then by majority vote:

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

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

Section IV Appendix

SIE Case Study Guide
SIE Committee Members
SIE Signature Form
SIE Presentation Guideline
SIE Rubric

**Marriage and Family Therapy Program
SIE Case Study Guide**

Student Instructions: SIE cases must be relational and represent your work with a couple or family. Use the following outline to guide your work. Be sure to use the **headings and subheadings** in the order listed below. All areas are to be completed unless otherwise specified. Your report must demonstrate clear and effective writing (APA Style, 7th edition) and be drafted as a professional report (see Guide for Professional Report Writing). Use clear, appropriate clinical language. Your report should provide information that shows sound clinical treatment planning for specific outcomes. All case write-ups are to be submitted in 11 point Calibri Font only, using 1.5 spacing. The length of the write-up is to be as follows:

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

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

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

I: Identifying Information/Description of Client

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

II: Presenting Problem

Provide a short, concise paragraph stating what the individual/couple/family perceived as the motivating factor bringing them to therapy. What does the client want to change?

- Client's voice is central.
- Presenting Problem should be closely related to the outcome goals set in IV below.

III: Clinical Assessment

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

- Information from family of origin, personal history, and relationship history.
- Family life cycle, individual life cycle, developmental tasks, etc.
- Gender, racial-ethnic, class, age, and other multi-cultural issues.

C. Corollary Individual Assessment and Screening. Include here:

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

IV: Treatment Planning and Summary of Treatment to Date*

A. State your treatment plan for this client family.

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

B. State your contract with the couple/family.

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

D. Evaluate the effectiveness of your strategy to date using data from client report, therapist observation, and ongoing formal assessments.

***Refer to III. A. above.** Be sure that your treatment plan and treatment summary are consistent with the theoretical model you have chosen and shows clear attention to the systemic framework for all assessments, and relevant cultural, family, gender, religious and spiritual, racial, socioeconomic contextual factors, how these interact with assessment and diagnosis and your own social location as an observer/evaluator context.

V: Theological Reflection

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

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

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

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

VI: Use of Self

A. Describe the presence and management of any issues such as countertransference, transference, triangles, differentiation, and enmeshment that occurred during the working of this case.

B. Make direct comments about specific or outstanding issues important to your case presentation and any specific concerns or actions related to therapist self-care.

C. Identify key examples of the importance of therapist-client relationship and interactions that significantly influenced the case

**Marriage and Family Therapy Program
SENIOR INTEGRATION EXPERIENCE COMMITTEE COMPOSITION**

Student: _____ Presentation Date/Time: _____

Please complete the information below and submit this form to the MFT Administrative Assistant by _____.

Senior Integration Experience Committee Composition

Signatures

Practicum 3 Supervisor: _____

MFT Advisor: _____

MFT Faculty Member: _____

Dual Degree Students Only:

* Non-MFT Faculty Member: _____

* LPTS Faculty Member is required for all M.Div./MAMFT dual degree students.



**Marriage and Family Therapy Program
SENIOR INTEGRATION EXPERIENCE CASE WRITE-UP
PREPARATION AND REVIEW**

The signatures below verify this final case write-up documents the work of _____, a current student in the Marriage and Family Therapy Program at Louisville Presbyterian Theological Seminary, and has been prepared in consultation with the following individuals:

MFT Student

Date

ASC Representative

Date

* Practicum 3 Supervisor

Date

* MFT Academic Advisor

Date

Note: A signed copy of this form must accompany the Senior Integration Experience case write-up when submitted to the MFT Office in order for the work to be accepted.



MAMFT Senior Integration Experience *Presentation Timeline*

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

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

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

Per 20FM0217 Minutes

Revised 8/11/2020

Senior Integration Experience (SIE) Rubric

Revised 07/2021

Student: _____ Date of Report: _____

Clinical Supervisor _____ MFT Academic Advisor _____

MFT Faculty Member _____ LPTS Faculty Member (dual) _____

The SIE, the MFT Program’s Capstone Project, demonstrates the student’s mastery of COAMFTE Developmental Competencies and that the student has met the Student Learning Outcomes for the MFT Program.

Instructions for Completing Evaluation:

Scores are based on ***the student’s readiness for entry-level professional practice (SLO 1)***. Scores on all stated Developmental Competencies will be documented, **2-Meets Expectations** or **1-Does not meet Expectations**. In the latter case, the student’s work fails to demonstrate mastery of competencies, does not demonstrate that one or more SLO has been met, and the student is not ready to meet the standard of professional practice on one or more Developmental Competency. The rubric provides space for Narrative Comments on particular strengths or challenges demonstrated by the student therapist.

Section I

COAMFTE Developmental Competency 1: Knowledge of Profession
(SLO 1, 2, 3)

Student demonstrates Knowledge of Profession in written and oral presentation that include:

- Appropriate use of systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy.
- Comprehension of a variety of individual and systemic therapeutic models and their application, including evidence-based therapies and culturally sensitive, anti-racist approaches.
- Articulation of foundational contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).
- Knowledge of state, & federal laws and regulations; standards of practice in MFT.

Case Write-Up Score:

Meets Expectations (2) _____

Does Not Meet Expectations (1) _____

Oral Presentation Score:

Meets Expectations (2) _____

Does Not Meet Expectations (1) _____

Narrative Comments

Section II
COAMFTE Developmental Competency 2: Practice of Therapy
(SLO 1,2, 4, 5)

Student demonstrates competence in Practice of Therapy in written and oral presentations that include:

- Ability to gather and review intake information, balance attention to individual, family, community, cultural, and contextual factors.
- Ability to explain to client or legal guardian practice setting rules, fees, rights and responsibilities of each party, including privacy, confidentiality policies, and duty to care.
- Ability to maintain appropriate and productive therapeutic alliances with a broad range of clients.
- Ability to diagnose and assess client behavioral and relational health problems systemically and contextually.
- Ability to develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of systemic racism and other extra-therapeutic factors on client systems.
- Consistently employing a guiding theory to establish and carry out treatment plans from intake to termination.
- Ability to screen for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and danger to others and establish appropriate safety plans.
- Ability to recognize when to seek supervision and consultation.

Case Write-Up Score:

Meets Expectations (2) _____
 Does Not Meet Expectations (1) _____

Oral Presentation Score:

Meets Expectations (2) _____
 Does Not Meet Expectations (1) _____

Narrative Comments

Section III
COAMFTE Developmental Competency 3: Human Diversity and Social Structure
(SLO 4, 5, 6)

Student demonstrates competency in Human Diversity and Social Structure by written and oral presentations that include:

- Attention to the context and value of multiple perspectives and multicultural awareness in a global context.
- Attention to local, national, and global concerns, and demonstrates the ability to practice beyond western culture.
- Attention to diversity, intersectionality, and inclusion with clients and colleagues regardless of their

race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories, immigration, and/or language are treated with respect and dignity. ¹

- Ability to serve and support marginalized and underserved communities through advocacy for racial, cultural, sexual and gender minorities and anti-racist commitment and action.
- Practice that shows awareness and clinical sensitivity to multiple, diverse groups and oppressive factors such as systemic racism.

Case Write-Up Score:

Meets Expectations (2) _____
Does Not Meet Expectations (1) _____

Oral Presentation Score:

Meets Expectations (2) _____
Does Not Meet Expectations (1) _____

Narrative Comments

Section IV

COAMFTE Developmental Competency 4: Professional Ethics, Law and Identity
(SLO 3, 6)

Student demonstrates competency in Professional Ethics, Law and Identity by written and oral presentations that include:

- Knowledge of the AAMFT Code of Ethics and state laws regulating the practice of MFT.
- Knowledge of situations in which ethics, laws, professional liability, and standards of practice apply.
- Appropriate use of clinical supervision or consultation.
- Self-monitoring of personal attitudes, well-being and personal challenges to ensure these do not impact the therapy process adversely or create vulnerability for misconduct.
- Ability to sustain standard of practice in relationship with clients, maintaining client files and meeting deadlines for progress notes and other vital clinical documentation.

Case Write-Up Score:

Meets Expectations (2) _____
Does Not Meet Expectations (1) _____

Oral Presentation Score:

Meets Expectations (2) _____
Does Not Meet Expectations (1) _____

Narrative Comments

¹ COAMFTE Accreditation Standards, Version 12.0, pg. 3

Section V
COAMFTE Developmental Competency 5: Research and Evidence-based Practice
(SLO 1, 2, 5)

Student demonstrates competency in Research and Evidence-based Practice by written and oral presentations that include:

- Knowledge of MFT literature, research, and evidence-based practice.
- Use of current MFT and other research to inform assessment, treatment planning and guiding the course of therapy.
- Use of client feedback to determine the effectiveness of clinical practice and techniques.
- Use of current research to identify systemic racism, racist practices and inform anti-racism practices.

Case Write-Up Score:

Meets Expectations (2) _____
 Does Not Meet Expectations (1) _____

Oral Presentation Score:

Meets Expectations (2) _____
 Does Not Meet Expectations (1) _____

Narrative Comments

Section VI
LPTS Competency A: Self of Therapist
(SLO 4, 6)

Student demonstrates competency in use of self in therapy by written and oral presentations that include:

- Effective, appropriate use of supervision and consultation to enhance use of self as therapist in relationship to a broad, diverse client population.
- Cognitive and emotional awareness of personal and therapeutic reactions to clients.
- Ability to identify and implement appropriate self-care as therapist.
- A growing, self-reflective sense of self as therapist.

Case Write-Up Score:

Meets Expectations (2) _____
 Does Not Meet Expectations (1) _____

Oral Presentation Score:

Meets Expectations (2) _____
 Does Not Meet Expectations (1) _____

Narrative Comments

Section VII

LPTS Competency B: Theological and Spiritual Integration Practices
(SLO 5)

Student demonstrates competency in theological and spiritual integration by written and oral presentations that include:

- A personal spiritual or theological self-location that informs clinical work and interaction with clients.
- Ability to critically examine theories and interventions used in therapy from a theological and/or spiritual perspective.
- Ability to engage religious, spiritual and theological issues raised by clients in a way that respects both client and therapist's location and is therapeutically, ethically and pastorally responsible.
- A methodology that guides a thoughtful practice of spiritual, pastoral, or theological assessment in clinical cases.
- A spiritual/theological frame of reference that enhances diversity, anti-racist commitments, intersectionality and advocacy with clients and colleagues regardless of their race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories, immigration, and/or language are treated with respect and dignity.

Narrative Comments

Reviewer Summary Comments: (Strengths, growing edges, etc.)

Reviewer: _____

Date: _____

-----**For Office Use Only**-----

Written Score Total : _____
Total: _____

Oral Score Total: _____

Score Mean

Written Mean Score: _____

Oral Mean Score: _____

Score Mean Score: _____

Marriage and Family Therapy Licensing

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

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

Licensing in Kentucky

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

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

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

Marriage and Family Therapy Associate

After graduation, if you wish to provide therapy in Kentucky, you must apply for a permit to practice as a Marriage and Family Therapy Associate. An up-dated application (see end of section for 2022 application) can be obtained on-line (<http://mft.ky.gov/>) or by contacting:

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

*** When seeking an individual to provide clinical supervision, keep in mind you must use someone approved by the Kentucky Board of Licensure. An "Approved supervisor" means an individual who: (a) Holds a designation as an approved supervisor or supervisor in training granted by the American Association for Marriage and Family Therapy; or (b) Is licensed as a**

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

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

All applications and documentation must be received in the board office 10 business days prior to the board meeting date to be put on the agenda. If this deadline is not met, the application will automatically be added to the next month's agenda.

Following board meetings please allow up to two weeks for follow-up correspondence. If you have not received written correspondence from the board two weeks after the meeting, feel free to call. Please be advised that application and test results will not be given over the phone. **Please make sure all documents are legible.**

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

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

AMFTRB National Marriage and Family Therapy Exam – Kentucky Residents

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

Professional Memberships

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

American Association for Marriage and Family Therapy (AAMFT)

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

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

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

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

Professional Membership National Dues

\$216 for US and Canada

\$184 for outside of US and Canada

The following are Professional Membership National Dues reduced rates

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

\$90 – are for doctoral students. This reduced rate is good until the end of the student's graduation date for a maximum of four years.



KENTUCKY BOARD OF LICENSURE FOR MARRIAGE AND FAMILY THERAPISTS

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

APPLICATION FOR PERMIT AS A MARRIAGE AND FAMILY THERAPIST ASSOCIATE

INSTRUCTIONS

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

SECTION 1 – PERSONAL BACKGROUND

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

2. _____
 Mailing Address: Street City State Zip Code

_____ County of Residence Home Phone Work Phone Email Address

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

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

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

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

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

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

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



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APPLICATION FOR PERMIT AS A MARRIAGE AND FAMILY THERAPIST ASSOCIATE

APPLICANT NAME _____

SECTION 2 – PART A – EDUCATION

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

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

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

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

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

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



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APPLICANT NAME _____

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

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

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

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

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

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



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APPLICANT NAME _____

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

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

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

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

APPLICANT’S AFFIDAVIT

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

Date: _____ Applicant’s Signature: _____



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SUPERVISION PLAN FOR CLINICAL EXPERIENCE

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

Last Name First Name Middle Initial Associate Permit #

Street Address City State Zip Code

Email Address Phone Number

PRIMARY CLINICAL MARRIAGE & FAMILY THERAPY SETTING

Workplace Name County of Practice Phone Number

Street Address City State Zip Code

Description of agency function (Check One)

Hospital Mental Health Agency Private Practice Other _____

Beginning Date of Plan: _____ Estimated Ending Date: _____

ADDITIONAL CLINICAL MARRIAGE & FAMILY THERAPY SETTING

Workplace Name County of Practice Phone Number

Street Address City State Zip Code

Description of agency function (Check One)

Hospital Mental Health Agency Private Practice Other _____

Beginning Date of Plan: _____ Estimated Ending Date: _____

BOARD APPROVED SUPERVISOR FOR THIS PLAN

Name KY LMFT License #

Street Address City State Zip Code

Home Phone Number Work Phone Number

ASSOCIATE'S NAME: _____



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SUPERVISION PLAN FOR CLINICAL EXPERIENCE

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

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

[Empty text boxes for detailed description of work setting]

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

[Empty text boxes for detailed description of supervision]

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

[Empty text boxes for detailed description of termination]

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

[Empty text boxes for hours per week]

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

ASSOCIATE'S NAME: _____



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SUPERVISION PLAN FOR CLINICAL EXPERIENCE

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

SUPERVISOR'S STATEMENT

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

Signature of Board Approved Supervisor: _____ Date: _____

APPLICANT STATEMENT

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

Signature of Applicant: _____ Date: _____

ADMINISTRATIVE SUPERVISOR STATEMENT

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

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

Signature of Agency Supervisor: _____ Date: _____

ASSOCIATE'S NAME: _____



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SUPERVISION PLAN FOR CLINICAL EXPERIENCE

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

STATEMENT OF SHARED RESPONSIBILITY

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

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

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

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

(Applicant)

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

Signature of Board Approved Supervisor License Number Date

Signature of Applicant Date

Signature of Agency Supervisor Job Title Date

ASSOCIATE'S NAME: _____