Policies and Procedures Manual
Marriage and Family Therapy
Utah State University
2022-2023

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UTAH STATE UNIVERSITY

MARRIAGE AND FAMILY THERAPY

POLICIES AND PROCEDURES MANUAL

INTRODUCTION

Welcome to the USU Marriage and Family Therapy (MFT) Program. We are happy to have you in this program, where we have successfully graduated 93 of 98 students in the last 16 years. Of those that have graduated, 100% have passed the national exam required for licensure. It is our hope that your experience in the USU MFT program is challenging, enjoyable, and effective in helping you achieve your personal and professional goals. This manual includes information that you will need throughout your program, including graduation requirements and guidelines. It also includes policies and procedures of our onsite MFT program and clinic. After you have read the manual, please complete and sign the *Agreement to Read P&P Manual* (see Appendix A-1) and return the form to the administrative assistant.

The education you earn at USU in the Marriage and Family Therapy Program will provide you with the basic educational and clinical training experiences necessary for Associate Membership in the American Association for Marriage and Family Therapy (AAMFT) and for licensing as an Associate MFT (LAMFT) in the state of Utah (as well as most other states [see appendix page 96]). These requirements typically take 2-4 years to complete and include face-to-face clinical and supervision experiences plus passing the national MFT examination. You can expect a broad range of agency salaries for this work, with higher income for private practice.

When you have questions, it is a good idea to start with several documents: the MFT Program Policies and Procedures (this document), the HDFS Graduate Handbook, School of Graduate Studies webpage, and USU General Catalog. ***YOU are responsible for understanding this information.*** Pleading ignorance at some point for missing deadlines or requirements will not work to your advantage (see Appendix A-2 through A-3 - Completion Tasks and Time Lines for All Graduate Degrees).

We have two master's degrees in our program: The Master of Science in HDFS (emphasis in marriage and family therapy; MS; thesis required) and the Master of Marriage and Family Therapy (MMFT). Both degrees are designed to be completed in 19 months. Students have a maximum of 6 years from the time they matriculate to complete all degree requirements. More information on degree requirements can be found on the HDFS website.

Marriage and Family Therapy Program Mission

Our mission is to prepare students to serve others as practicing marriage and family therapists. We provide a wealth of diverse and practical experiences, research opportunities, and attentive supervision. Our focus is to inspire students to excel academically, professionally, and personally. We aim to create culturally competent, ethical, and effective therapists who strive to make valuable contributions to the profession of marriage and family therapy and their communities.

The missions of the USU MFT Program, the HDFS Department, the Emma Eccles College of Education and Human Services, and USU are united in their commitment to academics, diversity, and service. Our goals as an MFT program align with the overarching principle of USU is to serve the public "through learning, discovery and engagement."

In accordance with the established mission, goals, and outcomes of the program, all MFT faculty are dedicated to creating an environment conductive to learning and are committed to helping students gain real and learned experience to help them excel in their academic and professional endeavors.

Marriage and Family Therapy Faculty

Dr. Dave Robinson

Dr. Dave Robinson, PhD, LMFT is the Director of the Marriage and Family Therapy (MFT) program within the department of Human Development and Family Studies (HDFS) at Utah State University (USU), and an AAMFT Approved Supervisor. He worked for 14 years in the Department of Family Medicine at the University of Nebraska Medical Center as a Behavioral Health Faculty Member. He is passionate about medical family therapy and really enjoys training students to work in medical settings.

Dr. Robinson's therapy expertise is in working with families and illness, depression, anxiety, couples (including standard couple concerns, infidelity, and pornography), sex therapy, and psychopharmacology. He works from a Biopsychosocial-spiritual/family systems perspective and has an integrative approach of narrative, intergenerational, and structural theories.

As a faculty member of the MFT program, Dr. Robinson as well as other MFT faculty members serve on the curriculum committee and are responsible in admitting, mentoring, teaching, supervising, and evaluating students. Dr. Robinson also serves on the department's graduate committee that oversees the overall curriculum, master's and doctoral student admissions, and student requirements. Currently Dr. Robinson teaches HDFS 6310 – Introduction to Theories and Basic Skills; HDFS 6340 – Collaborative Healthcare and Psychopharmacology; HDFS 6330 - Couple and Sex Therapy; and HDFS 6390 – Summer Practicum in Marriage and Family Therapy.

His research interests are in families, illness and collaborative healthcare. He really enjoys helping share the lived experiences of his participants and by so doing providing some insight into their strengths, challenges, and needs. Dr. Robinson really thrives on working with graduate students on their journey to become independent researchers. A fairly recent memorable publication was with one of his master's degree students who did an extensive

survey of couples and sexual communication. This student was awarded the AAMFT master's degree thesis of the year award.

Dr. Robinson also serves as a Manuscript Reviewer for several journals including the Journal of Marital and Family Therapy, Journal of Systemic Therapies, Journal of the American Board of Family Practice, Annals of Family Medicine, and Families, Systems, & Health. He also serves as the Behavioral Medicine Director at Cache Valley Community Health Center in Logan Utah.

Dr. Robinson has extensive experience in working with families and illness, collaborative healthcare psychopharmacology, assessment, and couple and sex therapy. His skills benefit the students as they begin their therapist experience and provide them with a breadth of experience they can apply in their work with individuals, couples and families.

Dr. Ryan Seedall

Dr. Ryan B. Seedall, PhD, LMFT is an Associate Professor in the Marriage and Family Therapy (MFT) program within the department of Human Development and Family Studies (HDFS) at Utah State University (USU), as well as the Clinical Director for the Housing and Financial Counseling program, and an AAMFT Approved Supervisor.

Dr. Seedall has expertise in research methodology, theory development and application, and ways to enhance therapeutic outcomes (including supervisory elements). Each of these areas are utilized in the courses that Dr. Seedall teaches as well as in his mentoring style. Within the program Dr. Seedall teaches HDFS 6380 - Survey of Research in MFT; HDFS 6320 - Theories in MFT; and HDFS 6390 – Practicum in Marriage and Family Therapy. Dr. Seedall also teaches hybrid and online courses about diverse families at the undergraduate level.

Dr. Seedall's program of research is to understand and improve the relationship process, including both couple relationships and therapeutic processes. The overall theme of his research is to improve couple and family relationships. Dr. Seedall aims to do that through research on couple interaction and support processes, especially during adversity, as well as the impact of attachment on varying aspects of couples and families.

Dr. Seedall maintains a small private practice where he sees 3-5 clients each week from the community regarding a variety of issues while also running the Cache Valley Center for Couples and Families. Attachment Theory and Contextual Family Therapy inform how Dr. Seedall thinks about relational patterns and how he does therapy.

In his 10+ year academic career, Dr. Seedall has published more than 35 peer-reviewed articles, 7 book and encyclopedia chapters, and co-edited one book (*The Handbook of Systemic Family Therapy*). He is currently working on a book, *Deliberate Practice for MFTs* that will be published with APA. Dr. Seedall has also presented 15 national workshops/papers/forums, 26 research discussions, and 20 poster presentations.

All of the work that Dr. Seedall does both as a therapist and as a faculty member at USU is anchored in the fundamental belief that humans are relational beings and that relationships form the bedrock for individual development, informing how we see ourselves and others. His goal is to foster secure bonds that promote growth. In this manner, Dr. Seedall believes there is great power in relationships to help people change, this is reflected in all the work he does with the students at USU.

Dr. Meg Lachmar

Dr. Meg Lachmar, PhD, LMFT is an Assistant Professor of Marriage and Family Therapy (MFT) program within the department of Human Development and Family Studies (HDFS) at Utah State University (USU). She is passionate about securing attachment relationships with infants and parents and does this through perinatal mood disorder prevention research.

Dr. Lachmar's therapy expertise is working with children and families using play therapy modalities. This includes treating trauma, facilitating parent-child attachment bonding, and pre- and postpartum mood disorders. She works from an attachment-based humanistic perspective.

As a faculty member of the MFT program, Dr. Lachmar teaches courses as well as mentors and supervises students. Dr. Lachmar teaches HDFS 6325 – Cultural Diversity; HDFS 6355 – Play Therapy and an undergraduate course on Family and Child Abuse and Neglect. Dr. Lachmar also serves on the department's graduate recruitment committee, helping with outreach to attract high quality graduate students.

Dr. Lachmar's research interests focus on the prevention of perinatal mood disorders through collaboration with medical systems. She is passionate about serving the mental health needs of pre-and postpartum women in order to foster secure attachment bonds with their infants. Dr. Lachmar is invested in the research development of graduate students. She is currently assisting students in pursuing their own specific research interests, which includes issues of diversity in the field of training MFT students.

Dr. Lachmar has served as a Manuscript Reviewer for a high impact journal, The Journal of Medical Internet Research: Mental Health. She also provides therapy for children and families who have experienced trauma at The Family Place, a non-profit organization in the local community. At this is non-profit, she is in charge of creating and running a trauma therapy group for parents, adolescents, and children.

Dr. Lachmar has extensive experience working with whole family systems as well as children and parents. She uses this expertise to train students to work with children from play and evidence-based modalities. Her humanistic belief that all individuals hold the key to their own healing, self-actualization, and change is reflected in her research, teaching, mentorship, and clinical work.

Dr. Spencer Bradshaw

Dr. Spencer Bradshaw, PhD, LMFT is an Assistant Professor in the Marriage and Family Therapy (MFT) program within the department of Human Development and Family Studies (HDFS) at Utah State University (USU). He spent the first five years of his academic teaching and research career as an Assistant Professor at Texas Tech University in the department of Community, Family, and Addiction Sciences. While at Texas Tech he directed the Center for Addiction Recovery Research and its associated Recovery Neuroscience Research Lab. He is a clinician at heart, and strongly values effective teaching and research. He enjoys interacting with and training clinicians and researchers.

Dr. Bradshaw's clinical expertise is in working with those with a substance use disorder (SUD) and/or behavioral addiction as well as the families and family members of these individuals. Additionally, he has experience in working with individuals, couples and families who have experienced trauma as well as those facing chronic illness and seeking recovery from infidelity. He endorses a Biopsychosocial-spiritual/family systems perspective and aligns with experiential and emotionally focused systemic therapy models.

Dr. Bradshaw's program of research has involved brain imaging regarding individual and family member recovery from SUDs. Using functional-near infrared spectroscopy (fNIR) and functional magnetic resonance imaging (fMRI), he has examined prefrontal cortex functioning of those with a SUD and their family members and how it may recover. He conducts clinical research on multifamily groups at an inpatient treatment center for SUDs. Dr. Bradshaw also plans to expand research regarding family and couple relationships and chronic illness. He enjoys working with students and has received an award for research mentorship of undergraduate students.

As a faculty member of the MFT program at USU, Dr. Bradshaw will teach HDFS 6390 – *Practicum in Marriage and Family Therapy*, HDFS 7032 – *Multivariate Data Analysis*, and HDFS 7300 – *Neurobiology of Interpersonal Relationships*. Courses he taught previous to his arrival at USU include *Introduction to Alcohol, Drugs, and Addictive Behaviors*, *Family Dynamics in Addiction and Recovery, Treatment of Addictive Disorders, Adolescent Substance Use,* and *Dyadic Data Analysis for Clinical Relational/Systemic Research*.

Dr. Bradshaw also serves on the editorial board of four academic journals including *Contemporary Family Therapy International Journal*, *Journal of Marital and Family Therapy*, *Alcohol Treatment Quarterly*, and *International Journal of Couple and Family Relationships*. He has reviewed over 30 research manuscripts and enjoys involvement in the research community.

Ultimately, Dr. Bradshaw believes people want and often try to do the best they know how according to their contexts, understanding, and other life experiences – and that we are all perhaps more capable than we think we are. He also believes that human beings are designed for relationships and therefore much hurt/suffering occurs in the context of relationships, and therefore relationships are a powerful context for recovery and healing.

EDUCATIONAL OUTCOMES

Each member of the MFT faculty is committed to helping students reach completion of the program. The expertise of our MFT faculty will assist students in achieving the following goals which have been identified to help students acquire the necessary skills and education to ensure their success as capable and competent Marriage and Family Therapists.

Utah State University Marriage and Family Therapy Program Educational Outcomes:

Program Goals

The program will accomplish the following:
PG 1: Knowledge and Research: Graduates of our program will develop a comprehensive understanding of systemic MFT theoretical models and application of research.
PG 2: Practice: Graduates of our program will be prepared for professional practice as an MFT and successful completion of the MFT national exam and MFT licensure.
PG 3: Diversity: Graduates of our program will be culturally competent therapists ready to work in the mental health field.
PG 4: Ethics: Graduates of our program will be professionals who demonstrate an understanding and commitment to high ethical standards in MFT.

Table 1: Program Goals							
P01: Knowledge and Research: Graduates of our program will develop a comprehensive understanding of systemic MFT theoretical models, and application of research.		**PO2: Practice: Graduates of our program will be prepared for professional practice as an MFT and successful completion of the MFT national exam and MFT licensure.**		**PO3: Diversity: Graduates of our program will be culturally competent therapists ready to work in the mental health field.**		**PO 4: Ethics: Graduates of our program will be professionals who demonstrate an understanding and commitment to high ethical standards in MFT.**	
Assessment	**Benchmark**	**Assessment**	**Benchmark**	**Assessment**	**Benchmark**	**Assessment**	**Benchmark**
ACTS Final Evaluations	All students will be equal to or greater to 6 (competence) on each category.	**AMFTRB National Exam Scores**	80% of students who graduate from the program will take and pass the national exam within two year after graduating from the program.	**ACTS Final Evaluations**	All students will be equal to or greater to 6 (competence) on cultural competence score (question 9)	**ACTS Final Evaluations**	All students will be equal to or greater to 6 (competence) on the ethics score (question 8)
Practicum Site Evaluations	All students will be within or above the "meets expectations" category in 80% of the items.					**Employment Site Evaluation of Therapists**	80% of the students will receive at least a "meets expectations" on their employer evaluation survey (every three years).
Student Employment Rates	All students who choose to seek employment will be employed within 6 months of graduation.	**State Licensure**	80% will become licensed as an MFT within four years of graduating from the program.				
Employment Site Evaluation of Therapists	80% of the students will receive at least a "meets expectation" on their employer evaluation survey (every three years).			**Cultural Competence Evaluation**	At least 80% of alumni and employers will report that the program prepares graduates at least "very well" in terms of incorporating diversity and social inequality into their clinical work.		
Client Improvement and Satisfaction Scales	Composite clinic scores show overall satisfaction on 80% of the Client Satisfaction Surveys from clients seeking services from the Marriage and Family Therapy Clinic						

Student Learning Outcomes

Each student will:
SLO 1: Students will demonstrate the ability to integrate systemic/MFT theory into their clinical practice (PG 1).
SLO 2: Students will demonstrate the ability to interpret and integrate scholarly work into their clinical practice (PG 1).
SLO 3: Students will demonstrate competence in the assessment, diagnosis, treatment, and client management of individuals, couples, and families (PG 2).
SLO 4: Students will demonstrate cultural understanding and humility for others (i.e., clients, colleagues, faculty, supervisors, and the public) from diverse social identities and backgrounds (PG 3).
SLO 5: Students will demonstrate understanding and application of ethical principles and decision making to their clinical practice (PG 4).

Table 2: Student Learning Outcomes with Target and Benchmarks

		SLO1: Students will demonstrate the ability to integrate systemic/MFT theory into their clinical practice.	**SLO2: Students will demonstrate the ability to interpret and integrate scholarly work into their clinical practice.**	**SLO3: Students will demonstrate competence in the assessment, diagnosis, treatment, and client management of individuals, couples, and families.**	**SLO4: Students will demonstrate cultural understanding and humility for others (i.e. clients, colleagues, faculty, supervisors, and the public) from diverse social identities and backgrounds.**	**SLO5: Students will demonstrate understanding and application of ethical principles and decision making to their clinical practice.**
Course Specific Assessment Devices and Benchmarks (Formative)	**Pre-Clinical Objective Structured Clinical <u>Examination</u> Course 6310**	All students will average a minimum score of 3 (emerging skills) on the ACTS (B1) Assessed – Semester 1		All students will average a minimum score of 3 (emerging skills) on the ACTS (B1) Assessed – Semester 1		
	Clinical Work and Diversity Paper and Presentation Course 6325				All students will have an overall score of at least 80% (competence) on final paper and presentation. (B4) Assessed - end of course.	
	Ethical Decision-Making Paper & Presentation Course 6360					All students will have an overall score of at least 80% (competence) on Paper and Presentation Rubric. (B3) Assessed - end of course.
	Clinical Research Portfolio Course 6380		All students will have an overall score of at least 80% (competence) on Portfolio rubric (B5). Assessed - end of course.			
	Assessment of Core Therapeutic Skills Course 6390	All students will achieve an average minimum score of 4 (emerging skills) on the ACTS (B2). Assessed – semesters 2-4	All students will achieve an average minimum score of 4 (emerging skills) on the ACTS (B2). Assessed – semesters 2-4	All students will achieve an average minimum score of 4 (emerging skills) on the ACTS (B2). Assessed – semesters 2-4	All students will achieve an average minimum score of 4 (emerging skills) on the ACTS (B2). Assessed – semesters 2-4	All students will achieve an average minimum score of 4 (emerging skills) on the ACTS (B2). Assessed – semesters 2-4
Overall Program Assessment Devices and Benchmarks (Summative)	**Personal Theory of Therapy and Change Paper & Presentation**	All students will have an overall score of 80% (competence) or higher and at least 80% on ethical and cultural competence portions. (B9-11) Assessed - end of program.	All students will have an overall score of 80% (competence) or higher and at least 80% on ethical and cultural competence portions. (B9-11) Assessed - end of program.	All students will have an overall score of 80% (competence) or higher and at least 80% on ethical and cultural competence portions. (B9-11) Assessed - end of program.	All students will have an overall score of 80% (competence) or higher and at least 80% on ethical and cultural competence portions. (B9-11) Assessed - end of program.	All students will have an overall score of 80% (competence) or higher and at least 80% on ethical and cultural competence portions. (B9-11) Assessed - end of program.

	Assessment of Core Therapeutic Skills - Final Evaluation (Program & Internship)	All students will achieve an average minimum score of at least 6 (competence) and at least 6 on ethical and cultural competence items (B6-8). Assessed – end of program	All students will achieve an average minimum score of at least 6 (competence) and at least 6 on ethical and cultural competence items (B6-8). Assessed – end of program	All students will achieve an average minimum score of at least 6 (competence) and at least 6 on ethical and cultural competence items (B6-8). Assessed – end of program	All students will achieve an average minimum score of at least 6 (competence) and at least 6 on ethical and cultural competence items (B6-8). Assessed – end of program	All students will achieve an average minimum score of at least 6 (competence) and at least 6 on ethical and cultural competence items (B6-8). Assessed – end of program

PMFTPs	Select MFT Core Competencies	AAMFT Code of Ethics	Select MFT Core Competencies	Select MFT Core Competencies	Select MFT Core Competencies

Student Learning Outcomes with associated selected core competencies

Link Student Learning Outcomes to PMFTPs	STUDENT LEARNING OUTCOMES *(list SLOs and add additional rows as needed)*				
PROFESSIONAL MARRIAGE AND FAMILY PRINCIPLES (PMFTPS)	SLO# 1 Theory	SLO# 2 Research	SLO# 3 Practice	SLO# 4 Diversity	SLO# 5 Ethics
MFT Core Competencies					
Domain 1 – Admission to Treatment					
1.1.1 Understand systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy	X	X	X		
1.1.2 Understand theories and techniques of individual, marital, couple, family, and group psychotherapy	X	X	X		
1.2.1 Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).	X	X	X	X	
1.2.2 Consider health status, mental status, other therapy, and other systems involved in the clients' lives (e.g., courts, social services).	X		X	X	X
1.3.1 Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors.			X	X	
1.3.8 Develop and maintain collaborative working relationships with referral sources, other practitioners involved in the clients' care, and payers.			X		X
1.5.2 Collaborate effectively with clients and other professionals.			X		X
Domain 2 – Clinical Assessment and Diagnosis					
2.1.1 Understand principles of human development; human sexuality; gender development; psychopathology; psychopharmacology; couple processes; and family development and processes (e.g., family, relational, and system dynamics).	X	X	X	X	
2.1.2 Understand the major behavioral health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course, and prognosis.	X	X	X		
2.1.4 Comprehend individual, marital, couple and family assessment instruments appropriate to the presenting problem, practice setting, and cultural context.	X	X	X	X	
2.2.6. Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms.		X	X		

2.3.1 Diagnose and assess client behavioral and relational health problems systemically and contextually.	X	X	X		
2.3.6. Assess family history and dynamics using a genogram or other assessment instruments.	X		X		
2.3.7 Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems.	X		X	X	X
2.3.8 Identify clients' strengths, resilience, and resources.	X		X	X	
2.5.1 Utilize consultation and supervision effectively.			X		
Domain 3 – Treatment Planning and Case Management					
3.1.3 Understand the effects that psychotropic and other medications have on clients and the treatment process.	X	X	X		
3.2.1 Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.			X		
3.3.7. Work collaboratively with other stakeholders, including family members and professionals not present.			X	X	X
3.5.1. Advocate for clients in obtaining quality care, appropriate resources, and services in their community.			X	X	X
Domain 4 – Therapeutic Interventions					
4.1.1 Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies and culturally sensitive approaches.	X	X	X	X	
4.2.1 Recognize how different techniques may impact the treatment process.	X	X	X		
4.3.1 Match treatment modalities and techniques to clients' needs, goals, and values.	X	X	X	X	
4.3.2 Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).	X		X	X	
Domain 6 – Research and Program Evaluation					
6.1.1 Know the extant MFT literature, research, and evidence-based practice.	X	X			
6.1.2 Understand research and program evaluation methodologies, both quantitative and qualitative, relevant to MFT and mental health services.	X	X			
6.1.3 Understand the legal, ethical, and contextual issues involved in the conduct of clinical research and program evaluation.		X			X
6.2.1 Recognize opportunities for therapists and clients to participate in clinical research.		X	X		
6.3.1 Read current MFT and other professional literature.		X			
6.3.2 Use current MFT and other research to inform clinical practice.		X	X		
6.3.3 Critique professional research and assess the quality of research studies and program evaluation in the literature.		X			
6.4.1 Evaluate knowledge of current clinical literature and its application.		X			
AAMFT Code of Ethics					
Entire AAMFT Code of Ethics	X	X	X	X	X
AMFTRB Examination Domains, Task and Knowledge Statements					

Domain 1 – The Practice of Systemic Therapy 01.01; 01.03; 01.04; 01,05; 01.06; 01.07	X	X	X	X	X
Domain 2- Assessing, Hypothesizing, and Diagnosing All subsections	X	X	X	X	X
Domain 3 – Designing and Conducting Treatment *All subsections*	X	X	X	X	X
Domain 4- Evaluating Ongoing Process and Termination Treatment *All subsections*	X	X	X	X	X
Domain 5 – Managing Crisis Situations *All subsections*	X	X	X	X	X
Relevant State Licensing Regulations					
State of Utah Administrative Code MFT Licensing Act Rule R156-60b-302a			X		

Schedule of Meetings to Review Educational Outcomes

Meeting	**Schedule**
Faculty meeting	Monthly (August-May)
Student meeting	Monthly (August-May)
Staff meeting	Monthly (August-May)
Designation of cohort presidents	August
Faculty retreat	August
End of the year evaluations and feedback	April

PROGRAM REQUIREMENTS

In addition to the Departmental requirements, you will need several MFT emphasis courses in order to graduate. These courses are typically taught every other year and you will need to take every course that is offered each semester in order to finish your program in a timely fashion (see MFT Program and Course Sequencing information). This applies to students in both the MS and MMFT programs.

During your clinical program, you will have the opportunity to work with diverse clients in terms of family configuration, race and ethnicity, socioeconomic status, age, religion, lifecycle stage, sexual orientation, and presenting problems. In your first year, you will be completing your hours in the Sorenson Center for Clinical Excellence (SCCE). In your second year, you will also have a field placement in the community. These Advanced Practicum placements include a variety of sites.

You are required to complete 500 clinical hours and at least 250 clinical hours must be relational. Up to 100 clinical hours may be “alternative”(i.e. observing cohort member’s sessions) Supervision must accrue at a ratio of one hour of supervision for every five hours of clinical contact (100 total hours). You must receive supervision every week that you conduct therapy. At least 50% of supervision hours (50 hours total) must be based on “raw data”: live observation by a supervisor, digital/video recording, or audio recording information.

You will start the Theory of Change project in the Fall of your first year and refine it during each semester following, culminating in your last semester of coursework and a presentation of your model to students and faculty (see Appendix A-8 through A-13 – Theory of Therapy and Change Projects).

A. Advanced Practicum

All students participate in advanced practicum. During the Fall or Spring semester of the first year, students may tour potential advanced practicum sites. In the Spring semester, students—in consultation with MFT faculty—decide to which sites they wish to apply. Advanced practicum therapy hours typically begin during the beginning of summer your first year and continue until April of your second year. Sites that have AAMFT- or program-approved supervisors will provide supervision to meet program requirements. USU faculty will provide program-required supervision for students at sites that do not have AAMFT or program-approved supervisors.

All sites may require additional clinical and/or administrative supervision. Supervision at each site must meet the clinical and supervision requirements. That is, 50% of the client contact must be relational; 50% of supervision must be based on raw data; and supervision must occur at a ratio of one supervision hour for every five client contact hours. *Students are responsible for making sure they receive the appropriate amount of supervision from each site.* Rare exceptions may be negotiated with your major professor first then the program director.

B. Major Professor, Supervisory Committee, and Program of Study

You are assigned a temporary faculty sponsor when you enter the program. This assignment is based on what we think might be the best fit in terms of interests and goals. You may or may not choose to continue with this faculty member as your major professor. We suggest you get to know the MFT *and* HDFS faculty and their interests before making a final decision about your chair and thesis committee. You are required to choose a chair at the conclusion of your first semester in the program and to finalize your committee by the end of your second semester.

The Supervisory Committee Assignment form should be submitted through the department's administrative assistant. This supervisory committee must include at least three USU faculty members approved by the Dean of the School of Graduate Studies. For MS students, at least one member must represent your area of specialization (MFT) and at least one must be from outside your area of specialization. You may change your advisor or committee members any time by submitting a written request to the to the HDFS graduate coordinator, after receiving approval from the MFT faculty.

Adjunct faculty and other professionals can be members with the approval of the Dean of the School of Graduate Studies. The Supervisory Committee approves your Program of Study and supervises thesis research. Your major professor, who serves as chair of your committee, directs the thesis project for MS students. After receiving guidance and approval from your

advisor and the MFT program director, you can submit a written request to switch from MMFT to MS or vice versa to the HDFS graduate committee. However, please be aware that once you hold your thesis proposal meeting, you will be *required* to complete the MS degree, unless there are extenuating circumstances and a request is made in writing to all MFT faculty members.

Your Program of Study should also be completed by the end of your second semester in the program. You must include the following on your Program of Study in the section reserved for "other program requirements":

> "Memo from USU MFT Program Director verifying completion of 500 clinical contact hours, 100 supervision hours, cultural competency requirement, and successful completion of Theory of Therapy paper and presentation."

All paperwork (e.g., case closures) must be completed before hours will be verified in a memo. Programs of Study ***must*** be approved by the MFT Program Director before and after your committee approval and are kept electronically by the HDFS graduate coordinator.

Please read the USU General Catalog carefully for information about policies and procedures related to deadlines. ***You*** are responsible for this material.

C. Cultural Competency Requirement

Cultural competency is an important element of good therapy. The MFT Program uses the following definition of cultural competency: Cultural competency has come to represent the ability of health care providers to interact with patients who are different from themselves. This difference implies ethnicity but from a broader perspective encompasses differences that include gender, race, age, religion, culture, language, education, and socioeconomic status…. Health care providers must be able to shift from a problem or disease-focused perspective to the human and contextual perspective of the patients who they represent (Nunez & Roberston, 2006, p. 371).

D. Thesis Topics (MS Students)

Your thesis may be on any topic of your choosing with any of the MFT faculty as your major professor. Your thesis topic should be related to Marriage and Family Therapy.
Pilot studies are acceptable as thesis projects as are empirical studies related to your Theory of Change. We have a database of information from the assessment instruments that we use in the clinic. In addition, faculty (both MFT and HDFS members are working on their own projects, and you may be able to assist one of them as part of your thesis project. You may opt to do original research.

E. Program Attendance Expectations

Students ***must*** attend the ***Theory of Change presentations,*** *monthly* ***MFT Staff Meetings,*** and any *scheduled* ***MFT trainings or presentations****.* Students are expected to attend Colloquia or other presentations sponsored by the MFT Program and HDFS Departments. Attendance is noted toward citizenship, professionalism, and professional development. Students are encouraged to attend the AAMFT and UAMFT Annual Conferences. Conference

fees at these conferences are waived for volunteer student members. The Graduate School and Department can help fund travel for students who present at conferences.

F. Student Evaluations and Assessment for Clinical Readiness

It is important that students receive regular evaluation and appraisal of their clinical work in addition to evaluation of their overall work in the program. You can expect to be evaluated by your clinical supervisors (both MFT faculty and Advanced Practicum site supervisors) at least once each semester. These evaluations will include assessment of strength areas as well as areas that need work. You will also learn how to evaluate your own work and to identify areas that you think need particular attention. Students are asked to fairly evaluate their supervisors and to give feedback so that we can continue to improve the program and students' educations.

Before you may begin seeing clients in clinical interviews, you must be approved by the faculty. During your first semester, you take HDFS 6310, *Survey of Marriage and Family Therapy Theory*. This course includes activities that prepare you for clinical work. Examples include role-play, volunteer family interviews, and observation of therapy in the clinic. At the end of the semester, the instructor evaluates you on your readiness to conduct clinical interviews using the Assessment of Core Therapeutic Skills (ACTS) and an Objective Structured Clinical Exercise (OSCE).

The data from these evaluations are discussed with you and the instructor of the Spring practicum. You are allowed to begin clinical work when the faculty assesses that you are ready. Students with deficiencies are provided remediation. Severe deficiency is discussed among the four clinical faculty and then with the student to determine appropriateness for the program or remediation.

G. Student Governance

Students have an important role in the governance of the program. In addition to informal feedback provided by students, we have implemented four formal procedures for soliciting feedback.

First, students provide feedback at the end of each semester. As their practicum supervisor meets with them to discuss their academic and clinical progress, s/he asks what the faculty and program can do to better meet their needs.

Second, students provide anonymous feedback using the Annual Current Student Survey administered through Qualtrics. In this survey, students report on their overall experience and provide written suggestions of how to improve the program.

Third, students provide feedback annually to a member of the MFT faculty (1st years to Dr. Ryan Seedall, and 2nd years to Dr. Dave Robinson, during an exit interview at the end of each Spring Semester). During this interview, students are asked about positive aspects of the program as well as things that could be improved.

Fourth, four student representatives are elected each year (two from each cohort) to regularly gather information and feedback from students to present to faculty in our monthly MFT Staff Meetings, which are attended by all MFT faculty, staff, and students. Students may discuss issues with student representatives, or they can bring up issues directly during this meeting.

H. Student Privacy

The MFT program follows the rules and regulations of the Family Educational and Rights Privacy Act (FERPA; see http://www.usu.edu/registrar/htm/ferpa for more information). This Act requires that we maintain the confidentiality and privacy of your records. The program maintains two files for you that are locked up. One file contains records related to your admission to the program. The other file contains records related to your progress in the program as well as copies of your monthly records of clinical and supervision hours and the accumulative records of your hours. No one except program personnel and you may view these files. The administrative assistant can help you access these files.

Any student concerns brought to one MFT faculty member will be discussed confidentially between all MFT core faculty members. The MFT faculty as a group maintain confidences that students bring to them. Material shared during supervision and otherwise is confidential and private unless (a) the student decides to share the information with others, or (b) the faculty members believe that, unless shared with others, some harm could come to you, other students, the faculty, clients, or the program. All efforts will be made to discuss this with you. Information or concerns that students bring to one faculty member about another faculty member will not be held in confidence if doing so would be harmful to the student, other students, the faculty, clients, or the program.

I. Discrimination/Diversity Statement

The USU MFT Program and MFT clinic does not discriminate based on race, ethnicity, gender, marital status, religious affiliation, sexual orientation, socio-economic condition, or any other identity or social position. In accordance with Policy 305.1 in the USU Code https://aaeo.usu.edu/non-discrimination, we are committed to providing an environment free from harassment and other forms of discrimination based on race, age, gender, ethnicity, sexual orientation, relationship status, gender identity, socio-economic status, disability, health status, religion, spiritual beliefs, affiliation, or national origin with regards to recruitment, admission, codes of conduct, hiring, retention, or dismissal of students, staff, faculty, or supervisors. We treat everyone with respect and care.

USU MFT Program Diversity Statement:

The word diversity encompasses a wide variety of meanings and experiences. The USU MFT

Program is committed to making space for and valuing diverse social and cultural identities, including (but not limited to) those related to race, ethnicity, age, gender, socio-economic status, sexual orientation, gender identity, ability (physical, cognitive, sensory, psychiatric, etc.), religious and spiritual beliefs/values, language, education, immigration status, etc. Our curriculum, classroom activities, clinical experiences, and professional development opportunities are designed to expand knowledge, awareness, sensitivity, and committed action related to issues of diversity. As we become more culturally humble and curious, we will more fully embrace and appreciate the humanity of all people and respond in ways that invite connection and cooperation rather than divisiveness and conflict. This openness to diverse experiences and perspectives will foster personal growth, promote the egalitarian treatment of all people, and enhance our ability to help clients grow and achieve positive therapeutic outcomes.

J. AAMFT/UAMFT Membership

As part of your development as a marriage and family therapist, you must become a member of AAMFT and UAMFT and submit verification to the program administrative assistant by *September 15* of each year you are in the program. Your grade in HDFS 6310 (first year) and HDFS 6390 (second year) will be reduced by one whole grade if your membership is not verified.

K. AAMFT Core Competencies

All students should refer to specific core competencies noted in the Educational Outcomes but should also familiarize themselves with all of the AAMFT Core Competencies.

L. Post-Graduation

Part of our goal to administer a high quality MFT program is being able to track post-graduate outcomes and thereby demonstrate that our students are successful even after completion of their degree and graduation. In addition to the numerous ways that we assess educational outcomes during and at the conclusion of the program, we also will track performance rates in terms of graduation, job placement, employee performance evaluations, passing the MFT licensing exam, and MFT licensure.

In order to make this a simple process, we will send out annual surveys for you to complete one and two years after you complete the program. After the first alumni survey, we will request to contact your current employers and solicit feedback regarding your performance and our training.

If you have plans to work in another state, we encourage you to review the licensing requirements for that state at the *beginning* of the program. Please seek guidance from the faculty if you have questions. Individualized programs of study can be used to address most potential concerns. After you graduate, Utah state law requires that you practice therapy

under appropriate supervision as part of your advanced training requirements in preparation for licensure.

After completion of your degree, to become fully licensed as a Marriage and Family Therapist in the State of Utah, you must complete 3,000 hours of supervised Marriage and Family Therapist training. Of those hours, a minimum of 1,000 hours must be direct client therapy hours with at least 500 hours being couple or family therapy with two or more clients participating in therapy and at least one physically present. You will also be required to receive at least 1 hour of supervision from an approved supervisor for every 10 therapy hours completed totaling no less than 100 hours. Additional information and required forms can be found at https://dopl.utah.gov/mft/.

M. Technology Requirements

Our MFT program typically requires access to a computing device (desktop/laptop) and internet access to do work for your courses as well as clinical work (e.g., case notes, etc.). There are computer labs with the appropriate software that are accessible for course work, in addition to MacBook's being provided for each student (to be issued in Oct of your first year). The USU IT website (https://it.usu.edu) is a helpful website that can give more information about technical recommendations for technical devices and software. You can also receive technical support from that website.

N. Authenticity of Student Work

As stated in the USU student code, "Each student has the right and duty to pursue his or her academic experience free of dishonesty. The Honor System is designed to re-enforce the higher level of conduct expected and required of all Utah State University students." You have also all signed the University Honor Pledge, which states, "I pledge, on my honor, to conduct myself with the foremost level of academic integrity." Academic dishonesty will not be tolerated in our program. We as MFT faculty are committed to follow appropriate University guidelines after any instance of academic dishonesty. This includes the requirement to report all academic dishonesty to the University. The minimum sanction for academic dishonesty is a zero for the assignment. An additional sanction can be imposed by the instructor, according to what is stated in the syllabus. "Additional disciplinary action beyond instructor sanction shall be determined by the Judicial Officer and the University. Academic Dishonesty is defined in the USU Student Code (https://www.usu.edu/student-conduct/).To further your knowledge and commitment to ethical practice, you will be required during the program to receive CITI training regarding the ethical conduct of research.

O. Technical Training for Students, Faculty, and Supervisors

The USU Academic Success Center (https://www.usu.edu/asc/) provides a wide range of learning assistance resources for students, faculty, and supervisors both online and in person through workshops, online tutorials, and training. Students may also access additional technology-related resources through the Disability Resource Center

(https://www.usu.edu/drc/) and through the USU Writing Center (https://writing.usu.edu

P. Grand Rounds

Grand Rounds educate students on how they can provide opportunities for their clients and help implement treatment plans with an interdisciplinary care team. Grand Rounds are facilitated by practicum supervisors in the building. Grand rounds meet every 3rd and 4th Tuesday of the month from 12:00-1:00PM. All first year students are required to attend Grand Rounds.

Q. Incident Reporting

The SCCE/USU incident reporting is used to record details of an unusual event that occurs at the facility. Anyone can fill out an incident report. Please ensure that the appropriate individuals receive the report such as a Director, HIPAA Officer, or Supervisor. Occurrences related to a client, student, or employee that may require an incident report are things such as a fall with injury, someone threatening others, someone touching others without their consent, someone damaging SCCE property either intentionally or unintentionally, or an unauthorized person enters a secure area. If a HIPAA policy or procedure are not followed an incident report needs to be fill out and given to the Security Officer, Joni Black. For a Title IX incident, the University requires all employees to file an incident report for sexual misconduct, harassment, or discrimination.

INTRODUCTION TO THE MFT CLINIC

The Marriage and Family Therapy (MFT) Clinic of Utah State University (USU) began in 1993 as a service to the community and as a training center for MFTs. In August of 1993, the USU MFT Clinic moved into the remodeled Home Management House, renamed the Family Life Center (FLC), located at 493 North 700 East, Logan, UT, at the bottom of Old Main Hill. In May 2018 we moved to the Sorenson Center for Clinical Excellence (SCCE) and it is handicapped-accessible. The SCCE also houses clinical services for many different clinical departments from within USU.

A. Staff and USU MFT Clinic Services

Services are provided in the USU MFT Clinic clients by graduate student therapists under faculty supervision. The Clinic provides therapy for individuals, couples, and families experiencing individual and relationship problems. The Clinic defines "family" and "couple" broadly. The Clinic also provides clinically relevant research opportunities for faculty and students of the USU MFT Program.

B. Hours

The Clinic has reception generally available during regular office hours and some evenings, excluding University holidays. Reception may be available at other times. However, reception is not always available and you should not expect someone to be at the desk at any time because of vacations, errands, illness, and lack of availability.

C. Therapist Availability

We expect the staff to be able to contact you within a reasonable amount of time. We do not expect you to take calls during class or sessions, but you need to respond to messages within a few hours. Therefore, it is important that you have available phones or check messages frequently and be able to respond. Failure to be available or have explicit backup when you are seeing clients is unethical and will result in a remediation plan.

D. Scheduling Conference Rooms

The conference rooms are a designated classroom and meeting rooms for the University, and many department courses are taught here. The EMS scheduling system is used to schedule the conference room for uses other than classes. You can make a reservation online at scheduling.usu.edu to schedule a conference room for study groups, proposal meetings, etc. We share this space with other programs so please make sure it is clean when you are done.

E. Phones

1. Available Lines

The general MFT number and the *only one given to clients* is (435) 797-7430. This line has voicemail. FAX # (844) 308-5865, is for the SCCE FAX machine located on the first floor. One line in the phone room #320, (435)797-7435, is for student use. ***Do not*** give this number to clients. It does not have voicemail.

2. Long Distance Phone Call Policy

Long distance calls charged to the MFT program are permitted for **clinic business only**! Dial 9 – 1 then the phone number.

F. Clinic Voicemail

1. Policy

Voicemail allows our clients to have contact with the clinic when no one is available to answer the phone. The Sorenson Center MFT Client Care Representative (SCCE MFT CCR) and evening receptionist will monitor the voicemail and will let you know if you have messages from clients.

2. Procedures

a. Clients are informed that the Clinic has voicemail so that they can communicate with us. It is a good idea, however, to remind them during their initial visit and at other times that if their situations are more urgent, they should call 911 or go to an emergency room.

b. 435-797-7430 voicemail answers the phone whenever no one is available or the line is busy. The SCCE MFT CCR and evening receptionist answer all calls coming into the 7430 line during their shift.

c. Use the following procedures for communicating phone messages:

   i. Cancellations will be processed by the SCCE MFT CCR, removed from the PnC calendar and the CCR will alert the therapist,

   ii. Intake appointments and other messages are processed by the SCCE MFT CCR. Appointment change request changes are referred to the appropriate therapist. Each student will provide their clinical schedule at the beginning of each semester. The SCCE MFT CCR will make changes in PnC and put any needed information in the comments section of appointment.

If a situation is urgent, the SCCE MFT CCR will first attempt to contact the client's therapist, then (if not available) the faculty supervisor and finally any clinical faculty for advice. Therapists involved in crisis situations must consult with faculty as soon as possible.

G. Building Security

1. Key Deposit and Return Policy

You will be issued a key, an ID badge, and a Prox card that is needed for identification and to open the doors to the MFT clinic on the 3rd floor. A $25.00 deposit is required for the key. The deposit will be refunded when the key is returned to the Key Office after graduation (east of Aggie Ice Cream). The Prox card and ID badge will also need to be returned after graduation to the Compliance Coordinator, Melanie Rust (SCCE 445).

2. Safeguarding Building Security

For your own protection, the protection of others and the security of the SCCE digital equipment and recordings, please follow some simple guidelines:

a. When not in use, all lights and equipment should be turned off in each room. Please get in the habit of turning equipment off each time you use it, especially if you are the last therapist of the day.

b. The hallway door must remain locked at all times, you will need the key to enter.

c. Act as if you are the last one in the building, turn off the lights.

d. **When no one is available to receive clients/guests**. If you are expecting clients and there is no reception person, you should stay near the lobby to receive your clients.

H. Messages

The SCCE MFT CCR will either call, email, or send any messages through PnC (our electronic health record system). They may talk to you in person as well. Depending on time and availability the SCCE MFT CCR will determine the best way to reach students. Students are responsible for making sure the administrative assistant knows how to reach them.

I. Window Blinds

For confidentiality reasons, do not open window blinds during therapy sessions. Please make sure window blinds are shut prior to sessions.

J. Waiting Areas

The main client waiting area is located on the 3rd floor. *Please remember to safeguard client confidentiality by not discussing cases in the waiting areas or hallways.* When your clients have children, they MUST be supervised (i.e., they cannot leave a child unattended in the waiting area). You and the parents are responsible for seeing that they do not disturb others in the building.

K. Computers/MacBooks

The desktop computers are in the Note Room and MacBooks will be assigned to each student by IT in October of your first year. If you need to print anything for clinical purposes, please feel free to use the copy machine in the 3rd floor work room (behind reception). The printer in the research room is just for printing 1-4 pages of clinically related documents. If you need to print other items, please use the TSC copy center or your own personal printer.

Do not load software onto any computer in the Note or Research Room without permission. Do not store identifiable client information on any computer or hard drive (use www.box.com instead). Inform the SCCE MFT CCR, the SCCE operations manager, or program director of problems with the computers or printers as soon as possible.

L. Therapy Rooms

The SCCE has many therapy rooms with observation. They are all handicapped accessible. Most rooms are equipped for live observation and supervision. All rooms have digital recording capability and are suitable for the playback of recorded sessions. Rooms must be scheduled on the EMS calendar through any of the SCCE CCR's at the Behavioral Health Clinic front desk. Never enter a therapy room without first checking at the reception desk to see if the room is occupied. Do not use any other rooms for therapy.

Please keep these rooms neat and organized so it is ready for the next session. If you move any furniture in the rooms, please return it to its proper place. There is a picture on the back of the door in most rooms indicating proper placement of the furniture for that specific room. Make sure to erase anything from whiteboards to protect client confidentiality.

M. Appointments

Please email your appointments to the SCCE MFT CCR to be put on the PnC calendar weekly. Be respectful of therapists using the room after you by ending sessions on time. Be sure to let the SCCE MFT CCR know whenever there is any change to the appointment by email. To maximize the number of therapy sessions we can have, please schedule therapy sessions on the hour. Do not delete the appointment in the calendar. In the PnC calendar check the comments for information about the appointment, the date and the initials for who made the change. Prior to the appointment the MFT evening receptionist will email the client(s) a "RedCap" link which will take them to the applicable survey for their session type (new intake for couples, new intake for individuals, and follow up surveys for individual and relational clients). On practicum nights, rooms are reserved for use from 3-6 PM. Use client last name in PnC calendar. When clients come for a session, clients will be "Checked In" on PnC and client will pay for the session. TeleHealth clients will be contacted within a few days to pay for appointments over the phone.

N. Client Fees

Client Fees will be discussed over the phone when the SCCE MFT CCR does the initial intake. At the first appointment the fee agreement will be signed. The client will also be

given a "Good Faith Estimate" showing how much they will be paying out of pocket for a certain number of sessions. This does not indicate that the client is required to attend a certain number of sessions, but gives the client information letting them know what to expect as an out-of-pocket expense for medical/mental health care (due to a new federal law as of January 2022). The fee amount will be entered into PnC by the SCCE MFT CCR.

The amount will be paid each week after the client has checked in. Please ***do not*** discuss the amount charged for the session in the main office, where other clients can hear. If the client feels they are unable to afford the fee amount, ask them to contact the SCCE MFT CCR who will contact the billing department. The billing department will send the client a Sorenson Center Financial Hardship application to fill out. This form relates more to expenses a client may have each month rather than just income. The client will need to provide their most recent W2 form as well as their last 3 paystubs. The hardship committee within the Sorenson Center will review their request and notify the SCCE MFT CCR who will notify the client(s).

O. Digital Recording and Editing Equipment

We have expensive digital recording equipment in the SCCE. You will be trained in the use of the recording equipment. Report problems to the SCCE building coordinator Emily McWhinney at 7-3822 or at emily.mcwhinney@usu.edu *immediately*. Please check the equipment to be sure it is turned off each night.

P. Toys for Children

For Child or Play Therapy, children's books and toys are located in the 333, 341 and 349 therapy rooms. You are responsible to return toys and clean up the counseling room when you are finished by putting everything in its proper place. Please vacuum up any sand.

Q. MFT Library

The MFT program has used funds generated through client fees to purchase books and other materials that may be useful to students. Some books (APA manual, DSM, etc.) are purchased as general references. *Do not remove reference books from the building.*

MFT Library books are purchased for student use and may be checked out by the SCCE MFT CCR or the MFT evening receptionist. Please show respect for others by keeping the books for only a couple of weeks at a time before returning them to the clinic and checking them back in.

Audio and video recordings are available for checking out. They are located in the clinic storage area and need to be checked out by the SCCE MFT CCR or the evening receptionist.

R. Marketing

All students will market the clinic for 20 hours during the course of the program (5 hours

during each Fall and Spring semester). Activities including posting flyers, talking with media (e.g., newspaper stories), radio or TV interviews, etc. Hours will be recorded each month and reported to practicum supervisors.

CLIENT-RELATED POLICIES AND PROCEDURES

1. Confidentiality

1. Professional, Legal Duty and HIPAA Training

Client confidentiality and privacy are of the utmost importance at the Sorenson Center for Clinical Excellence. By state and federal (HIPAA) law and by ethical practice, we provide our clients with privacy and confidentiality and we secure their PHI identifiable medical information to the extent required and allowed by law. *Always contact your case supervisor when you have questions regarding confidentiality and professional ethics.*

We take confidentiality very seriously and will not tolerate lax behavior. You must not leave case notes or view digital recordings where others may see them. This includes the conference room during practicum, observation rooms, or any other place other than a locked filing cabinet. This also includes writing notes in public areas (hallways, waiting rooms, etc.) where someone could see client information. Consequences will be immediate: On the first offense, you will write a 3-page paper (10 references) and potentially lose a letter grade from practicum (supervisor discretion); on the second offense, a letter grade will be lost; a third offense will lead to a charge of serious deficiency and a remediation plan.

You will be required to complete HIPAA training every Fall. If training isn't completed by the deadline your PnC access will be temporarily suspended. (Calendar, Client file, Case notes, Registration and Billing)

Sound machines must be used whenever you are in session.

2. Case Progress Notes

Case progress notes are required of all therapists seeing USU MFT Clinic clients. They are written at the conclusion of every therapy session conducted by you at the USU MFT Clinic. These notes, along with assessment, post-test, and release form material, as well as correspondence, constitute the official record of each case seen at the USU MFT Clinic.

Official records are often targeted by subpoenas. Thus, notes must be written in a manner sensitive to the consequences of the release of such material to a third party.

Case progress notes *must be completed* for each therapy session and for each phone call that is therapeutic in nature. Case notes need to be completed ***within 48 hours*** of the therapy session. Waiting longer than that to complete notes is unprofessional, even if you have hand-written notes from the session. Progress notes *must* be reviewed and signed by your Practicum supervisor. Failure to keep your case notes current will result in a reduction of your practicum grade. Chronic failure to keep case notes current will result in a formal

remediation plan, which if not corrected, could lead to dismissal from the program.

3. Client Files

All client files are stored electronically in PnC. Any additional notes or information you want added to the client file needs to be directly given to the SCCE MFT CCR or evening receptionist to scan into the chart. *Do not* leave them where anyone could casually see them, including the Note/Research room (used by work-study students).

4. Recording of Therapy Sessions

We are fortunate to be able to produce high quality digital recordings of our sessions at the USU MFT Clinic. The recordings are used by you and your supervisors for case review and research. Recordings contain an extraordinary amount of information and, if released inappropriately, would violate clients' privacy and right to confidence. You should never allow friends, family, or non-USU MFT Program therapists to view the recordings without appropriate releases. Our initial recording informed consent form allows therapists to store recordings for short-term supervisory use. *All persons 18 or older who appear in a recording must sign the release form(s)*. It is respectful to obtain the signature of those under 18.

Clients who are reluctant to sign informed consent forms should be given referrals elsewhere. It is our policy to *not* do therapy with clients who are unwilling to be observed or recorded since all therapy must be available for supervision.

5. Observation of Therapy Sessions

Observation of therapy sessions is limited to USU MFT Clinic supervisors and USU MFT Program members. No one else should be allowed to observe sessions without the approval of the program director. Clients unwilling to be observed should be given referrals elsewhere. It is the policy of our training program and Clinic that all therapy sessions are open to digital recording and observation. No exceptions are allowed.

6. Therapeutic letters and communication

Information (e.g., letters, emails, etc.) sent out must be reviewed and approved by your supervisor or the Program Director *before* sending. *All letters or mailings going out on SCCE stationery must have the specific approval of the program director and faculty supervisor*.

7. Referral and Other Professional Interaction

All client information is held confidential with certain exceptions as required by law (see below)**.** Except when mandated by law, do not reveal client information, including their names or acknowledgment that they are clinic clients, unless a signed release for information form is obtained (see Appendix A-24 – Authorization to Release Professional Information). In those instances where you find it valuable to contact a referral source or other professional

for information and consultation (or they contact you), you must obtain a formal SCCE signed release for information (ROI). The client(s) has the right to know and approve the release of any information related to their treatment, including the fact that they are in therapy. **All clients on the treatment record must provide authorization for any information to be released.** When using a release of information, make sure the form is completely filled out. Ask the SCCE MFT CCR or evening receptionist for any help needed. The CCR will review the release for accuracy and send it to the release department in the SCCE. They will verify for accuracy, and ask the CCR to contact the client if any further changes need to be made. When the form is complete the SCCE MFT CCR will have the program director review the records and approve the release. The records will be sent to the client through email, mail, or fax (whichever the client prefers). A copy of the release will be uploaded into the client file, and the CCR will notate the chart regarding the release. A copy should be sent to the person from whom information is being requested. Client ID should be on all forms. Always consult a supervisor before revealing any information except in an emergency when a supervisor is not available. **Any information release outside the clinic must be signed off by the program director or practicum supervisor.**

8. Informed Consent

The basic SCCE informed consent form explains the nature of therapy and authorizes the digital recording and live observation of therapy sessions, and optional release for use of assessment data in research. All people age 18 and over who participate in therapy must sign a consent form or the SCCE MFT addendum. All clients ages 7-17 should sign the addendum.

9. Copies of Case Notes of Digital Recordings

If clients want copies of their case notes, we must have a written release for each individual who participated in the therapy. *We require picture ID and the signature of the Program Director*. Digital recordings are used only for supervision and research purposes. They are not part of the client file and therefore are not available for release.

10. The Limits of Confidentiality as Defined by Law

a. Risk Assessment

Risk assessment procedures are designed to assess for serious risk of harm to self or others. Involving family members or friends in safety plans is important and hospitalization should be considered only when you deem that the risk is imminent (ideation, plan, and intent present) and a realistic safety plan— with a safety watch—cannot be completed.

Be sure to fill out a risk assessment document and safety plan for the client's record. If you discover or assess for harm to self or others, or domestic violence, refer to our website, the Appendix (A-16 through A-23) in this document, or laminated protocols in the observation rooms. The Citizens against Physical and Sexual Abuse (CAPSA) crisis line is **(435) 753-2500.**

Make sure that clients who may be in danger know this number. Fill out a risk assessment form

for the chart.

b. Child & Vulnerable Adult Abuse

In order to provide protection for dependent people, Utah law requires that any person who has first-hand information that (a) a child or vulnerable adult has been abused or neglected; or (b) a child has witnessed domestic violence, this information be reported to the *Division of Child and Family Services (435-787-3400)* or the police. We can be prosecuted if something happens and we have not reported our suspicions. The law establishes immunity from liability for breaking client privilege to confidentiality for those persons who, in good faith, report child or vulnerable adult abuse or neglect. Each county has a special telephone listing under "*Child Abuse - Youth Services*" **(Listed in US West Directory under Utah State Govt., Human Services, Division of Family Services)—435-787-3400** in Cache County**.** Our duty is to report suspected abuse, not to investigate or substantiate it. After the report, you must have client permission or a court order to release any information or discuss the case with anyone.

c. Danger to Self and Others: Duty to Warn

Duty to warn is one of the special situations allowed by law to break client privilege to confidentiality. Clients who score 2 or 3 on the PHQ-9 on those items must have a formal risk assessment and safety plan completed and filed in the client's chart. Most cases are not clear and require consultation. Duty to warn requires that we notify potential victims (or relatives in the case of self-harm) and appropriate authorities. Tell the client of your duty, establish a contract, and notify others as necessary. Document your actions in writing for the client file.

Violence and suicide assessment protocols are on our program website. Shorter versions of the protocols are in the Appendix (A-16 through A-23) and also can be found in the observation rooms.

d. Subpoenas and Court Orders

Client release is waived when the notes are subpoenaed by the court. Always contact the program director, SCCE MFT CCR and the SCCE Release of Records Department before responding to a subpoena. Most subpoenas are not court-ordered and need clarification to determine what information may be released. Client release may also be waived under conditions of mandatory reporting and duty-to-warn situations. Clients (except in rare circumstances with faculty approval) should be informed of reports and subpoenas. You should explain the purpose and reason for the report or subpoena, explain likely procedures, and offer to help the family through the process. Always consult your supervisor when any questions arise related to mandatory reporting or duty to warn arise.

e. Notification of Supervisor

Whenever you encounter a case-related emergency such as those described above, it is required that you consult with your supervisor immediately prior to making any reports. Also, be sure to document all actions taken by you in response to the emergency.

2. Intake Process

The SCCE and the MFT CCR are implementing a standardized intake form. If there are questions about the MFT intake form, please contact the SCCE MFT CCR.

1. The procedures of the clinic will be explained to potential clients in the initial phone call.

2. If the caller does not want to use our services, s/he will be referred to other community agencies/therapists if desired.

3. If the caller does want to use our services, the initial appointment will be scheduled (or the client(s) will be placed on a waitlist) and their important personal information PHI will be obtained.

4. Each therapist will provide the SCCE MFT CCR with their availabilities ***each*** semester. The SCCE MFT CCR will use these times for assigning a client to a therapist. **You will not be assigned new clients until your schedule is updated each semester.**

5. Cases are assigned to therapists depending on their client loads unless otherwise specified by the practicum supervisor.

6. Therapists must make themselves available for various appointment times -- daytime and evening.

7. Pre-prepared intake folders will be put in the scan/shred room behind the reception desk in the MFT cupboard.

3. Initial Appointment Procedures

1. Prior to Initial Appointment:
   a. The SCCE MFT CCR will set up the initial appointment. They will upload the intake information into PnC and write a communication note with information regarding the client(s) reason for visit. The evening receptionist will put together the paperwork in a folder, which will include: SCCE Consent to Treat Form (which includes financial agreement, supervision consent, research information), Fee Agreement Form, Addendum Form (to be signed by every family member attending the session other than the client named on the intake, including children ages 7 and above), and a TeleHealth form (to be signed by each client). The evening receptionist will verify that all intake paperwork is in the folder and client surveys are sent on RedCap by email before the first appointment.

2. Initial Appointment:
   a. The front desk receptionist will typically greet the clients, welcome them, explain our

procedures and help them fill out the consents if needed. After consents are signed they will be scanned into the client chart. The receptionist then checks in the client, client pays for 1st session, PnC will let the therapist know their clients have arrived. The therapist then greets the clients and takes them to the therapy room they will be using for therapy.

b. The therapist explains the procedures of the clinic to the clients. They should have been told over the phone about the one-way mirrors and the recording, but the information should be explained again. Ask if they are willing to come to therapy under these conditions. If they are not, discuss possible alternatives with them.

c. Criteria for Reducing Fees:

If a client expresses concerns about being able to pay their per session fee, follow the protocol listed in Section N: Client Fees. (in INTRODUCTION TO THE MFT CLINIC)

d. Explain that the purpose of the initial appointment is to get some basic information to let them know about the clinic, to let you get acquainted, and to learn more about why they are here.

e. Refer to the information filled out by the clients on RedCap.com. Verify and complete missing information.

f. Using the form and information from your interview, determine whether any critical items require consultation with a supervisor.

g. If any of the points in (f) are an issue, you must *consult a supervisor before agreeing to continue therapy*. If no supervisor is available during the session, tell the clients that you will review the case with a supervisor and discuss appropriateness for our clinic during their next appointment or by phone. Explain that some cases require resources that we cannot provide and that you will discuss this with them. Do NOT continue the interview with a couple if domestic violence is severe and ongoing. If necessary, assist with safety plans and information related to CAPSA and police. See Appendix (A-16 through A-23) for protocols for assessing violence and suicidality.

h. After gathering basic information and asking clarifying questions, ask the clients if they have any questions about treatment. Conduct the remainder of the interview an assessment as you wish, making sure that you go over the assessment instruments and scores with them. If they want to continue, schedule another appointment.

4. Practice Issues

1. Liability Coverage

All student therapists are covered by the University liability insurance policy when they are seeing either the USU MFT Clinic or Advanced Practicum clients. Students must be registered for at least one (1) credit hour each semester for liability purposes. Program requirements are 2 credits each semester starting the 2nd semester of the 1st year, accruing to 8 credits. You are also covered by your AAMFT student membership insurance which you must renew each year.

2. Supervision

All cases at the MFT Clinic must be supervised and case notes signed. You MUST submit a weekly case summary to your practicum supervisor. Practicum supervisors must be kept apprised of *all* case activity. The focus of our Clinic is to provide good therapy while still providing a good learning environment; the faculty is here to make sure that happens. Remember that this is a training center and that accountability rests with the faculty. You should *never* be concerned that your questions are trivial or that the faculty will think badly of you for wanting to check something out. ***All concerns related to abuse, violence, ethical or legal concerns, or any other tense or potentially dangerous situations should be discussed with a supervisor as soon as possible***. Even when you are *sure* that you are handling a case appropriately, you should inform your supervisor. In this way, we can facilitate the best therapeutic and learning environment, maintain consistency in the way that we handle various situations in our Clinic, and be sure that we are operating safely, legally, and ethically.

3. Supervision of Therapy and Case Notes

All therapy at the SCCE MFT Clinic must be supervised and case notes signed by a supervisor. Students must be supervised each week that they are clinically active, including breaks when there is no practicum class. Practicum supervisors will arrange times for supervision, and all students who are seeing clients during that time must be supervised by an AAMFT Approved Supervisor.

4. Professionalism

You are expected to present yourselves professionally at all times in the SCCE MFT Clinic. This includes appropriate dress, grooming, and demeanor. **You should be at the clinic at least 15 minutes prior to your sessions.** This will allow you to prepare mentally for the session and consult file notes as needed.

5. Dress Code

Professional dress is expected whenever doing therapy, in the clinic and on practicum nights. Students are expected to dress and appear professional. Clothing should be modest, clean, pressed, and in good repair, without holes, rips or tears. Immodest or cut off clothes are not permitted.

Unacceptable clothing and footwear include pants with rips or tears, mini-skirts, baseball hats, non-dress T-shirts (no silk screens, or logos) sweat pants/shirts/hoodies, athletic or track clothing, tight or revealing clothing. Beach-type footwear made from foam, rubber, or similar material suitable for recreation, flip-flops, Velcro sandals, etc. Students must manage personal hygiene habits to control for cleanliness and avoid offensive body odors. Overpowering perfume, cologne, or lotions should not be used since many clients and coworkers' allergies may be irritated by the chemicals. Students may wear tasteful jewelry in moderation. Jewelry, if worn, should be professional and not excessive. Earrings and small studs for facial piercings are permitted as long as they do not distract from the professionalism of the clinic. Hair should be clean, combed, and neatly trimmed or arranged. Unkempt hair is not permitted. Sideburns, mustaches, and beards should be neatly trimmed. No visible tattoos or other body art shall be permitted in the clinic. Exceptions may be made for tattoos or body art that cannot be reasonably covered. Any concerns or questions about the dress code should be discussed with the program director.

5. Special Situations

1. Therapist Availability

Therapists are expected to be available to their clients. Starting in May of your first year, you are expected to have **at least** one evening available for your clients. Therapists do not give their home or cell phone numbers to clients. You are expected, however, to be accessible to receive email and phone messages from the clinic and to designate a back-up therapist when you are going to be unavailable.

2. Teammates and Backup

During your first semester of therapy (Spring of your first year), your faculty practicum supervisor is required to be behind the mirror. After that, you are required to have a therapist teammate behind the mirror until your supervisor approves otherwise. Be sure the teammates' names are recorded in the comment section of the PnC calendar. Once your supervisor approves, you may conduct therapy at any time as long as there is another therapist, member of the clinical faculty/supervisor, or the program administrative assistant in the building. However, you should not assume that any of these people will be in the building and should make your own arrangements for someone to be in the building.

Consequences for not having a therapist in the building are severe: The first time, you will lose a letter grade immediately and will be required to write a 3-page paper (10 references) regarding liability and professional responsibilities with implications related to ethics. The second offense will lead to formal remediation procedures. See the "Procedures for Remediation" in this manual.

3. Vacation Requests

You must inform your practicum supervisor, administrative assistant, and complete an MFT vacation approval form (see MFT Vacation Request Form) if you will be unavailable or out of town for **three business days or longer**. The form should be completed and turned in to your

practicum supervisor **at least two weeks in advance**.

You will also need to identify a **backup therapist** and make your clients aware of what they need to do if they need to schedule a session while you are away. If you have any cases that have involved (present or past) violence or other potentially dangerous circumstances (i.e., red flags), these need to be made explicitly known to the program director, your practicum supervisor, the administrative assistant, and the backup therapist. Once the form has been signed, turn it into the MFT administrative assistant so it can be updated on the PnC calendar, along with your backup's name in the description comment box.

Even if you have time off from USU, you must also request time off from your advanced practicum site supervisor. Remember that you are working at a business and there will be times that you will still have to go to your advanced practicum site even though the USU clinic is closed. Failure to be available or have explicit backup when you are seeing clients is unethical and will result in a remediation plan.

4. Case Transfers

Onsite: If you cannot continue seeing a case that is not ready to terminate, you may arrange transfer to another SCCE MFT Clinic therapist in consultation with your supervisor (with the exception of when you graduate, this is a rare occurrence). The family should be given a choice between continued therapy at the SCCE MFT Clinic, referral to other community resources, or termination. If clients choose to be referred outside the SCCE MFT Clinic, at least *three* referrals should be provided. The Community Services Directory and your supervisor can assist you in identifying other community resources.

Offsite: Students **MUST** get permission from the program director to transfer a case to **THEMSELVES** at an outside agency.

Please use the following procedures:

a. Discuss the case with a supervisor and explore options.

b. Inform the family *in session* ofthe change and outline options. The therapeutic relationship should be taken seriously; clients need time to adjust to such changes. Often, plans can be made to finish therapy.

c. If the family decides to continue therapy at the Clinic, discuss potential therapists with your supervisor.

   Discuss the case with the potential therapist and obtain permission for the transfer. Be sure the new therapist knows about any previous or potential violence or substance abuse. Cases involving violence, abuse, or substance abuse should be considered at-risk and handled carefully.

d. Inform your client(s) and assist in the smooth transfer of the case, preferably by introducing the family to the new therapist. Be aware that this transition may be stressful for the family, but do not extend the transition unnecessarily.

e. Inform the program administrative assistant of the successful transfer.

f. Be sure that your paperwork is up-to-date. Complete a Transfer Summary, using the Termination Summary form, including your recommendations for further treatment.

g. Be sensitive to potential problems the family may have during the transition, particularly if cases have involved abuse, substance abuse, or hospitalization.

h. Be sensitive to the fact that many transfers occur at the end of the academic year, potentially leaving a client family in limbo for a time. Make sure the family knows who to call in case of need.

5. In-House Emergency

If you need immediate assistance while in the SCCE MFT Clinic, call the **University Police Department 797-1939.** Call 911 if there is no response. Familiarize yourself with the location of the fire extinguisher on each floor of the SCCE and the location of fire alarms and emergency exits. Each clinic reception desk has an emergency button located under the desk. When pressed, the USU Police will respond by coming to the building immediately. This is helpful in cases where there may be an angry client who continues to escalate and you don't want them to be aware of you contacting the police.

6. Therapy and Supervision Hours

1. Clinical Contact Hours (as defined by the COAMFTE)

a. Direct client contact hours defined

Direct client contact is defined as face-to-face (therapist and client) therapy with individuals, couples, families, and/or groups from a relational perspective. Activities such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision, are not considered direct client contact. Assessments may be counted as direct client contact if they are face-to-face processes that are more than clerical in nature and focus. Psychoeducation may be counted as direct client contact. Group hours with residents in residential treatment centers may count as relational hours.

b. Contact hours requirements

Students will complete a minimum of 500 supervised, contact hours. At least 400 of these hours must be direct client contact hours, as defined above. Up to 100 hours may consist of alternative therapeutic contact that is systemic and interactional. These include team hours and volunteer family interview hours. Students are encouraged to participate in group psychoeducation or therapy. Groups conducted with residents in residential treatment centers may count as relational hours. At least 250 of the required 500 hours of client contact must be with couples or families present in the therapy room (i.e., direct relational hours).

c. Alternative hours

In accordance with AAMFT Commission on Accreditation guidelines, members of a therapy team may also receive credit for therapy time, providing they are active as team members in an ongoing way and not merely observers. Up to 10 Volunteer Family Interviews may also be counted as defined in HDFS 6310.

Many alternative hours may accrue as you serve as a team member – a co-therapist behind the mirror on each other's cases. Other activities in the clinic and Advanced Practicum sites also may count toward the 100 allowed. These are defined as activities that are of a systemic, interactional nature and that add to your practicum experience. Except for volunteer interviews and MFT clinic teams, you must have your alternative hours approved by the Program Director (see Appendix A-7 - MFT Practicum Alternative Therapeutic Contact Hours).

"Drop in" team hours are *not* permitted. If you do act as a team member, you must participate in planning, observing, and debriefing, and may count the hours toward your 100. Other observation hours may not count toward the clinical requirement.

d. Recording of hours

Client contact time and supervision hours are recorded on special forms for entering into the computer. Hours are pulled from Google docs on the 1st of each month for the previous month. Please get the appropriate supervisor's or site representative's signature(s) before handing them in to the administrative assistant. **NOTE: Having your hours not updated by the 1st of each month will result in the following:**

a. **first time – verbal warning**
b. **second time – practicum grade reduced 1/3 grade**
c. **third time – 25% reduction in the hours accrued**
d. **fourth time- full grade reduction in practicum and hours will not be counted until a 5-page paper on professionalism is completed.**

You will receive an updated report of your accumulated client contact and supervision hours once each month. Copies of your accumulated hours are kept in your clinical file in the locked file cabinet in the Note Room.

2. Definition of Supervision

Supervision of students will be live, digital/video, or case note supervision conducted by AAMFT Approved Supervisors or those who are in training under the supervision of an AAMFT approved supervisor. Supervisors must have access to digital/video, audio, or direct observation of students' clinical work at all sites.

Individual supervision is defined as supervision of one or two individuals. When a supervisor is conducting live supervision, the therapist(s) in the room with the client (up to two therapists) may count the time as individual supervision. A student who is simultaneously being supervised and having direct client contact may count both supervision time and direct client

contact time. When there is only one student behind the mirror with the supervisor, that student may also count individual supervision (no more than two students' altogether).

All students are required to receive individual supervision on a regular basis. This may be through live observation by a supervisor, no matter how many students are behind the mirror. During group supervision (3 or more students), this does not mean that the student whose work is focused on can count individual supervision. Individual supervision may occur either singly or with one other student and may be digital/video, audio, or case notes based supervision. All students must receive a minimum of three (3) hours of individual supervision per month unless released from this requirement by their supervisor. Supervisors may require more individual, live, or other supervision in practicum, but cannot require less than that described in this manual. **Students are responsible for making sure that they get the appropriate supervision each month.**

Students observing someone else's clinical work may receive credit for group supervision provided that (a) at least one supervisor is present with the students, and (b) the supervisory experiences involve an interactional process between the therapist(s), the observing students, and the supervisor.

Supervision is not psychotherapy or teaching. That is, the time that is recorded for supervision must include discussion of cases, not required readings or administrative time. Faculty may not do therapy with students. If you or the faculty thinks that therapy would be helpful or necessary, we will be happy to provide with you referrals. If you have questions about this, please talk to your supervisor or the Program Director.

Students will receive at least 100 hours of face-to-face supervision, at least one hour of supervision for every five hours of direct client contact. Supervision of some form will occur at least once every week in which students have direct client contact hours. Individual supervision will occur at least once every other week in which students have direct client contact. Supervision is ongoing and cannot be accrued and used later. In other words, if you only receive 5 supervision hours one month, you can only count 25 therapy hours towards your total for that month. If clinical hours are not finished by the end of the Spring semester of the 2nd year, students will be responsible for their own supervision (not MFT faculty) to be approved by the MFT faculty.

7. Termination Procedures

A client's file should be closed within **seven days** of the last session, if it has been negotiated between the therapist and client. If the therapist has not seen a client for **three weeks** and no pre-established agreement was made, then the therapist should send a termination letter to the client and close the file within one week of sending the letter.

Closing client files consists of writing up a termination summary, having it approved by your practicum supervisor, closing the file electronically, and putting the hard copy file in to the termination folder in the locked file cabinet in the Note Room, with the date of closure on the client contact sheet and a blue dot on the outside of the folder. The administrative assistant will record the termination date in the MFT client spreadsheet and remove the client number

from your list of clients, then the file will be scanned and prepared for proper disposal.

8. Advanced Practicum

Students typically begin Advanced Practicum the summer following their first year. For liability reasons, students *must* have a completed and fully signed contract and example of the client Informed Consent for Treatment form on file and turned in the administrative assistant to be kept on file, ***before*** they may conduct therapy.

PROCEDURES FOR REMEDIATION

Most students who enter a graduate program believe they are embarking on their chosen profession. Some discover that this is not what they desire, or that they lack the skills to perform effectively in the field of MFT, and drop out of the program. A few students, although lacking the skills to be effective, continue with their degree program. Because MFTs intervene in the lives of others, it is important that only competent beginning-level clinicians be allowed to graduate. Therefore, it is the responsibility of the MFT faculty to identify those students who are severely lacking in clinical skills and counsel them out of the program.

Counseling a student out of the program is a sad situation for both faculty and students. Because of this, faculty will work with those students who exhibit severe deficiencies to develop a workable remediation plan. Counseling a student out of the program is a very rare situation that we attempt to avoid at all costs.

The process for determining whether or not a student should receive remediation requires the utmost sensitivity on the parts of all involved. What follows are guidelines for determining whether or not a student may be inappropriate for the USU MFT Program and the procedures for dealing with this situation. The process is designed to provide both students and faculty with guidelines for dealing with situations that may otherwise be left unaddressed for too long. The process is designed to provide corrective feedback and contracts whenever possible.

A. Categories of Deficiencies

(Any deficiency could become severe if not attended to)

1. Students are expected to be able *to appropriately apply theoretical material* in the clinic setting. This relates to engaging clients in therapy, assessing problems and relationship dynamics, and designing and implementing intervention strategies. This does not mean that students must blindly follow the instructions of their supervisors, except in directed circumstances. Students are expected to be familiar with many family therapy theories, but not necessarily to be proficient in all. A deficiency may exist when a student appears to not be able to apply general tenets of systems theory or specific tenets of at least one family therapy theory as guided by the practicum supervisor. Students are expected to at least attempt to understand and apply family therapy theories as requested by practicum supervisors.

2. Students are expected to consistently succeed in their work *with faculty, site supervisors, and other students* in appropriate ways. Students are expected to behave in professional fashion, taking care to discuss cases in confidential and sensitive ways, approaching colleagues with respect, and responding to feedback given by faculty and site supervisors. When a student disagrees with the feedback of faculty or site supervisors, the student is expected to discuss this with that person and not passively dismiss it or discuss it as a problem with other students and faculty.

Similarly, students are expected to be sensitive when giving feedback to colleagues, recognizing that their advice may be ill-timed or inappropriate to the situation.

Students are expected to adhere to the AAMFT Code of Ethics and the laws of the State of Utah and the United States.

3. Students are expected to demonstrate *enough emotional strength and stability to avoid negative effects* on their clients or fellow students as judged by faculty or site supervisors.

4. Students are expected to either make *efforts to resolve personal problems* or, after engaging in therapy, make sufficient changes to continue in the practice of marriage and family therapy.

5. Students are expected to *perform well in class and to behave professionally* with other students and faculty. Students must maintain a 3.00 grade point average at all times while enrolled in the Department. They may earn no more than one "C" in the program. Students who do not meet the minimum academic requirements will be removed from the program.

6. Students are expected to *maintain ethical and legal obligations* to clients as outlined in Utah law and the AAMFT code of ethics. Especially important is the need to preserve confidentiality, including the client's identity. Confidentiality can be broken in many ways including careless talk in public places, leaving confidential notes in inappropriate places (such as observation rooms, the conference room during practicum, or the administrative assistant's office), and thoughtless conversation.

This ethic is so important that we have special consequences for violating it. *For the first offense, the student will be asked to write a 3-page paper (double spaced, APA format) on confidentiality with at least 10 references*. The second offense will result in the loss of one letter grade, regardless of other issues in practicum that might result in a reduced grade. The third offense will result in the identification of a serious deficiency and the development of a remediation plan.

B. Procedures

Following are the procedures used in remediation or counseling a student out of the master's program in marriage and family therapy:

1. Strengths and deficient areas are discussed with students as part of their regular practicum evaluations. Strengths and concerns also are discussed among the MFT faculty as a part of students' ongoing evaluation and supervision. When an area of concern is identified, specific goals and strategies are implemented. This is a common and desired occurrence in supervision. These issues may be passed along orally or in writing to the next supervisor as part of the regular transitions of practicum. Written evaluations are placed in student's files. However, if the faculty or site supervisor believes that the problem fits within the category of a severe deficiency and it is not alleviated through initial goal setting and strategizing procedures, step two of the process will be implemented.

2. Any faculty member who believes a student is displaying a deficiency and has attempted unsuccessfully to resolve it through goal-setting and strategizing procedures will discuss the concern with the entire MFT faculty prior to meeting with the student. The faculty will decide whether the problem is severe enough to warrant the label “severe deficiency.” If the problem is termed a severe deficiency, the faculty will move to step three. If not, the problem will remain as another concern area for the student to work on. The faculty will discuss alternate strategies to use with the student to facilitate growth.

3. Students will be notified of severe deficiencies by their practicum supervisor, advisor, or the Program Director. The student and faculty member will strategize and contract for specific steps the student can take to resolve this deficiency and decide on a time schedule for accomplishing this. This contract, which may include actions for faculty as well as the student, will be finalized in writing with a copy given to the student, a copy to remain in the student's file, and copies for all members of the faculty. If the student satisfactorily resolves the severe deficiency, he/she will receive a letter notifying him/her of such with a copy placed in his/her file and copies for all members of the faculty.

4. Students who do not satisfactorily resolve their deficiencies prior to the agreed upon date will meet with the entire MFT faculty to discuss the deficiency and alternate ways of resolving the problem. A new contract will be drawn up, stating the agreed upon plans for remediation and dates of completion.

5. Students who still do not resolve severe deficiencies will be asked to leave the program. They will meet with the MFT faculty to discuss the situation and will receive a letter from the Program Director notifying them of their dismissal from the program. Copies of the letter will also be sent to all MFT faculty members, graduate coordinator, and Department Head, with one placed in the student's file. The student's advisor or sponsor, the HDFS faculty, and DOPL also will be notified as needed.

CODE OF PROFESSIONAL CONDUCT AND GENERAL GRIEVANCE PROCEDURES

USU MARRIAGE AND FAMILY THERAPY PROGRAM

PREAMBLE

The key to maintaining a high level of trust and openness lies not so much in the establishment of formal grievance procedures or standards of professional conduct, but rather in a shared investment in more informal norms for relationships. Such norms are established through talking about how we want to treat each other and, even more importantly, through how we behave with each other. In other words, the written procedures and code of conduct below will be meaningless *unless* people are committed to the values and assumptions upon which they are based, and are continually reinforcing each other when relating in healthy ways.

A. Code of Professional Conduct

1. Program Values

a. The program's members promote cooperation (win-win situations) rather than competition (win-lose situations).

b. Members strive to encourage and empower others.

c. Members recognize and respect that all individuals have different needs, talents, and areas for growth. However, all are qualified to be in this program.

d. Acceptance and positive regard is fostered for all individuals in the program.

e. Communication between members is respectful and, whenever possible, direct.

f. Members respect individuals' rights for confidentiality to the extent possible, in both professional and private affairs.

g. Members resolve to handle conflict in ways that foster trust and cooperation and attempt to resolve conflict in a mutually acceptable manner. When this is impossible, it is acceptable for members to agree to disagree.

h. Sexism and bigotry, whether overt or subtle, is not tolerated. Program members resolve to help each other by sensitively and caringly drawing attention to subtle inappropriate behavior and to challenge each other's attitudes in a spirit of growth.

B. Specific Goals, Subgoals, and Recommended Procedures for Professional Conduct

1. Therapy Goals:

a. Supervisors and other therapists should be respectful toward the therapist and clients while observing therapy.

b. Behind-the-mirror comments are to be productive. These comments should also be consistent with the feedback during the post-briefing. Persons should refrain from making comments that they would not be willing to share with the therapist in person.

c. Individuals should whisper and refrain from loud talking or laughing behind the mirror.

d. Observers should have permission from the therapist before viewing a session.

2. Supervisors and other therapists should be respectful toward the client while observing therapy. For example, they should refrain from making derogatory comments about clients while behind the mirror.

3. Observers should offer comments to the therapist in a way that is respectful and will maximize personal growth.

4. Supervisors should offer evaluations (e.g., during post sessions, case consultations) to the therapist in a way that will maximize personal and professional growth for the therapist.

5. Individuals will respect individual differences in doing therapy. For example, individuals will seek to gain something valuable from each therapist, regardless of experience or orientation.

C. General (all settings)

1. It is unethical to circulate unsubstantiated derogatory remarks regarding graduate students and faculty. Concerns regarding the professional practice of colleagues should first be broached with the colleagues in question. *It is the responsibility of students who hear unsubstantiated, derogatory remarks to notify the speaker that such statements are inappropriate and that rumor spreading is not tolerated.*

2. Students and faculty will recognize that all individuals have unique talents and gifts from which others can benefit.

a. Refrain from singling out or labeling individuals derogatorily--each is a unique individual with unique contributions to offer.

b. Avoid making inappropriate or "off-hand" judgments or comments regarding a person's qualifications as a therapist.

3. Respect the confidentiality of colleagues by protecting both professional (e.g., grades) and personal information. Individuals will refrain from disclosing or discussing information about students or faculty without their knowledge or permission.

4. Although all systems are hierarchical to some extent, this does not imply that students have the right to wield coercive power over other students.

5. Faculty evaluations of students should include professional performance in course work, clinical practice in practica, and progress in thesis work. Good feedback should be descriptive and ideally should be done in conjunction with student self-evaluation on the same performance criteria. Criteria not related to the student's performance should not be included in formal evaluations.

6. A student's workspace and a faculty's office are considered private space. Be sure to ask permission prior to borrowing any materials from a student or faculty member.

D. MFT Program Grievance Procedure

1. If conflicts arise between students in the program, it is the responsibility of the aggrieved student(s) to initiate communication with the other students(s) and use conflict management and problem-solving skills to resolve the conflict to the satisfaction of all involved. This means that aggrieved students are first expected to resolve problems with other students directly and not to solicit involvement of faculty.

2. If a resolution appears to have been reached as a result of this initial contact and subsequently the aggrieved student(s) perceives the trigger situation to continue, then the aggrieved student(s) should initiate a second contact with the other student(s) of their concern, and seek further resolution to the issue. That is, aggrieved students are expected to persist in resolving problems with other students directly through a second effort if at all possible.

3. Should this second effort fail to satisfy the aggrieved student(s) or if the other student(s) refuses to acknowledge the need to work toward resolution of the problem, then the aggrieved student(s) may request that a faculty member act in the capacity of mediator (or arbiter, if both students agree) of the student dispute. It is the responsibility of the aggrieved student(s) to consult with the chosen faculty mediator *and* the other student(s) in order to arrange for a mediation session. (The faculty member may also assume an advisory role if it is clear that there has been a violation of MFT policies or procedures, or breach of ethical standards.)

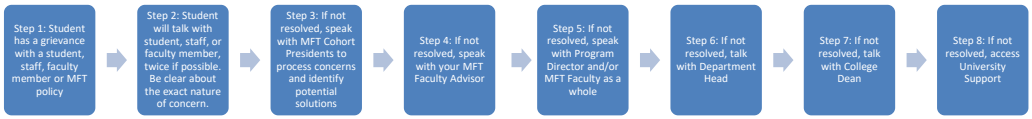
4. Conflicts between students and faculty/staff should be dealt with as described above. If a neutral faculty member cannot successfully mediate the dispute, or chooses not to, the student may meet with the program director. If the grievance is with the program director, the student can meet with the graduate coordinator and/or the department head. If the matter is still not resolved, the student is referred to Article VII of the Code of Policies and Procedures for students at Utah State University published on the USU website http://www.usu.edu/studentservices/studentcode/.

5. There will be some situations in which the faculty may need to become involved quickly. Direct faculty intervention is required when the well-being of clients is in jeopardy; when there is evidence that students or faculty members have engaged in unethical behavior; and when students flagrantly and consistently disregard important policies, procedures, and corrective feedback regarding professional performance. Such interventions will not be arbitrary but will ordinarily follow faculty discussion.

6. Students should be aware that a formal grievance procedure exists at university levels. Proper inquiry related to these procedures can be found in Article VII of the Code of Policies and Procedures for students at Utah State University published on the USU website http://www.usu.edu/studentservices/studentcode/.

7. Students have the right to be free from harassment or duress due to any sort of discrimination based on race, ethnicity, gender, sexual orientation, religion, country of origin, age, or physical ability. Students are encouraged to institute the program's Code of Conduct and University policies and procedures.

Steps for resolving a grievance



Student may bypass a step if the grievance involves the person mentioned in that step. As you do in therapy, be part of the solution. Sexual misconduct or illegal activities should be reported to the appropriate authorities immediately (i.e. USU campus police).

APPENDIX

Marriage and Family Therapy Program

Agreement to Read P&P Manual

Name:_____ Date: _____

I have read the USU MFT Policies and Procedures Manual, including:

- ☐ The introduction to the MFT Clinic
- ☐ Client-related procedures, including intake, confidentiality (including limits to the confidentiality privilege), release forms, consultation, and paperwork procedures
- ☐ Rules regarding recording client contact and supervision hours
- ☐ Academic criteria for remaining in the program
- ☐ The MFT curriculum requirements
- ☐ The MFT grievance procedure
- ☐ Procedures for counseling students out of the program
- ☐ Various paperwork forms and procedures
- ☐ The violence protocol
- ☐ The suicide protocol
- ☐ Theory of Change project
- ☐ Checklist for Forms Required in Student Folder for Graduation

I am also aware that I can find policies and procedures related to Departmental and University grievance procedures and fee refund procedures on the University's website for the Student Code of Conduct.

Signature_____

Date:

- ☐ Fall, 1st Year
- ☐ Fall, 2nd Year

Completion Tasks and Time Lines for All Graduate Degrees

Action or Element	Master's Plan A (Thesis)	Master's Plan B (Paper/Project)	Master's Plan C (Coursework Only)	Doctoral
Supervisory Committee	Supervisory committee form submitted to SGS by end of first semester (changes cannot be made to committee membership **within 6 weeks of defense**).	Supervisory committee form submitted to SGS by end of first semester (changes cannot be made to committee membership **within 6 weeks of defense**).	Supervisory committee form submitted to SGS **by end of first semester** (Some departments and programs require a committee form while some do not. Check with your department to determine whether or not one is required.)	Supervisory committee form submitted by end of second semester (CEHS interdepartmental may turn in only 3 members and need 5; they have until they turn in candidacy form to add two more members to committee. changes cannot be made to committee membership within 6 weeks of defense).
2. Program of Study	Program of Study submitted **by end of second semester*** following matriculation and at least 2 months prior to the final defense (need to submit signed copy of proposal with Program of Study)	Program of Study submitted **by end of second semester*** following matriculation and at least 2 months prior to the final defense (no proposal)	Program of Study submitted **by end of second semester***	Program of Study submitted **by end of third semester*** (CEHS signed by same number as on committee form)
Comprehensive Exam				Comprehensive exams (scheduled by departments)
4. Proposal Defense	Department schedules proposal defense as required by departmental guidelines	Department schedules proposal defense as required by departmental guideline		Department schedules proposal defense, Candidacy form & signed copy of proposal turned in to SGS **at least 3 months before final defense of dissertation**
Appointment for Examination	Appointment for Examination form submitted to SGS at least 10 working days prior to desired defense date	Appointment for Examination form submitted to SGS at least 10 working days prior to desired defense date		Appointment for Examination form submitted to SGS at least 10 working days prior to desired defense date

Plan C Completion Notification			Plan C completion form sent by dept. to SGS **first two weeks of final semester**	
Completion Tasks and Time Lines for All Graduate Degrees				
Thesis & Dissertation Defense/Delivery of Graduation Paperwork	Hold defense; give student graduation forms (graduation forms** are in defense packet)	Hold defense; give student graduation forms (graduation forms** are in defense packet)	SGS checks student's Program of Study and mails graduation forms** to student (no defense held)	Hold defense; give student graduation forms (graduation forms** are in defense packet)
Record of Examination	Return signed Record of Examination form (purple) to SGS indicating exam results	Return signed Record of Examination form (orange) to SGS indicating exam results		Return signed Record of Examination form (purple) to SGS indicating exam results
Graduation Forms and Fees	Student pays diploma fee and submits graduation forms* to SGS	Student pays diploma fee and submits graduation forms* to SGS	Student pays diploma fee and submits graduation forms* to SGS	Student pays diploma fee and submits graduation forms* to SGS
. Thesis, Plan B, and Dissertation Completion	***Thesis is signed by all committee members and turned into SGS for review	The project is signed by all committee members, but the document does not come to the SGS		***Dissertation is signed by all committee members and turned into SGS for review
. Thesis/ Dissertation Review Process	**Allow 7 wks from defense to binding** (allows time for revisions, reading, approvals, signatures, copying, binding)			**Allow 7 wks from defense to binding** (allows time for revisions, reading, approvals, signatures, copying, binding)
12. Completion Memo		Memo of completion sent to SGS from department	Memo of completion sent to SGS from department near end of semester	
Binding Verification	Binding receipt brought by student to SGS after thesis is taken to Merrill-Cazier Library for binding	Binding receipt is brought to the SGS after project is completed and filed with the Merrill-Cazier Library		Binding receipt brought by student to SGS after dissertation is taken to Merrill-Cazier Library for binding
Grace Semester and Late Fees	All graduate students (excepting international students because of visa restrictions) have a "grace semester" the semester after their defense (or semester after completion of coursework for Plan C students) to complete the process. **A $100 Late Completion fee is assessed for each semester thereafter until the degree is posted.**			
Posting the Degree	Once all grades are entered and all paperwork is submitted the **"degree conferred" date** on the student's transcript will typically be **the day the binding receipt was signed** for **Plan A, B, and doctoral students,** and **the last day of the semester in which *all* of the above requirements are completed** for **Plan C** students. The date on the diploma will be the last day of the semester for all students.			

* There will be a hold placed on your registration the next semester if your Program of Study has not been submitted.
** These forms include: Graduation Fee Payment form; Commencement Data card; Alumni File card; Graduate Survey.
*** This is a lengthy process. Anticipate several days and sometimes weeks for this process depending upon faculty availability and workload.

02/13/07

USU MFT Program

Program of Study and Course Sequencing Information

All courses are 3 credits unless otherwise specified

Programs of Study must be filed in the Graduate Studies office in the spring of the 1st year

Students are responsible for all requirements listed in this document, in the department Graduate Handbook, and in the University Catalog for the School of Graduate Studies.

You should select your major advisor and committee in the fall of your first year. ***However***, it is acceptable to change this committee at any time.

File a Supervisory Committee Form (available on the grad school webpage; click on the box below 'current students' and select Forms) with the HDFS department administrative assistant.

Be sure to read ALL *of this document* CAREFULLY!!

Use the form from the Graduate School (www.usu.edu/graduate school, click on 'Select Link' under 'Current Graduate Students; the form also is linked from the important links page of the MFT program).

Information at the top of the page should include the following:

- Use your Aggiemail email address
- Degree sought: MS or MMFT
- Department: HDFS
- Specialization: Marriage and Family Therapy
- Specialization on transcript: Yes
- Plan A (for MS students; Plan B if MMFT)

If you took courses before starting the program, you'll need to include those on the form before you start the Fall semester of your 1st year in the program part of the form.

If you entered the program the odd numbered years, use the following.

Fall (1st year)	Spring (1st year)
HDFS 6060 Human Development	HDFS 6320 Foundations of MFT
HDFS 6310 Survey MFT	HDFS 6330 MFT Practice I
HDFS 6325 Cultural Diversity	HDFS 6355 Play Therapy
HDFS 6370 MFT Assessment	HDFS 6390 MFT Practicum (2 credits)
HDFS 6961 Teaching Assistant Orientation	

Summer (1st year)
HDFS 6390 (2 credits)

Fall (2nd year)	Spring (2nd year)
HDFS 6070 Family Theories	EDUC 6050 Applied Statistics
HDFS 6360 Ethics Prof Dev MFT	HDFS 6340 MFT Practice II
HDFS 6380 Survey Research MFT	HDFS 6350 MFT Clinical Practice
HDFS 6390 Practicum MFT (2 credits)	HDFS 6390 Practicum MFT (2 credits)

If you entered the program even numbered years, use the following:

Fall (1st year)	Spring (1st year)
HDFS 6060 Human Development	HDFS 6320 Foundations of MFT
HDFS 6310 Survey MFT	HDFS 6340 MFT Practice II
HDFS 6360 Ethics Prof Dev MFT	HDFS 6350 MFT Clinical Practice
HDFS 6380 Survey Research MFT	HDFS 6390 Practicum MFT (2 credits)
HDFS 6961 Teaching Assistant Orientation	

Summer (1st year)
HDFS 6390 (2 credits)

Fall (2nd year)	Spring (2nd year)
HDFS 6070 Family Theories	EDUC 6050 Applied Statistics
HDFS 6325 Cultural Diversity	HDFS 6330 MFT Practice I
HDFS 6370 MFT Assessment	HDFS 6355 Play Therapy
HDFS 6390 Practicum MFT (2 credits)	HDFS 6390 MFT Practicum (2 credits)

Thesis credits and ***other important requirements***
MS students must also take 6-9 credits of thesis
On the last page:

- Thesis title may be "TBD" (to be determined)
- Extra requirements (both MS and MMFT students): "Memo from MFT program director of successful completion of 500 clinical hours, 100 supervision hours, and theory of change project."

After printing out the form, take it to the Program Director Dave Robinson for approval ***before*** having your committee sign it. After you get it signed by your committee, make a copy for your MFT file and give to the administrative assistant. Then, send it to the department head for his signature. After you get it back from the graduate school, take it again to the Program Director Dave Robinson for him to check it over. Make a copy for your file.

You can change your Program of Study easily after it has been filed by having your major advisor write a petition with details about the change. This might be because you take a different course, which must be approved by your committee, take a course out of order, etc.

If you change major advisors, be sure to give a copy of your PoS to the new person.

Notes and important information

- HDFS 6970 Thesis may be spread out as you desire (credits to total 6-9)
- Register for at least 2 credits of practicum each semester. You may register for more if you need to fill in for assistantship or other reason
- If you have finished 9 credits of HDFS 6970 but have not completed your thesis, register for HDFS 6990 Continuing Advisement. You must register for 3 credits every semester until finishing the degree except for one semester after successful thesis defense (the 'grace' semester)
- A graduate student who is not using University facilities or faculty time may meet the continuous registration requirement by paying the **Continuous Registration Fee** of $100 per semester (not necessary for summer semester). This alternative requires a written request from the department head, including verification that the student is not using University facilities and/or faculty time.
- Students may continue doing therapy in their practicum sites if the sites and the faculty approve for *one year only* after finishing coursework and clinical hours. Students must register for at least one credit of practicum during those semesters and provide the program director with updates.

Your Program of Study* MUST *be reviewed and approved by the Program Director* BEFORE *your committee signs it and again after it is approved by the graduate school. You are responsible for taking your PoS to the Program Director* EACH *of these times.

2022-2024 Marriage and Family Therapy Program Course Sequencing *

Semester/ Course	Professor	Date/Time		Cr
Fall 2022				
HDFS 6060 Human Development – 1st Years	**Troy**	**Wed 3:30-6:00**		**3**
HDFS 6070 Family Theories - 2nd Years	**Kay**	**Mon 3:30-6:00**		**3**
HDFS 6310 Survey MFT - 1st Years	**Dave**	**Wed 9:00-11:30**		**3**
HDFS 6360 Ethics Prof Dev MFT – 1st & 2nd Years	**Kay**	**Tues 9:00-11:30**		**3**
HDFS 6380 Survey Research MFT – 1st & 2nd Years	**Ryan**	**Mon 9:00-11:30**		**3**
HDFS 6390 Practicum MFT (2 credits) – 2nd Years	**Spencer**	**Tues 1:00-6:30**		**2**
HDFS 6961 Teaching Assistant Orientation – 1st Years	**TBA**			**1**
		Total Cr.	**1st**	**13**
			2nd	**11**
Spring 2023				
EDUC 6050 Applied Statistics – 2nd Years	**TBD**	**Mon 1:30 – 4:30**		**3**
HDFS 6320 Foundations of MFT – 1st Years	**Ryan**	**Wed 9:00-11:30**		**3**
HDFS 6340 MFT Practice II: 1st & 2nd Years	**Dave**	**Tues 9:00-11:30**		**3**
HDFS 6350 MFT Clinical Practice – 1st & 2nd Years	**Spencer**	**Mon 9:00-11:30**		**3**
HDFS 6390 Practicum MFT (2 credits) –	**Meg (2nd)**	**Tues 1:00-6:30**		**2**
	Ryan (1st)	**Mon 1:00-6:30**		**2**
		Total Cr.	**1st**	**11**
			2nd	**11**
Fall 2023				
HDFS 6060 Human Development – 1st & 2nd Years	**Troy**	**Wed 3:30-6:00**		**3**
HDFS 6310 Survey MFT – 1st Years	**Dave**	**Wed 9:30-12:00**		**3**
HDFS 6370 MFT Assessment – 1st & 2nd Years	**Dave**	**Tues 9:00-11:30**		**3**
HDFS 6390 MFT Practicum – 2nd Years	**Meg**	**Tues 1:00-6:30**		**2**
HDFS 6325 Cultural Diversity – 1st & 2nd Years	**Meg**	**Mon 9:00-11:30**		**3**
HDFS 6961 Teaching Assistant Orientation – 1st Years	**TBA**			**1**
		Total Cr.	**1st**	**13**
			2nd	**11**
Spring 2024				
EDUC 6050 Applied Statistics – 1st and/or 2nd Years	**TBD**	**Mon 1:30 – 4:30**		**3**
HDFS 6330 MFT Practice I – 1st & 2nd Years	**Dave**	**Mon 9:00-11:30**		**3**
HDFS 6355 Play Therapy – 1st & 2nd Years	**Meg**	**Tues 9:00-11:30**		**3**
HDFS 6320 Foundations MFT – 1st Years	**Ryan**	**Wed 9:00-11:30**		**3**
HDFS 6390 MFT Practicum (2 credits)	**Spencer (2nd)**	**Tues 1:00-6:30**		**2**
	Ryan (1st)	**Mon 1:00-6:30**		**2**
		Total Cr.	**1st**	**11**
			2nd	**11**
Summer 2024				
HDFS 6390 (2 credits)	**Dave**	**Tues 1:00-6:30**		**2**
	MMFT Program Total Credit Hours			**48**
	MS Program Total Credit Hours			**54**

- Course names will be updated 2022-23

MFT Practicum Alternative Therapeutic Contact Hours

Up to 100 hours of your 500 hours of clinical experience may be alternative therapeutic contact. Except for volunteer and MFT Clinic team hours, hours must be approved by the Program Director. Alternative hours must be face-to-face, systemic, interactional (between you and the clients — not just lecture or presentation in groups), and add diversity to your practicum experience. An informed consent or therapeutic contract with the client(s) must exist that includes a description of the activity, expected outcomes, risks and benefits, limits of confidentiality, and explanations of supervision, taping, and other activities.

Psychoeducation and other groups may count toward the basic 400 hours if they meet certain conditions. Consult with your supervisor or the Program Director.

Your name:_____ Date of request: _____

Site (name, address, contact person, phone): _____

Proposed hours and dates of service: _____

Proposed AAMFT Approved Supervisor: _____

Using 2-3 sentences, respond to the following:

1. How will this work be systemic and interactional?

2. How will this client contact add diversity to your practicum experience?

Attach a blank copy of the informed consent or therapeutic contract. Attach a list of 2-3 references you will read or have read related to the content or process of this activity.

After providing the hours, you must provide a brief write-up of your experience, describing the experience, evaluations from clients, and a description of what you learned from the experience. Attach a log of your client contact hours to this form along with your paper and the informed consent/ therapeutic contract and turn in to the Program Director. Hours should NOT be included on your monthly logs, but reserved until you complete the activity. Exceptions will be made for ongoing groups.

Approval_____ Date _____

Theory of Change Projects

The Theory of Therapy and Change (T of TC) project is an opportunity for you to integrate your understanding of various theories and skills into a personal model that reflects and drives the manner in which you do therapy. Your model should be theory driven and allow you to articulate and demonstrate your ideas about the relationship between theory and intervention, and intervention and outcome or change. This project allows you to sharpen your awareness of your own theoretical frames of reference as they apply to therapy, apply this framework in varying contexts taking cultural competence and ethical decision making into consideration, and to understand why it is that your interventions effectively promote change. The faculty expects that these ideas will change throughout the program as you increase your competence as a therapist.

The Big Picture

The MFT faculty members are interested in your general philosophies of relationships and interpersonal dynamics: how you think about people, the difficulties that bring people to therapy, and how your philosophies affect the way you do therapy. You are introduced to many models of therapy in the program, mostly in broad strokes. For this project, as you identify various models that best reflect your philosophies of therapy, you are asked to demonstrate familiarity with the model(s) through readings beyond those assigned in class using original and secondary sources. Papers must demonstrate an integration and logical flow beginning with broad paradigms, moving to theory and related therapies as well as how change occurs through your interventions, and how therapy outcomes are evaluated. You must also integrate and articulate your theories within a systems framework throughout your paper. Students repeatedly have demonstrated that those who are able to understand and clearly articulate their ideas are more effective in therapy.

Theory of Therapy and Change Project Outline

Note: The outline below provides the sections that need to be included in the TOC. You can determine their order in a way that works with the flow in your paper.

Section 1: Introduction (~1/2 page)
In this section, you will introduce the reader to your model(s) and provide an overview of your paper. You will also need to find a way to engage your readers and make them want to read it.

Section 2: Worldview (~1 page)
Worldview illustrates how values, ideologies, and beliefs about human nature influence what we choose to consider or neglect in the process of therapy. It becomes the active paradigm or lens through which therapists view the client context and integrate systems concepts with other models of therapy.

Section 3: Normal Family Development (~1-2 pages)
An understanding of human development is important for therapists trying to facilitate change. This section will address factors that you feel are important in the individual and relationship

development. Whether or not explicitly mentioned, your model(s) can help you identify specific elements of individual and relationship experiences that are important to you.

Section 4: How Problems Arise (~1-2 pages)
In this section, you will provide your beliefs about how problems arise in the lives of individuals, couples, and families. This builds upon your worldview and beliefs about normal family development to explain how problems arise and the nature of those problems. Even though you are talking about problems generally, use your terminology from your model as a guide.

Section 5: Assessment/Diagnosis (~1 page)
Having just explained your beliefs about problems more generally, you will now address the therapeutic implications in this section by explaining your philosophy of assessment and diagnosis. Make sure to address the role of assessment and diagnosis in your work and how you use them to inform treatment process.

Section 6: How Change Occurs (~2-3 pages)
In this section, you will talk about how change occurs generally. You will discuss more about therapeutic change later. Your purpose here is to think about how people make changes in their lives (whether it be in therapy or not). When they make those changes, what are the primary mechanisms of change? Although you are not just discussing therapeutic change in this section, your ideas should align with how change occurs within your model(s)

Section 7: Goals and Interventions (~2-3 pages)
Having just explained change more generally, you will now explain how you facilitate that change in a therapeutic setting, using your model(s). You can discuss both process (i.e., the therapeutic setting that you are working towards) and outcome goals (specific outcomes for the client). Then you will illustrate several interventions that help clients meet their goals.

Section 8: Role of the Therapist (~1-2 pages)
In this section, you will address your role as the therapist in helping clients move towards change. Unless addressed elsewhere, it is also important to address your responsibility toward ethical practice and cultural humility.

Section 9: Evaluating Therapeutic Effectiveness (~1-2 pages)
In this section, you will address your philosophy for evaluating your therapeutic effectiveness. You will also clearly explain how you measure your effectiveness and how that process helps you become a better therapist.

Section 10: Case Study (~2-3 pages)
Applying your model(s) to a personal case allows you to demonstrate competence in transferring knowledge to application. This should be an integration of information from

worldview, therapy models, assessment, competency with diversity, context, self of the therapist, and so forth.

Section 11: Conclusion (~1/2 page)
In your conclusion, make sure you bring everything together and really help your readers understand what you want them to take from your paper. As part of this, you can also reflect on how your ideas have change over time, the strengths you have discovered, and next steps in your development as an MFT.

Project Process

During your first semester of your first year, in HDFS 6310, you will develop sections 1-3. You will also begin looking carefully at one or more theories of therapy as you prepare to see clients. The HDFS 6310 instructor will evaluate these sections and provide feedback.

During the second semester of the first year, in HDFS 6320, you will develop sections 4, 6, 7, and 8. These are closely related to the model(s) you have chosen, and HDFS 6320 is designed for you to gain more depth in your model(s). The HDFS 6320 instructor will evaluate these sections and provide feedback.

During the summer semester, as part of practicum, you will combine all the sections you have done thus far into one document and submit it to at least one other student for peer evaluation.

Section 5 will be addressed in HDFS 6370 (taught in Fall of odd years), and section 9 will be addressed in HDFS 6380 (taught in Fall of even years). Your instructor in each of these courses will evaluate these sections and provide feedback.

During Fall semester of your second year, you will further develop your paper as part of practicum (HDFS 6390). In particular, you will also gain further guidance in measuring your effectiveness and writing up your case study. Your practicum instructor will evaluate your paper and provide feedback.

You are expected to make substantive reviews to your paper after each round of feedback. On **January 31** of your second year, you will submit your T of TC to the faculty. The faculty will review and provide unified feedback by **February 28**.

You will use the unified feedback to further polish your papers and resubmit the paper to the faculty on **March 31**. **In this draft you will submit an overview of the changes you have made in your paper.** The faculty will review by **April 15**. At this point, you will find out if you pass and whether any additional changes are needed before the presentation.

Our experience is that those students who talk about their ideas frequently and in depth have better understandings of their therapy and are more effective in therapy.

Miscellaneous Details

- There is a 25-page limit for your paper (including title page, tables, figures, and references).

- Becvar & Becvar and Nichols & Schwartz may be used only for references in the systems concepts and integration sections of the paper
- Papers must be written in APA (6th edition) format

Theory of Therapy and Change Presentation

The T of TC presentations typically are scheduled during finals week of spring semester. The exact dates and times are determined by faculty. In preparing for the presentation, it is important for you to understand that the presentation is an expansion, not a reiteration, of your papers. Experiential exercises are welcomed, but should be brief and not use the bulk of the presentation time. Exercises should reflect practices that are used in therapy. The presentation is limited to 25 minutes: 20 minutes for you to present your ideas, and 5 minutes for questions from the audience, excluding faculty. Presentations should include your ideas about your strengths and what you plan on focusing on in the next phase of your training.

Invited guests, including the Department Head and Dean of the College may attend the presentation, which hopefully spurs you on to excellence.

All students must attend the T of TC presentations. First year students will read all of the T of TC papers and have at least two questions about each of the second-year students' theory/paper. These should be brought to the Theory of Therapy Change presentations. You are encouraged but not required to provide presenting students with your feedback.

Theory of Change Grading Rubric

Student Name_____

World View/Theoretical Formulation

Inadequate	Emerging	Meets expectations	Exceeds Expectations	Exceptional	
< 7	7	8	9	10	____/10

Normal Family Development

Inadequate	Emerging	Meets expectations	Exceeds Expectations	Exceptional	
< 7	7	8	9	10	____/10

How Problems Arise

Inadequate	Emerging	Meets expectations	Exceeds Expectations	Exceptional	
< 7	7	8	9	10	____/10

Assessment/Diagnosis

Inadequate	Emerging	Meets expectations	Exceeds Expectations	Exceptional	
< 7	7	8	9	10	____/10

How Change Occurs

Inadequate	Emerging	Meets expectations	Exceeds Expectations	Exceptional	
< 7	7	8	9	10	____/10

Goals and Interventions

Inadequate	Emerging	Meets expectations	Exceeds Expectations	Exceptional	
< 7	7	8	9	10	____/10

Role of Therapist

Inadequate	Emerging	Meets expectations	Exceeds Expectations	Exceptional	
< 7	7	8	9	10	____/10

Evaluating Therapy Effectiveness

Inadequate	Emerging	Meets expectations	Exceeds Expectations	Exceptional	
< 7	7	8	9	10	____/10

Case Study

Inadequate	Emerging	Meets expectations	Exceeds Expectations	Exceptional	
< 7	7	8	9	10	____/10

Integration of Culture and Diversity

Poor	Fair	Marginal	Competent	Exceptional	
1	2	3	4	5	____/5

Integration of Ethical Standards

Poor	Fair	Marginal	Competent	Exceptional	
1	2	3	4	5	____/5

MMFT: Effectiveness Data

Inadequate	Emerging	Meets expectations	Exceeds Expectations	Exceptional	
< 12	12-15	16-17	18	19-20	____/20

Total Score_____/100 (120 for MMFT)

Competence for Theory of Change minimum of 80 MS or 96 MMFT

MFT Student Graduation Tracking Sheet and SLO Verification

Student_____ Year Entered Program _____

Requirement		**Completed**		
Initial Program of Study approved by director				
Advanced Practicum Contract Signed		Site 1	Site 2	
SLO 1 Achieved _____	**SLO 2 Achieved** _____	**SLO 3 Achieved** _____	**SLO 4 Achieved**	**SLO 5 Achieved**
<u>SLO 1:</u> Students will demonstrate the ability to integrate systemic/MFT theory into their clinical practice. **<u>SLO 3:</u> Demonstrate competence in the assessment, diagnosis, treatment, and client management of individuals, couples, and families**				
Pre-Clinical Objective Structured Clinical Examination: Course 6310		Fall Year 1 ___/5 Competence - ≥3	Competence Met Date_____	
Assessment of Core Therapeutic Skills: Course 6390 –USU Practicum		Spring ___/3 min	Summer ___/3 min	Fall ___/3 min	Spring ___/3 min ( ) 0 deficits
Assessment of Core Therapeutic Skills: Advanced Practicum Site		Summer ___/3 min	Fall ___/3 min	Spring ___/3 min ( ) 0 deficits	
Personal Theory of Therapy and Change Paper & Presentation		Paper ____/ (min. 104/130) Competence met ( )		Presentation ____/60 (min. 42) Competence met ( )	
<u>SLO 2:</u> Students will demonstrate the ability to interpret and integrate scholarly work into their clinical practice.					
Clinical Research Portfolio		**___/___ ( ) Competence ____**			
Personal Theory of Therapy and Change Paper & Presentation		Paper____/ (min. 104/130) Competence met ( )			
<u>SLO 4:</u> Students will demonstrate cultural understanding and humility for others (i.e., clients, colleagues, faculty, supervisors, and the public) from diverse social identities and backgrounds.					
Clinical Work and Diversity Paper and Presentation: Course 6325		Paper_____/_____ ( ) Competence ≥ 80%		Presentation____/_____ ( ) Competence ≥ 80%	
Assessment of Core Therapeutic Skills – Cultural Competence Dimensions – USU Practicum		Spring ___/3 min	Summer ___/3 min	Fall ___/3 min	Spring ___/3 min ( ) 0 deficits
Assessment of Core Therapeutic Skills – Cultural Competence Dimensions – Advanced Practicum Site		Summer ___/3 min	Fall ___/3 min	Spring ___/3 min ( ) 0 deficits	

Personal Theory of Therapy and Change Paper – Cultural Competence section	____/5 ( ) Competence ≥ 4			
Cultural Competency Projects -- Competence ≥80 total points	Year 1		Year 2	
	___/25	___/25	___/25	___/25 ___/100 ( ) Comp
SLO 5: Students will demonstrate understanding and application of ethical principles and decision making to their clinical practice				
Ethical Decision-Making Paper & Presentation Course 6360	Paper		Presentation	
Personal Theory of Therapy and Change Paper – Ethical Decision Making Model	____/5 ( ) Competence ≥ 4			
Assessment of Core Therapeutic Skills – USU Practicum **Assessment of Core Therapeutic Skills – Advanced Practicum Site**	Summer ____/3 min	Fall ____/3 min	Spring ____/3 min ( ) Competent	
	Summer ____/3 min	Fall ____/3 min	Spring ____/3 min ( ) Competent	
Staff Meeting Attendance Required 80%	Year 1		Year 2	
	Staff Mtg		Staff Mtg	
	Fall	Spring	Fall	Spring
Marketing Hours **20 Total hours required Total Hours_____**	( ) Completed			
Client Files Close or Transferred				
MFT Required Courses:	_____6350 Clinical Practice			
_____6060 Human Development Theories	_____6355 Play Therapy			
_____6070 Family Theories	_____6360 Ethics and Professional Development			
_____Statistics	_____6370 Assessment			
_____6310 Survey	_____6380 Survey MFT Research			
_____6320 Foundations	_____6390 Practicum (4)			
_____6325 Gender and Diversity	_____6970 Thesis			
_____6330 MFT I	_____6961 Teaching Assistant Orientation			
_____6340 MFT II				
HIPAA Training				
AAMFT Membership				
Supervisory Committee Approval by Program Director/Committee				

Violence Assessment and Intervention

It is often quite difficult to assess and/or intervene in a couple's sequence of violence. We are learning more and more that couples therapy is not indicated for severe violence and may or may not be indicated when violence is mild to moderate. We also are learning that couples do not typically tell us about their violence and that many more couples in therapy have experienced or currently are experiencing violence.

Therapy at our clinic is not indicated when there is ongoing physical violence or when there is a high risk for violence. Currently, the Family Institute of Northern Utah has a state contract for treating intimate violence and clients should be referred there.

Safety for all parties must be a therapist's first priority. Other work at changing the situation is restricted in a context that includes the possibility of abuse and/or violence. Being clear with the couple that violent behavior cannot occur no matter what emphasizes the seriousness of the situation and sets up an expectation in therapy that change not only must, but can and will occur. There can be no tentativeness about this; if people want to be treated in our clinic, there must be no violence. Other treatment centers are better equipped to handle these complex issues.

General Assessment:
Routinely ask couples what happens when they disagree about something. Remember that people's definitions of *disagreements, arguments, fights*, and so forth differ. You may want to routinely interview individual partners separately to ask about how they disagree.

Valuable types of questions to ask (conjointly or separately):

- Ask whether anyone has been concerned that someone might get hurt or feel threatened, physically or emotionally.
- Ask whether each knows how to de-escalate arguments? How?
- Ask whether there has been any shoving, pushing, hitting, throwing of objects (whether at a person or elsewhere), or hitting of walls or furniture.
- Ask whether any children have heard or seen severe arguments.
- Ask how each person manages to keep things from getting worse.
- Ask about safety plans – do they know what to do when things get heated? Do they do those things?
- Are each willing and able to take responsibility for their behavior?
- Does the person who seems to be the offender blame the other for the problem?
- Is either depressed, anxious, or agitated? Other mental health issues?
- Has either been court-ordered to counseling?
- Is alcohol or substance abuse a part of the picture?

Violence Assessment and Intervention, Continued

Specific Issues to asses:

A. *Level of severity*: have arguments been limited to raised voices and name-calling? This is considered *mild*. Have arguments included throwing objects at walls, hitting furniture, controlling behaviors, or threats of violence? This is considered *moderate*. Have arguments included hitting, shoving, slapping, kicking, painful restraining, or use of objects? This is considered *severe* violence. *If the violence is severe and ongoing, assist with a safety plan and refer to another agency* (CAPSA, police, Family Institute of Northern Utah).

B. If there has been a *single* instance, verified by the victim in an individual interview *and* if the victim is willing to take responsibility for his/her safety, *and* if the offender admits to and is willing to take responsibility for her/his behavior, continue the interview and then *discuss with a supervisor* as soon as possible.

C. If the violence is *mild to moderate, continue the interview and consult with your supervisor.*

D. *Safety plans*: do both offender and victim know how to prevent violence and, in fact, do they do those things? Ask for specific behaviors and instances where they have used these skills. If this is the case and if violence has been mild to moderate, continue.

Safety plans should include several things:

A. Offender willing to admit to and accept responsibility for behavior, willing to develop safety plan and to use it.

B. Victim willing to take responsibility for safety, to develop safety plan, and to use it.

C. Alternatives to escalating behavior: timeout with no attempt on part of partner to continue arguing works very well. Both must agree to not interfere with the timeout.

D. Victims should have plans for leaving the house (with children and with pets if possible – CAPSA can help to arrange pet care). Alternatives include calling the police, having an extra set of keys hidden, having a friend or relative willing to help, etc. People willing to help should be contacted by the client and willingness to help verified by the therapist. Get signed release.

E. Offenders should have plans for cooling off: driving around may not be a good idea – get alternative plans. Going to friends can be helpful; going to the public places or the police station

where people usually are able to control their behavior is also good. Friends should be willing to be helpful and contacted by the therapist. (These therapeutic activities "close the loop" and also are helpful with suicidal clients.)

"No harm" Agreements:

These agreements are non-binding and do not excuse us from liability should someone break them. They are good mostly because the put a verbal "fix" on an agreement. They can be written or verbal, whichever is called for or preferred, and should be specific.

Examples:
"I agree to not hit, swear at, threaten, or in any other way hurt or intimidate my partner and to _____instead."
"I agree to keep myself safe by_____."
"I agree to not interfere with my partner's safety plan."
"We agree to not argue between sessions and will bring our concerns and issues to therapy to discuss."

Remember that these are not real "contracts." Be sure to assess and reassess the safety plans throughout therapy. Violent couples *always* have the potential for becoming violent again.

Follow up
Follow up should be frequent with clients who have been violent in their relationship, even when it seems that the violence is long gone. Understanding the stressors that may trigger escalated arguments can help immensely.

Intimate Partner Violence Assessment

Routinely ask couples what happens when they disagree about something. Remember that people's definitions of *disagreements, arguments, fights*, and so forth differ. You may want to routinely interview individual partners separately to ask about how they disagree. Whether conjointly or separately,

- Ask whether anyone has been concerned that someone might get hurt or feel threatened, physically or emotionally.

- Ask whether each knows how to de-escalate arguments? How?

- Ask whether there has been any shoving, pushing, hitting, throwing of objects (whether at a person or elsewhere), or hitting of walls or furniture.

- Ask whether any children have heard or seen severe arguments.

- Ask how each person manages to keep things from getting worse.

- Ask about safety plans – do they know what to do when things get heated? Do they do those things?

- Are each willing and able to take responsibility for their behavior?

- Does the person who seems to be the offender blame the other for the problem?

- Is either depressed, anxious, or agitated? Other mental health issues?

- Has either been court-ordered to counseling?

- Is alcohol or substance abuse a part of the picture?

Suicidal Ideation/Suicide Assessment and Intervention

Assessment

Assess for mood, level of hope/despair, ideation, plan, means, lethality, availability, barriers, and support system. The most important factors are *intent* and *lethality* (Fiske, 2008).

It is good to focus on hope and future plans as ways to expand the person's vision. Ask what kept them from hurting themselves already. Suicide assessment and intervention is a process, not an event and as long as the person is sitting in front of you, you have time to explore many areas, always focusing on hope and safety. Safety plans should be about the *client's* safety, not *ours*.

a. ***Depression:*** Assess for depression: sleep, appetite, mood, affect. How has the person dealt with depression or down times in the past that were helpful?
b. ***History:*** Ask if s/he has had thoughts hurting him/herself in the past? Recently? How often? How intense? Ever tried? How? Ever been hospitalized? If the ideation or attempts have been frequent, find out how they've stayed alive this long.
c. ***Plan:*** Ask him/her if s/he has thought about how to hurt self. How detailed is the plan? The more detail there is, the more you should focus on safety.
d. ***Means:*** Does s/he have the means of carrying out this plan? How lethal are the means? Again, the more present and available the means and the more lethal, the more serious the situation and the need to focus on safety.
e. ***Barriers:*** Ask what has prevented them from carrying out the plan. How have they coped, however little, up to this point? Who has helped, even a little? Check for barriers, resiliency, and signs of safety. Religion? Children? Compliment their ability to think of others, even a little bit.
f. ***Barriers related to others:*** Ask how others might realistically react. Be ready to point out adverse effects, particularly on people (e.g., children) they don't want to hurt. Again, compliment them on their caring, especially given how badly they are feeling.
e. ***No harm agreement:*** Ask if they are willing to agree to talk with you first should they feel a desire to hurt themselves.

Intervention

Make as many connections in the client's natural system as possible. Include yourself, but as a professional and resource, not as a rescuer. Assist and mobilize the client to mobilize resources. Get as many specific details as possible so that you have a complete picture.

No-harm Agreement and Plan

a. Don't make a contract in which the client agrees to not commit suicide. People know that if they want to break such a contract, they can. Instead, ask them to agree to not hurt themselves until they have talked with you. This puts a future perspective to the process, puts you into it, emphasizes that suicide is not an

individual event, and buys time that often helps the person get through a moment of despair. This means you must be reasonably available within several hours or a day, at least by phone. It may also mean that you may check in with the client at pre-planned times for a few days. You can ask them to check in at pre-determined times, using an answering machine or service to take messages. Help the client plan activities they will use while they wait.

b. Put other people into the process. Assess the partner's or parent's ability to be watchful and to prevent an attempt. It's often useful to include a third person: relative, minister, friend, neighbor, social worker, AA sponsor, etc. Ask the client about people who might be willing to help out. Tell him/her you want him/her to contact this person, tell him/her they've been feeling down and would like the person to be available to talk if things get too rough. The client should secure the person's willingness. Sometimes just knowing there is such a person available can be helpful. Tell the client you want him/her to contact that person as soon as possible and work out a concrete plan for doing so. Finally, tell the client you want to call the helper yourself to insure his/her willingness to be available. Get a written release for this purpose only (be clear that you won't be revealing any other information and that the client is free to disclose as much or as little as s/he wishes) and then call the person. This completes a circle of links that provides a measure of protection for the client as well as measure of responsibility on the client's part. It emphasizes your concern for the client without your taking over.

Family or friends may be willing to provide a safety watch for a time as an alternative to hospitalization. If you use this method, be sure the plan is concrete and detailed with the time limits and responsibilities defined clearly.

All means for self-harm should be removed from the house, not simply locked up. The client should *not* be informed where they are. Prescribed medications can be meted out by someone else.

A safety watch is constant – there can be no opportunities for the client to hurt him- or herself. That means in the bathroom, also. People deserve privacy and can agree to talk continuously through an unlocked or slightly open door or develop another plan that assures safety. It usually works better to have the people involved come up with plans; if you direct things too much, the plans can more easily be forgotten or abandoned.

You should have contact with the client and caregivers regularly to decide when the watch can be lifted.

You can write the plan, conditions, arrangements, etc. and have everyone sign if you think this will help. Just remember that such written agreements are not binding. They can be referred to and modified in later sessions.

c. Be ready to assist with hospitalization or commitment. Voluntary hospitalization is preferable and usually can be accomplished if you are patient, calm, and clear. For example, you can say that you are quite concerned and think the client needs the safety of the hospital for a time. Once you decide that hospitalization is needed, do not back down unless you have new information from potential people for a 24-hour safety watch. Have them contact a friend or relative to come and get them if none are present; do *NOT* take the person to the hospital yourself.

If the person refuses or if no one is available to assist, call the police. Tell them that the client is an imminent threat to him- or herself and you need their assistance and that you cannot take the client to the hospital yourself. Call a supervisor if necessary.

d. Risk assessment and management are not complete at this point.
1. *Consult with a supervisor* as soon as possible; check to see if one is in the building and do not hesitate to interrupt.
2. Document everything that has happened, including assessment and intervention, immediately for the case file.
3. Notify the Clinic Director at the next opportunity.
4. Follow up on plans to assist with watches and other times as agreed on.
5. Follow up in subsequent sessions if OQ scores on the suicidal ideation question are 2 or greater.

Self-Harm Assessment and Management Form

Client Name:
Age: Gender: Date: Assessor:
Others present during interview:

	Concern Rating	*Safety Rating*
Concerns *(Use 1-10 ratings; higher ratings mean higher concern)*		
Mood, suicidal ideation, intensity	_____	_____
Plan: What is the plan? How lethal is the probability?	_____	_____
Means to carry out plan:	_____	_____
Specifics about plan:		
History: Attempts? How many? How? Hospitalized?	_____	_____
DSM Diagnosis and mental status (depression, ability to think clearly)	_____	_____
Substance abuse:	_____	_____
substances used last time used		
Anger: Towards whom or what? Intensity	_____	_____
Psychosocial stressors rating (number and type of responsibilities):	_____	_____
List most significant		
Family history of suicide- Number of 1st degree family members-	_____	_____
Other family members-		
Safety *(higher ratings mean higher safety):*		
Level of hope (list reasons or signs):	_____	
Social support:	_____	
Marriage (Marital quality)	_____	
Children (Ages; Relationship quality)	_____	
Social network (Extended family, Friends, Co-workers)	_____	
Spiritual support (self, clergy, others)	_____	
Ability to provide details of a better future (specify details on safety plan sheet):	_____	
Mood at end of interview (higher means safer)	_____	

Concern rating average (higher=concern): Safety rating average (higher=safe):
Subjective notes:

Initials/Date:_____Supervisor Initials/Date _____

Adapted from: Carrier, J. W. (2004). Assessing suicidal risk. In D. Capuzzi (Ed.) *Suicide across the lifespan* (pp. 139-162). Alexandria VA:American Counseling Association.

Safety Action Plan

Client: Date: Therapist:

Others involved in plan:

Details indicating possibility of increased hope:

Details of no-harm agreement:

Details of safety watch:

Other action (e.g., notification of others; attempt to get signed permission):

Consultation (indicate peers or supervisor):

Signature: _____ Date: _____

Supervisor Signature:_____ Date: _____

Patient Safety Plan Template

Therapeutic Safety Plan Patient Safety Plan Template Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1._____

2._____

3._____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1._____

2._____

3._____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____

2. Name_____ Phone_____

3. Name_____ Phone_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____

2. Name_____ Phone_____

3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Emergency Contact Number_____

2. Clinician Name_____ Emergency Contact Number_____

3. Local Urgent Care Services_____

Urgent Care Services Address_____

Urgent Care Services Phone Line_____

4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____

2._____

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The one thing that is most important to me and worth living for is:

Child Abuse/Neglect: Mandated Reporting

By Utah state law, all individuals are considered mandated reporters. As such the law requires that any individual who "has reason to believe that a child is, or has been, the subject of abuse or neglect, or observes a child being subjected to conditions or circumstances that would reasonably result in abuse or neglect, the individual shall immediately report the suspected abuse or neglect to the division or to the nearest peace officer or law enforcement agency." This includes you as a therapist.

Safety for all parties must be a therapist's first priority. As with other safety concerns, assessing the level of severity is important to determining the appropriate action. Make sure to take note that different cultures use different types of discipline with children and a mention of specific forms of discipline (i.e. spanking, etc.) does not inherently indicate that there is abuse/neglect occurring in the home.

If there appears to be signs of abuse, it may be helpful to interview parents and/or children separately.

Helpful tips and questions when assessing for abuse:

- Make sure to ask age-appropriate questions when talking with children
- It is not your job to determine how the situation should be handled. Your job is to make sure that DCFS is aware and they will assess what to do moving forward
- When/how long ago did this incident occur?
- Which children were affected and/or present?
- Where did the incident occur?
- Was there any alcohol or substances involved?
- Is the perpetrator still involved or have contact with the children?

If you are unsure if a case is severe enough or needs to be reported, you should consult with your supervisor as soon as possible. In most cases, it is best to contact DCFS and they can guide you through if a report needs to be made. If a case is severe, please consult with a supervisor immediately and do not be afraid to interrupt. If children are in immediate danger, call 911. Clients may share that they or someone else has already reported the incident. However, it is still best practice to also report the incident to the Department of Child and Family Services (DCFS).

After assessing, there are additional steps that need to be completed.

1. Consult with a supervisor as soon as possible: check to see if one is in the building and do not hesitate to interrupt.
    - If anyone is in *immediate danger*, call 911
2. Document everything that has happened, including assessment and intervention, immediately for the case file.
3. Contact DCFS to make a report. Their phone number is 1-855-323-3237
4. Notify the Clinic Director at the next opportunity.

Sorenson Center for Clinical Excellence Marriage & Family Therapy Clinic
Department of Human Development and Family Services, Logan UT 84322-6435
(435) 797-7430 Phone (844) 308-5865 Fax

Authorization to Release Professional Information

I/we do hereby authorize the exchange of information regarding:

_____
Name Date of Birth Name Date of Birth

_____
Name Date of Birth Name Date of Birth

between_____(The Sorenson Center for Clinical Excellence MFT Student Therapist) and

_____
Name Title

_____
Street Address

_____
City State Zip

_____
Phone Fax

For the purpose of _____

Information to be released:

_____Treatment summary _____Client Assessment

_____Progress Notes _____Other _____

I fully understand the nature of the intent of this authorization. I understand that my consent is completely voluntary; that I may withdraw this authorization, in writing, at any time; and that this consent will automatically expire 90 days after my file is terminated. I understand that no services will be denied to me solely on the basis of my refusal to consent to this release of information. I also understand that all adults who have attended any session must sign this release before information can be released. If other adults attend sessions after the date on this release, they also must sign for new releases of information.

Signature of MFT Intern _____ Print Name of Intern _____ Date _____

*_____ DL# _____
Signature of MFT Director *_____ DL# _____

*Signatures of ***all*** Client(s) or Legally Authorized Representative(s).
The Marriage and Family Clinic requires a Driver's License or picture ID for verification of signatures.

USU MFT Curriculum Map

Student Learning Outcome and PMFTPs (List SLOs below)	**Course Syllabi** (List courses for the program and indicate where SLOs and PMFTPs are infused in the curriculum)							
	Course #	**Course #**	**Course #**	**Course #**	**Course #**	**Course #**	**Course #**	**Course #**
SLO 1: Students will demonstrate the ability to integrate systemic/MFT theory into their clinical practice. **SLO 3:** Demonstrate competence in the assessment, diagnosis, treatment, and client management of individuals, couples, and families	6310	6320	6325	6330	6340	6350	6355	6370 6960
PMFTP *	EG; CC 1.1.1; 1.1.2; CC 2.1.2; CC 2.1.1; CC 2.1.4; CC 2.3.1; CC 2.3.8; CC 2.5.1; CC 3.1.3; CC 3.2.1; CC 4.1.1; CC 4.2.1; CC4.3.1							
SLO 2: Interpret and integrate scholarly work into their clinical work	6380	6390						
PMFTP *	CC 6.1.1; CC 6.3.1; CC 6.3.2; CC 6.3.3							
SLO 4: Demonstrate cultural competence and sensitivity to clients, colleagues, supervisors and faculty and the public	6325	6390	6370					
PMFTP *	CC 1.2.1; CC 1.3.1; CC 4.3.2							
SLO 5: Understand and apply ethical principles and decision making to clinical practice	6360	6310	6390					
PMFTP *	AAMFT Code of Ethics							

*** Programs are required to select a combination of Professional Marriage and Family Principles (PMFTPs) that inform the program's outcomes and curriculum.** Programs must indicate where in courses the selected PMFTPs are met by using the following legend:
Educational Guidelines – EG
Core Competencies –CC
AAMFT Code of Ethics – CE
AAMFTRB Exam Domains – E

Racial and cultural composition of faculty, students and supervisors

PROGRAM COMPOSITION

(Based on IPEDS Classification)

Utah State University Marriage and Family Therapy Program (MS or MMFT)

Program Composition

Item	Current Students	Graduates	Faculty	Supervisors
Year				
1st	7	Not Applicable		
2nd	8			
3rd	0			
4th +	0			
Gender				
Female	8	41	1	1
Male	7	39	3	3
Ethnicity				
Nonresident	1	0	0	0
Black, non-Hispanic	1	2	0	0
American Indian/Alaskan Native	0	2	0	0
Asian/Pacific Islander	0	0	1	0
Hispanic	0	3	0	0
White, non-Hispanic	13	73	3	4

Checklist-Master of Marriage and Family Therapy (MMFT)

- Students have a maximum of 6 years from the time they matriculate to complete all degree requirements.
- Supervisory Committee form is approved and up-to-date (end of second semester). (A revised Supervisory Committee form must be submitted to the School of Graduate Studies (SGS) if there are changes in the composition of the Supervisory Committee.)

  SCAF form (works best in Internet Explorer):
  http://rgs.usu.edu/graduateschool/files/uploads/SCAF_20140722_fillable.pdf

- Program of Study (POS) is approved by the end of the second semester. Meet with your advisor and create a program of study. Contact RaNae Wamsley (ranae.wamsley@usu.edu) and she will enter the POS into the DegreeWorks system and generate a POS that you and your supervisory committee will electronically sign through DocuSign. If you need to make changes to your POS, please submit a POS Revision form to RaNae Wamsley (ranae.wamsley@usu.edu).

  POS Revision form (works best in Internet Explorer):
  http://rgs.usu.edu/graduateschool/files/uploads/Program_of_Study_Revision_Form_20140110.pdf
- Residency Requirement: at least 24 of the credits used to satisfy degree requirements are from Utah State University.
- Coursework on the POS taken more than 8 years prior to the defense is considered out of date and will need to be retaken.
- Appointment for Examination form is submitted to the SGS at least 15 working days before the final examination. Please fill out the form and submit to RaNae Wamsley (ranae.wamsley@usu.edu).

  Appointment for Examination form (works best in Internet Explorer):
  http://rgs.usu.edu/graduateschool/files/uploads/Appt_for_Exam_fillable.pdf

- Must be registered for at least 3 credit hours the semester of defense.
- Record of Exam Completion form is signed by the entire committee and submitted to the SGS. This form is not available online and will be brought to your defense by a member of your supervisory committee.
- Incomplete grades for research credits are changed by the major professor.
- Information in Banner is current, graduation surveys completed, and the diploma fee paid.
- Banner: Permanent address and diploma mailing address (diplomas are mailed 8-10 weeks after the end of the semester)
- Graduate Report/Creative Project Approval form (provided at the final defense) is signed and taken to the Merrill-Cazier Library with your report/project.
- Letter of Completion, verifying all coursework and other degree requirements have been completed is submitted by the department head no later than the last day of the semester of completion.
- Plan B binding receipt from the library is returned to the SGS.
- Note: All requirements, forms, and the Graduation Information Checklist must be completed by the last day of the semester you plan to complete your program.
- More information can be found at the following website:

  http://rgs.usu.edu/graduateschool/htm/forms

Checklist-Master of Science Plan A (MS)

- Students have a maximum of 6 years from the time they matriculate to complete all degree requirements.
- Supervisory Committee form is approved and up-to-date (end of second semester). (A revised Supervisory Committee form must be submitted to the School of Graduate Studies (SGS) if there are changes in the composition of the Supervisory Committee.)

  SCAF form (works best in Internet Explorer):
  http://rgs.usu.edu/graduateschool/files/uploads/SCAF_20140722_fillable.pdf
- Program of Study (POS) is approved by the end of the second semester. Meet with your advisor and create a program of study. Contact RaNae Wamsley (ranae.wamsley@usu.edu) and she will enter the POS into the DegreeWorks system and generate a POS that you and your supervisory committee will electronically sign through DocuSign. If you need to make changes to your POS, please submit a POS Revision form to RaNae Wamsley (ranae.wamsley@usu.edu).

  POS Revision form (works best in Internet Explorer):
  http://rgs.usu.edu/graduateschool/files/uploads/Program_of_Study_Revision_Form_20140110.pdf

- Residency Requirement: at least 24 of the credits used to satisfy degree requirements are from Utah State University.
- Thesis proposal is signed by all committee members and submitted to the SGS.
- Master's Thesis/Project Proposal Defense form is signed by the entire committee and submitted to the SGS. Please fill out form and submit to RaNae Wamsley (ranae.wamsley@usu.edu).

  Master's Thesis/Project Proposal Defense form (works best in Internet Explorer):
  http://rgs.usu.edu/graduateschool/files/uploads/MS_Proposal_Defense_20140804_fillable.pdf

- Coursework on the POS taken more than 8 years prior to the defense is considered out of date and will need to be retaken.
- Appointment for Examination form is submitted to the SGS at least 15 working days before the final examination. Please fill out the form and submit to RaNae Wamsley (ranae.wamsley@usu.edu).

  Appointment for Examination form (works best in Internet Explorer):
  http://rgs.usu.edu/graduateschool/files/uploads/Appt_for_Exam_fillable.pdf

- Must be registered for at least 3 credit hours the semester of defense.
- Record of Exam Completion form is signed by the entire committee and submitted to the SGS. This form is not available online and will be brought to your defense by a member of your supervisory committee.
- Incomplete grades for research credits are changed by the major professor.
- Information in Banner is current, graduation surveys completed, and the diploma fee paid.
- Banner: Permanent address and diploma mailing address (diplomas are mailed 8-10 weeks after the end of the semester)
- Electronic Thesis and Dissertation (ETD) Approval form (provided at the final defense) is signed and taken to the Merrill-Cazier Library with the thesis.

- Thesis is completed and signed by all committee members, after which it is submitted to the assistant dean in the SGS for review. When satisfactory, the SGS dean will sign the thesis and it must be picked up from the SGS office, copied, and taken to the second floor of the Merrill-Cazier Library for binding. Binding fees will be paid to the library at this time. Please note the university requires that one copy of the dissertation will remain in the library.
- After the dean has signed the thesis, the student's file is reviewed for completion and processed for graduation.
- Binding Clearance form is returned to the SGS signaling the completion of degree.
- Note: All requirements, forms, and the Graduation Information Checklist must be completed by the last day of the semester you plan to complete your program.
- More information can be found at the following website: http://rgs.usu.edu/graduateschool/htm/forms

MFT Vacation Request Form

Therapist Name_____Date_____

Dates Out of Office _____
Travel Form turned into Staff Assistant? Y N
At least two weeks prior? Y N
Clients contacted? Y N
PointnClick updated? (Cancel appointments) Y N
Email Staff Assistant with Appt updates? Y N

Client #_____Back up Therapist_____Red Flags: _____
Client #_____Back up Therapist_____Red Flags: _____
Client #_____Back up Therapist_____Red Flags: _____
Client #_____Back up Therapist_____Red Flags: _____
Client #_____Back up Therapist_____Red Flags: _____
Client #_____Back up Therapist_____Red Flags: _____
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Client #_____Back up Therapist_____Red Flags: _____
Client #_____Back up Therapist_____Red Flags: _____
Client #_____Back up Therapist_____Red Flags: _____

Approval signature MFT Director _____ Date_____
Approval signature MFT Supervisor_____ Date_____
Approval signature AP Site _____ Date _____

You must inform your practicum supervisor, administrative assistant, and complete an MFT vacation approval form (see Appendix) if you will be unavailable or out of town for three business days or longer. The form should be completed at turned in to your practicum supervisor at least two weeks in advance. You will also need to identify a backup therapist and make your clients aware of what they need to do if they need to schedule a session while you are away. If you have any cases that have involved (present or past) violence or other potentially dangerous circumstances (i.e., red flags), these need to be made explicitly known to the program director, your practicum supervisor, the administrative assistant, and the backup therapist. These should also be noted on the vacation approval form. This may be a teammate or another therapist who is aware of cases.
When approval form is completed please turn in to administrative assistant to be updated on the Pointnclick calendar, along with the name of your backup added in the description comment box.

Failure to be available or have explicit backup when you are seeing clients is unethical and will result in a remediation plan

Table 3: Global Assessment Plan				
Data	**SLOs Addressed**	**Assessment/Measurement**	**Data Collected by**	**When data collected**
Student Evaluations				
Client	3-5	Client Satisfaction Survey	Program Admin Asst	Monthly
Preclinical Development	3	OSCE	Program Director	End of 1st Semester
Clinical Development	1-5	ACTS Survey	Practicum Supervisor	Each Semester
Ethical Practice	5	6380 Paper and Presentation	Ethics instructor	End of Course
Cultural Diversity	4	6350 Paper	Diversity Instructor	End of Course
Research	2	6370 Research Portfolio	Research Instructor	End of Course
Overall Development	1-5	Theory of Change Paper/Presentation	Program Director	End of Program
University and Program Evaluations				
Student	1-5	Annual Student Survey	Dr. Seedall	Annually
Program Completion Evaluation				
Graduate	1-5	Student Exit Interview	Program Director	Student Graduation
Post-Graduation Evaluations				
Alumni	1-5	Alumni Survey	Dr. Seedall	6 month post graduation
Employer	1-5	Employer Survey	Dr. Seedall	
Student Evaluation of Faculty/Supervisors				
Faculty	1-5	IDEA Faculty/Supervisor Evaluations	Utah State University	End of each semester
Student Support Services				
Student		Staff Meeting/President report	Program Admin Asst	Monthly
Student		Annual review/Exit Interviews	6390 Instructor (1st years)/Program Director (2nd years)	April/May Annually

Student		Informal meetings	Visits with supervisors/faculty	On-going
Program evaluation		Annual Student Survey	Dr. Seedall	Annually
Academic Support Services		USU Student Survey	Utah State University	Annually
Curriculum and Teaching and Learning Practices				
Student		IDEA Faculty/Supervisor Evaluations	Utah State University	End of each semester
Student		Staff Meeting/President report	Program Admin Asst	Monthly
Student		Annual review/Exit Interviews	6390 Instructor (1st years)/Program Director (2nd years)	April/May Annually
Student		Annual Student Survey	Dr. Seedall	Annually
Student		Informal meetings	Visits with supervisors/faculty	On-going
Faculty/Supervisor		Faculty Meetings	Program Admin. Asst.	Monthly
Faculty/Supervisor		Faculty Retreat	Program Admin. Asst.	Annually
Supervisor		Student evaluations	Practicum supervisor	End of each semester
Resources				
Student		Staff Meeting/President report	Program Admin. Asst.	Monthly
Student		Annual review/Exit Interviews	6390 Instructor (1st years)/Program Director (2nd years)	April/May Annually
Student		Informal meetings	Visits with supervisors/faculty	On-going
Student		Annual Student Survey	Dr. Seedall	Annually
Academic Support Services		USU Student Survey	Utah State University	Annually
Faculty/Supervisor		Faculty Meetings	Program Admin. Asst.	Monthly

Faculty/Supervisor		Faculty Retreat	Program Admin. Asst.	Annually
Supervisor		Student evaluations	Practicum supervisor	End of each semester

Table 4: Assessment Plan – Program Goals

Program Goal Benchmarks		Periodic Surveys	End of Semester Evaluations	Post Grad 1 Year Annual	Alumni Employer / Supervisor Every 2-3 Years
#1	Composite clinic scores show overall satisfaction on 80% of the Client Satisfaction Surveys from clients seeking services from the Marriage and Family Therapy Clinic (PG 2-4).	Completed by clients through Qualtrics: 5-point Likert scale asking how satisfied they were with the services they received.			
#2	All students will score an average of 6 (competent) on at least 80% of the items on their final Assessment of Core Therapeutic Skills (ACTS) completed by MFT faculty (PG 1-4).		Completed by Practicum Supervisor (MFT Faculty) at the end of semester 5 – ACTS.		
#3	All students will score an average of 6 (competent) on at least 80% of the items on their final Assessment of Core Therapeutic Skills (ACTS) completed by the advanced practicum supervisor (PG 1-4).		Completed by Advanced Practicum Supervisor (Community Site) at the end of semester 5 – ACTS.		
#4	At least 80% of students will complete the degree within the 2 ½ year advertised program length (maximum allowable time of 6 years) (PG 1, PG 2).			Alumni report when they started and in what month they finished the USU MFT Program.	
#5	All graduates of our program who choose to seek employment will be employed within 6 months of graduation (PG 1, PG 2).			Alumni report if they sought employment after graduation and how long it took them to be employed.	
#6	At least 80% of students who graduate from the program and begin working in the field will take and pass the national exam after graduating from the program (PG 2).	Alumni report during periodic surveys and informally when they have passed the national exam.			
#7	At least 80% of students who graduate from the program and begin working in the field will become licensed as an MFT within four years of graduating from the program and beginning to pursue licensure (PG 2).	Alumni report during periodic surveys and informally when they have become fully licensed.			
#8	At least 80% of alumni will report that the program prepares graduates at least very well in terms of incorporating			Likert scale (1-5): "Please rate your current ability to incorporate issues of diversity	

	diversity and social inequality into their clinical work (PG 3).			and social inequality into your clinical work."	
#9	At least 80% of alumni will report that the program prepares graduates at least very well in terms of applying ethical principles and decision making into their clinical practice (PG 4).			Likert scale (1-5): "Please rate your current ability in applying ethical principles and decision making to clinical practice."	
#10	At least 80% of alumni will rank the USU MFT program an 8/10 for preparing them to get a job in a mental health field (PG 1, PG 2).			(0-10). "How well did the USU MFT program prepare you to get a job in the mental health field?"	
#11	At least 80% of alumni will rate the USU MFT program an 80/100 for accomplishing its mission during their time in our program (PG 1, PG 2, PG 3, PG 4).			(0-100): Please rate how well the USU MFT program has accomplished its mission during your time in the program.	
#12	At least 80% of alumni will rate the USU MFT program an 80/100 for accomplishing program goal 1 (PG 1).			(0-100 agreement): "Graduates of our program will develop a comprehensive understanding of systemic/MFT theoretical models, and application of research."	
#13	At least 80% of alumni will rate the USU MFT program an 80/100 for accomplishing program goal 2 (PG 2).			(0-100 agreement): Graduates of our program will be prepared for professional practice as an MFT and successful completion of the MFT national exam and MFT licensure.	
#14	At least 80% of alumni will rate the USU MFT program an 80/100 for accomplishing program goal 3 (PG 3).			(0-100 agreement): Graduates of our program will be culturally competent therapists ready to work in the mental health field.	
#15	At least 80% of alumni will rate the USU MFT program an 80/100 for accomplishing program goal 4 (PG 4).			(0-100 agreement): Graduates of our program will be professionals who demonstrate an understanding and commitment to high ethical standards in MFT.	
#16	At least 80% of employers will report that the program prepares graduates at least very well in terms of incorporating diversity and social inequality into their clinical work (PG 3).				(0-3 Likert): "How would you rate our graduates' skills in terms of their ability to incorporate issues of diversity and social inequality into their clinical work?"
#17	At least 80% of employers will report that the program prepares graduates at least very well in terms of applying ethical principles and decision making into their clinical practice (PG 4).				(0-3 Likert): "How would you rate our graduates' skills in terms of their ability to apply ethical principles and decision making to their clinical practice when they first began working for you?"

#18	At least 80% of the employers will report that our alumni "meet expectations" for their ability to assess and diagnose clients (PG 1, PG 2).				(0-3 Likert): "How would you rate our graduates' skills in terms of their ability to assess and diagnose clients when they first began working for you?"
#19	At least 80% of the employers will report that our alumni "meet expectations" for their ability to treat and intervene with clients (PG 1, PG 2, PG 3).				(0-3 Likert): "How would you rate our graduates' skills in terms of their ability to treat and intervene with clients when they first began working for you?"
#20	At least 80% of the employers will report that our alumni "meet expectations" for their professionalism and ability to manage cases (PG 1, PG 2, PG 4).				(0-3 Likert): "How would you rate our graduates' skills in terms of their professionalism and ability to manage cases when they first began working for you?"

Table 5: Assessment Plan – Student Learning Outcomes

Student Learning Outcome Benchmarks		Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	End of Program
#1	All students will achieve an average minimum score of 3 (emerging skills) on ACTS for the pre-clinical OSCE (SLO 1, SLO 3).	Completed by all core MFT faculty at the end of the 1st Semester – Items 1-8 of the ACTS					
#2	All students will achieve an average minimum score of 4 (emerging skills) on the ACTS assessing their clinical skills in practicum (SLO 1, SLO 2, SLO 3, SLO 4, SLO 5).		Completed by Practicum Supervisor (MFT Faculty) at the end of each semester - ACTS.	Completed by Practicum Supervisor (MFT Faculty) at the end of each semester - ACTS.	Completed by Practicum Supervisor (MFT Faculty) at the end of each semester - ACTS.		
#3	All students will achieve a minimum score of 80% (competence) or higher on the grading rubric for their professional ethical decision-making paper and presentation (SLO 5).	Completed by instructor of HDFS 6360 (Kay Bradford) – Fall of Even Years (1st or 3rd semesters)		Completed by instructor of HDFS 6360 (Kay Bradford) – Fall of Even Years (1st or 3rd semesters)			
#4	All students will achieve a minimum score of 80% (competence) or higher on the grading rubric for their final paper in the course on cultural diversity (SLO 4).	Completed by instructor of HDFS 6325 (Meg Lachmar) – Fall of Odd Years (1st or 3rd semesters)		Completed by instructor of HDFS 6325 (Meg Lachmar) – Fall of Odd Years (1st or 3rd semesters)			
#5	All students will achieve an overall score of 80% (competence) or higher on their clinical research portfolio (SLO 2).	Completed by instructor of HDFS 6380 (Ryan Seedall) – Fall of Even Years (1st or 3rd semesters)		Completed by instructor of HDFS 6380 (Ryan Seedall) – Fall of Even Years (1st or 3rd semesters)			
#6	All students will achieve an average minimum score of at least 6 (competence) on their final ACTS (SLO 1, SLO 2, SLO 3, SLO 4, SLO 5).					Completed by Practicum Supervisor (MFT Faculty) at the end of semester 5 – ACTS.	

#7	All students will achieve a score of at least 6 (competence) for the ethical practice item on the final ACTS (SLO 5).					Completed by Practicum Supervisor (MFT Faculty) at the end of semester 5 – ACTS ethics item.	
#8	All students will achieve a score of 6 (competence) for the cultural competence practice item on their final ACTS (SLO 4).					Completed by Practicum Supervisor (MFT Faculty) at the end of semester 5 – ACTS diversity item.	
#9	All students will achieve an overall score of 80% or higher (competence) on TOC paper and presentation (SLO 1, SLO 2, SLO 3, SLO 4, SLO 5).						Completed by MFT Faculty at the end of the program – TOC Rubric
#10	All students will achieve a score of 80% (competence) or higher on their grading rubric for the ethical portion of the TOC paper (SLO 5).						Completed by MFT Faculty at the end of the program – TOC Rubric
#11	All students will achieve a score of 80% (competence) or higher on their grading rubric for the cultural competence portion of the TOC paper (SLO 4).						Completed by MFT Faculty at the end of the program – TOC Rubric

Post-master's degree licensure based upon state.

Utah State University MFT degree meets licensure requirements in thirty-nine (39) States:
Alabama, Arizona, Arkansas, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oregon, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, Wyoming, Wisconsin

Seven (7) States Require 60 Semester Coursework Hours, which exceed Utah State's MFT master's (47-53 hour) requirement:
Iowa, Maine, Maryland, Massachusetts, Rhode Island, Virginia, West Virginia

Three (3) States have Course Requirements are met by taking an additional courses while in the program (if you want to work in one of these states please compare):
Alaska, New Mexico, Pennsylvania

One (1) State has Course Requirements that are Specific to the State and cannot be met while in a training program outside of the State
California
* data graciously shared by Auburn University

State	Source	Curriculum	Clinical Hours	AU MFT Meets Curriculum/Clinical	Date/Intl
Alabama	http://www.mft.alabama.gov/PDF/2020/Rules Regs.pdf	COAMFTE Qualifies	Min 500 hr contact; 100 hr supervised; 250 hr Couple /Family	Yes/Yes	May-20
Alaska	https://www.commerce.alaska.gov/web/portals/5/pub/MFTStatutes.pdf	Master's degree or doctorate in MFT or allied mental health field from a regionally accredited educational institution approved by the board that is substantially equivalent to the following: (i) three courses or nine semester or 12 quarter hours of course work in marital and family therapy; (ii) three courses or nine semester or 12 quarter hours of course work in marital and family studies; (iii) three courses or nine semester or 12 quarter hours of course work in human development; (iv) one course or three semester or four quarter hours of course work in professional studies or professional ethics and law; (v) one course or three semester or four quarter hours of course work in research	(vi) One year supervised clinical practice	Yes/Yes	May-20
Arizona	https://www.aamft.org/Advocacy/State_Resources/Arizona.aspx	COAMFTE Qualifies	Min 300 hrs supervised direct client contact	Yes/Yes	May-20
Arkansas	https://abec.statesolutions.us/wp-content/uploads/2018/07/ABEC-Rules-Reg-current.pdf **below link has required course form for courses for LAMFT/LMFT** https://abec.statesolutions.us/wp-content/uploads/2019/03/2019-LAMFT-LMFT-Core-Course-Requirements.pdf https://abec.statesolutions.us/wp-content/uploads/2019/03/2019-LAMFT-LMFT-Core-Course-Requirements.pdf	COAMFTE Qualifies LAMFT/LMFT core course requirements as follows: *Foundations of Relational/Systemic Practice, Theories & Models (Minimum of 6 semester) *Clinical Treatment with Individuals, Couples and Families (Minimum of 6 Credits) *Biopsychosocial Health & Development Across the Life Span (Minimum of 3 Credits/4 quarter credits/45 clock hours) *Diverse, Multicultural and/or Underserved Communities (Minimum of 3 Credits/4 quarter credits/45 clock hours) *Systemic/Relational Assessment & Mental Health Diagnosis and Treatment (Minimum of 3 Credits/4 quarter credits/45 clock hours) *Professional Identity, Law, Ethics & Social Responsibility (Minimum of 3 Credits/4 quarter credits/45 clock hours) *Research & Evaluation (Minimum of 3 Credits/4 quarter credits/45 clock hours) *Psychopharmacology (Minimum of 3 Credits/4 quarter credits/45 clock hours)	COAMFTE Standards *PRACTICUM/INTERNSHIPS (Minimum of 9 Credit Hours/12 quarter credit hours /12-month consecutive)	Yes/Yes	May-20
California	https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4980.36&lawCode=BPC https://www.bbs.ca.gov/pdf/forms/mft/lmft_oos_req_chart_01012016.pdf	Minimum 60 hours total; COAMFTE 48 hrs minimum plus additional California specific courses. Also must pass the California Law and Ethics examination.	225 hours face-to-face supervion.	No/Yes	May-20

Colorado	https://dpo.colorado.gov/MarriageFamilyTherapy https://drive.google.com/file/d/0BzKoVwvexVATZ2c0d2JkRDl3Zlk/view See Page 49	COAMFTE Qualifies Link to licensure website	COAMFTE Standards	Yes/Yes	May-20
Connecticut	https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/MFT/Marital-and-Family-Therapist-Licensure-Requirements	COAMFTE Qualifies	minimum of 500 direct clinical hours face-to-face and 100 hours supervision	Yes/Yes	May-20
Delaware	https://regulations.delaware.gov/AdminCode/title24/3000.shtml Section 6.0	COAMFTE Qualifies	COAMFTE Standards	Yes/Yes	May-20
Florida	New regulations starting July 1, 2020 https://floridasmentalhealthprofessions.gov/forms/MFT-EDU-worksheet.pdf https://floridasmentalhealthprofessions.gov/forms/mft-graduate-practicum-form.pdf	As of July 1, 2020 COAMFTE applies	COAMFTE Qualifies	Yes/Yes	May-20
Georgia	https://sos.ga.gov/PLB/acrobat/Forms/41%20Application%20for%20Associate%20Marriage%20%20Family%20Therapist%20Licensure.pdf	COAMFTE Qualifies	Min 500 hr contact; 100 hr supervised	Yes/Yes	May-20
Hawaii	https://cca.hawaii.gov/pvl/files/2020/03/Require-App-for-pvl_marriage_family_therapist_03.20.pdf	COAMFTE Qualifies (Submit a completed "Training Outline" (MFT-03), which shall include a minimum of 9 graduate semester hours or 12 graduate quarter hours in each of the following areas**: Marriage and family studies; Marriage and family therapy; and Human development; AND Include a minimum of 3 graduate semester hours or 4 graduate quarter hours in each of the following areas: 1. 2. Ethical and professional studies; and Research.** A course may be applied only once and may not be repeated in any of the other areas. Courses that are listed on the "Training Outline" must be found on the graduate school transcript. (CONTINUED ON PAGE 2) MFT-01 0320R PRACTICUM Have your supervisor complete the "Practicum Verification Form" (MFT-04),	COAMFTE Standards One year practicum with three hundred hours supervised client contact. If you have had multiple supervisors, please duplicate the form.	Yes/Yes	May-20
Idaho	https://adminrules.idaho.gov/rules/current/24/241501.pdf Page 4	COAMFTE Qualifies	At least 12 months supervised practicum with 300 hrs direct contact; 150 hr must be with couples/families or other systems.	Yes/Yes	May-20
Illinois	http://www.ilga.gov/commission/jcar/admincode/068/068012830000450R.html	COAMFTE Qualifies For associate license	COAMFTE Standards For associate license	Yes/Yes	May-20

Indiana	http://iga.in.gov/legislative/laws/2019/ic/titles/025#25-23.6-8 IC 25-23.6-8-2.5	COAMFTE Qualifies	Min 500 hr of which 400 face to face; 200 relational under supervision of supervisor with 5 years experience. Or 100 hr supervision by supervisor with at least 5 years supervision experience or supervisor who is approved by the Board	Yes/Yes	May-20
Iowa	https://www.legis.iowa.gov/docs/ACO/IAC/LINC/06-12-2013.Rule.645.31.4.pdf	COAMFTE Qualifies only if program includes 60 semester hours (or 80 quarter hours)	Min 300 hr	No/Yes	May-20
Kansas	https://ksbsrb.ks.gov/docs/default-source/regulations/marriage-and-family-therapists/102-5-3.pdf?sfvrsn=4 https://ksbsrb.ks.gov/docs/default-source/regulations/marriage-and-family-therapists/102-5-3.pdf?sfvrsn=c1fd8885_4	COAMFTE Qualifies	COAMFTE standards qualify	Yes/Yes	May-20
Kentucky	https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=31945 Link to Application form below: http://mft.ky.gov/Forms%20Library/Licensure%20as%20a%20Marriage%20and%20Family%20Therapist%20Application.pdf	COAMFTE Qualifies (a) The degree or equivalent course of study shall contain specific coursework on psychopathology and the Diagnostic and Statistical Manual; and (b) In determining equivalency, the board shall use the criteria for marriage and family therapy education and clinical training approved by the United States Department of Education	COAMFTE Standards Min 300 hours supervised client contact	Yes/Yes	May-20
Louisiana	https://www.lpcboard.org/rules §3309	COAMFTE Qualifies	COAMFTE Standards	Yes/Yes	May-20
Maine	https://www.maine.gov/sos/cec/rules/02/chaps02.htm#514 02-514	COAMTE Accredited Program; 60 semester hours	Min. 900 clock hr of internship; 360 direct client contact hr	No/Yes	May-20
Maryland	https://health.maryland.gov/bopc/Pages/marriagetherapy.aspx	Graduate degree with 60 semester hours of coursework from an approved university (45 hours specific coursework)	Min 300 hr; 100 relational; 60 supervised	No/Yes	May-20
Massachusetts	https://www.mass.gov/doc/262-cmr-3-requirements-for-licensure-as-a-marriage-and-family-therapist/download	Graduate degree with 60 semester hours of coursework from an approved university	Min 300 hr; 100 supervised	No/Yes	May-20
Michigan	https://www.legislature.mi.gov/(S(pffgynnoc05314owaevbonno))/mileg.aspx?page=getObject&objectName=mcl-333-16909	Michigan's board outlines specific coursework requirements	Min 300 hr; Min 150 relational; Min 60 supervised	Yes/Yes	May-20
Minnesota	https://www.revisor.mn.gov/rules/5300.0140/ https://mn.gov/boards/marriage-and-family/new-applicants/ https://www.revisor.mn.gov/statutes/cite/148B.33	COAMFTE Qualifies	COAMFTE Qualifies Min 300 hr; 150 relational	Yes/Yes	May-20
Mississippi	https://www.swmft.ms.gov/sites/default/files/Uploads/LICENSURE%20INFORMATION%20FOR%20LMFT%20AND%20LMFTA_0.pdf	COAMFTE Qualifies OR COAMFTE candidate that subsequently received COAMFTE accreditation.	Min 500 hr; Min 200	Yes/Yes	May-20
Missouri	https://www.sos.mo.gov/cmsimages/adrules/csr/current/20csr/20c2233-2.pdf	COAMFTE Qualifies	Min 500 hr	Yes/Yes	May-20
Montana	http://boards.bsd.dli.mt.gov/Portals/133/Documents/bbh/BBH-MFLC-APP_License-App-Checklist.pdf?ver=2019-12-20-135324-630	COAMFTE Qualifies	COAMFTE standards	Yes/Yes	May-20
Nebraska	https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-094.pdf http://dhhs.ne.gov/licensure/Pages/Mental-Health-and-Social-Work-Practice.aspx	COAMFTE Qualifies	COAMFTE 300 hrs/150 face to face	Yes/Yes	May-20

Nevada	https://www.leg.state.nv.us/NRS/NRS-641A.html#NRS641ASec025 NRS 641 A.220 http://marriage.nv.gov/Services/MFT/	"Has a graduate degree in marriage and family therapy from a regionally accredited college."	Not specified other than degree from accredited college.	Yes/Yes	May-20
New Hampshire	http://www.gencourt.state.nh.us/rules/state_agencies/mhp300.html Part Mhp 306	COAMFTE Qualifies	Min 300; 150 relational.	Yes/Yes	May-20
New Jersey	https://www.njconsumeraffairs.gov/Statutes/ marriageandfamilytherapylaw.pdf 45:8B-18 https://www.njconsumeraffairs.gov/mft/Applications/Application-for-Licensure-Marriage-and-Family-Therapy.pdf	COAMFTE Qualifies	COAMFTE standards	Yes/Yes	May-20
New Mexico	http://164.64.110.134/parts/title16/16.027.0002.pdf and http://www.rld.state.nm.us/uploads/FileLinks/489397377df94a8f9a6b5223f86db659/LMFT_Licensure_Application.pdf http://www.rld.state.nm.us/uploads/files/Rule%20Book(1).pdf Chapter 27 part 6	Accredited institution and complete Marriage and family therapy core curriculum, (1) Marriage and family studies- a minimum of 9 semester hours (2) Marriage and family therapy - a minimum of 9 semester. (3) Human development - a minimum of 9 semester hours. (4) Multicultural studies - a minimum of 3 semester hours. (5) Professional studies- a minimum of 3 semester hours 6) Research a minimum of 3 semester hours.	Minimum of 300 hours of supervised direct client contact, for a period of at least 12 months.	No/Yes	May-20
New York	http://www.op.nysed.gov/prof/mhp/mftlic.htm# http://www.op.nysed.gov/prof/mhp/article163.htm	COAMFTE Qualifies a. Master's or doctoral degree in accredited marriage and family therapy: i. the study of human development, including individual, child and family development; ii. psychopathology; iii. marital and family therapy; iv. family law; v. research; vi. professional ethics; and vii. a practicum of at least three hundred client contact hours;	COAMFTE qualifies 300 client contact hrs min.	Yes/Yes	May-20
North Carolina	https://www.ncleg.net/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_90/Article_18C.html https://www.ncbmft.org/applicants/#educationalrequirements	Master's degree from a recognized institution in MFT or related field The Board requires unless otherwise noted, copies of all course syllabi for all submitted 'core' courses • **Assessment and Diagnosis (3 semester hours)** • **Human Development and Family Relations (3 semester hours)** • **Practice of MFT (6 semester hours)** • **Professional Identity and Ethics (3 semester hours)** • **Research in MFT (3 semester hours)** • **Theoretical Foundation in MFT (6 semester hours)** • **Clinical Practicum (9 semester hours)** • **Additional Core Coursework (12 semester hours)**	Up to 500 hours clinical experience during masters education will count toward licensure.	Yes/Yes	May-20
North Dakota	https://www.legis.nd.gov/cencode/t43c53.pdf?20150910100055	COAMFTE Qualifies	COAMFTE Standards Up to 500 hours in Master's program and 100 supervision hours can count toward licensure	Yes/Yes	May-20
Ohio	https://cswmft.ohio.gov/MFTs/Marriage-Family-Therapist	COAMFTE Qualifies COAMFTE students may take the licensing exam during their final semester of the program	COAMFTE Standards	Yes/Yes	May-20
Oklahoma	https://www.ok.gov/behavioralhealth/documents/UNOFFICIAL%20PERMANENT%20RULES-%20LMFT%20-%207-25-2019.pdf	Accreditation by the Southern Association of Colleges and Schools Qualifies	300 clock hrs internship	Yes/Yes	May-20
Oregon	https://www.aamft.org/Advocacy/State_Resources/Oregon.aspx	*COAMFTE qualifies. Must include 2 credit hours in diagnosis of mental disorders.	COAMFTE qualifies. Up to one year of supervised clinical experience and 400 supervised client contact hours during clinical portion of master's may count toward licensure	Yes/Yes	May-20

	https://secure.sos.state.or.us/oard/viewSingleRule.action;JSESSIONID_OARD=ut0opU6jJDbkMMula79-Xl2cDQYyXVjfG3i6XWpnY0Bz9uoBdK-u!-1736106524?ruleVrsnRsn=201921 https://secure.sos.state.or.us/oard/viewSingleRule.action;JSESSIONID_OARD=ut0opU6jJDbkMMula79-Xl2cDQYyXVjfG3i6XWpnY0Bz9uoBdK-u!-1736106524?ruleVrsnRsn=201927				
Pennsylvania	http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/ chapter48/s48.13.html&searchunitkeywords=marriage%2Cand%2Cfamily%2Ctherapy&origQuery=marriage%20and%20family%20therapy&operator=OR&title=null https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/SocialWorkersMarriageanFamilyTherapistsandProfessionalCounselors/Documents/Special%20Notices/Clarification%20of%20the%20Act%2076%20-%20Master%20Degree%20required.pdf	COAMFTE Qualifies if program. Must complete a planned program of 60 semester hours. A 48 semester hour master's degree in mft from an accredited institution can count toward the 60 hours.	No specific clinical hour requirement during accredited 48 credit master's program toward the 60 total credits. 3,000-hour licensing requirement can begin after completing master's degree.	No/Yes	May-20
Rhode Island	https://rules.sos.ri.gov/regulations/part/216-40-05-11	60 semester hours of graduate coursework	12 semester hours of practicum and 1 year 20 hr/week internship	No/Yes	May-20
South Carolina	https://llr.sc.gov/cou/PDFS/SCLMFTapp.pdf page 9-10 https://www.cce-global.org/Assets/StateLicensure/SC_LMFT_app.pdf	For LMFT or Associate Requires COAMFTE or regional and 48 credits; also specific coursework requirements: 1. Theoretical Foundations (three courses/nine semester hours total – 13.5 quarter hours) Must include an introductory course as one of the three courses – three semester hours (4.5 quarter hours) 2. Clinical Practice (five courses/15 semester hours total – 22.5 quarter hours) Must include one course in psychopathology or diagnostics of psychopathology as one of the five courses - three semester hours (4.5 quarter hours) 3. Individual Development and Family Relations (two courses/six semester hours total – nine quarter hours) 4. Professional Identity, Legal and Ethical Issues (one course/three semester hours – 4.5 quarter hours) 5. Research (one course/three semester hours – 4.5 quarter hours)	Clinical Experience/Practicum (nine semester hours – 13.5 quarter hours) This must include a minimum of **500 hours** of face-to-face client contact with one half of the hours relational and a minimum of 100 hours of clinical supervision must be provided by a licensed marriage and family therapist supervisor. "Relational" practicum hours are defined as therapy or counseling with either couples or families.	Yes/Yes	May-20
South Dakota	https://sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=36-33-9	COAMFTE Qualifies	Min 300 hr	Yes/Yes	May-20
Tennessee	https://publications.tnsosfiles.com/rules/0450/0450-02.20200402.pdf	TN requires SACS accredited and course requirements, but COAMFTE standards qualify	Min 300 hr	Yes/Yes	May-20
Texas	https://www.dshs.state.tx.us/mft/mft_apply.shtm	COAMFTE Qualifies	COAMFTE Standards	Yes/Yes	May-20
Utah	https://dopl.utah.gov/laws/R156-60b.pdf	COAMFTE Qualifies	COAMFTE Standards	Yes/Yes	May-20
Vermont	https://sos.vermont.gov/media/0jyhuiuj/amh-rules-adopted-final-sos-jan-2015.pdf	COAMFTE Qualifies	COAMFTE Standards 500 hours of internship within the degree	Yes/yes	May-20
Virginia	http://www.dhp.virginia.gov/counseling/counseling_laws_regs.htm	COAMFTE Qualifies with 60 semester hours	600 hr supervised internship with 240 hr client contact;	No/Yes	May-20
Washington	https://app.leg.wa.gov/wac/default.aspx?cite=246-809-121	Outlines course requirements; COAMFTE standards qualify At least 27 semester credits or 36 quarter credits are required in the first five areas of study:	COMAFTE Qualifies Applicants who meet AAMFT clinical membership status are considered to have met educational requirements for licensure.	Yes/Yes	May-20

	https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/MarriageandFamilyTherapist/LicenseRequirements	• Marital and family systems • Marital and family therapy • Individual development • Psychopathology • Human sexuality • Research • Professional ethics and law • Electives (one course)			
West Virginia	http://www.wvbec.org/images/Series_8_FINAL_FILE_54-9798-8522015-10-20-14-18-59-240-2015-10-20-14-31-35-100.pdf	COAMFTE qualifies with 60 hours	12 month practicum w min. 300 hr; 150 must be couples and families	No/Yes	May-20
Wisconsin	https://docs.legis.wisconsin.gov/code/admin_code/mpsw/16.pdf	COAMFTE Qualifies (requires a regionally accredited Master's)	COAMFTE Standards	Yes/Yes	May-20
Wyoming	https://drive.google.com/file/d/1NeD-dXqTbZotmQwmlv3TFv68ULZVuIMt/view	COAMFTE Qualifies	COAMFTE Standards	Yes/Yes	May-20