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MFT Master's Program
Policies and Procedures Manual

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INTRODUCTION

Welcome to the USU Marriage and Family Therapy (MFT) master's program. 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. After you have read the manual, please complete and sign the *Agreement to Read P&P Manual* (see Appendix – page 40).

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 (and most other states). The requirements for full licensure typically take 2-4 years post-grad to complete and include face-to-face clinical and supervision experiences plus passing the national MFT examination (see each state's specific licensing requirements for more information). 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](https://cehs.usu.edu/hdfs/graduate/handbook) (<https://cehs.usu.edu/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 page 41-42).

We have two master's degrees in our program: The Master of Science in MFT (MS; thesis track) and the Master of Marriage and Family Therapy (MMFT; non-thesis track). 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 Faculty



Dr. Ryan Seedall

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

All 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. Seedall's program of research is to improve human relationships by focusing primarily on processes and patterns. His primary contribution to MFT has been increasing understanding of interactional processes that highlight *how* people interact and identifying *how* relationships change. Dr. Seedall has expertise in research methodology, theory development and application, and ways to enhance therapeutic outcomes (including therapy supervision). He uses this expertise in the courses that he 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 maintains a small private practice where he sees 1-4 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 almost 15-year academic career, Dr. Seedall has published over 50 peer-reviewed articles, 7 book and encyclopedia chapters, and authored two books (*The Handbook of Systemic Family Therapy & Deliberate Practice in Systemic Family Therapy*).



Dr. Dave Robinson

Dr. Dave Robinson, PhD, LMFT is a professor and clinical director in 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. Currently Dr. Robinson teaches HDFS 6310 – Introduction to Theories and Basic Skills; HDFS 6340 – Collaborative Healthcare and Psychopharmacology; HDFS 6330 – Couple and Sex Therapy; HDFS 6390 – Spring Practicum in Marriage and Family Therapy, and HDFS 7320 Foundations in MFT Education.

His research interests are in families, illness, trauma, 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 his previous students, all who have doctoral degrees, from a study on psychopharmacology.

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 is co-owner of Cache Valley Center for Couples and Families.

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. Spencer Bradshaw

Dr. Spencer Bradshaw, 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). 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 includes both clinical work with and research on individual and family recovery from substance use disorders (SUD) and/or behavioral addictions and trauma. He endorses a family systems and Biopsychosocial-spiritual perspective and aligns with experiential and attachment-based focused systemic therapy models.

Dr. Bradshaw's program of research involves brain imaging regarding individual and family member recovery from SUDs and trauma. Using functional-near infrared spectroscopy (fNIR) and functional magnetic resonance imaging (fMRI), he has examined brain functioning of those with a SUD and their family members during early stages of recovery. He conducts clinical research on multifamily groups at an inpatient treatment center for SUDs. He greatly enjoys working with students.

As a faculty member at USU, Dr. Bradshaw has taught and/or currently teaches the following graduate courses: HDFS 6350 – The Systemic Treatment of Addiction, Trauma, and Violence; HDFS 6390 – Practicum in Marriage and Family Therapy; HDFS 7032 – Multivariate Data Analysis; HDFS 7330 – Neuropsychology of Interpersonal Relationships; and PSY 7760 – Structural Equation Modeling. Dr. Bradshaw also serves on the editorial board of four academic journals including *Contemporary Family Therapy*, *Journal of Marital and Family Therapy*, *Alcoholism Treatment Quarterly*, and *Frontiers in Psychiatry (Addictive Disorders Section)*.

Ultimately, Dr. Bradshaw believes people want and try to do the best they know how according to their contexts, understanding, and other life experiences – and that we are all more capable than we think we are. He also believes that human beings are relational beings and because much hurt/suffering occurs in relationship contexts, relationships are also 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 MFTs (see Table 1).

MARRIAGE & FAMILY THERAPY PROGRAM

Department of Human Development & Family Studies | College of Education, Health, & Human Sciences

INSTITUTION'S MISSION

Utah State University is a premier land- and space-grant institution committed to excellence, access, and inclusion. We empower all people to lead successful lives of involvement, innovation, and impact. We champion exceptional education, research and discovery, and community contribution.



PROGRAM'S MISSION

The USU MFT program mission is to prepare students to serve others as practicing marriage and family therapists. We provide a wide range of practical experiences, research opportunities, and attentive supervision. Our focus is to inspire students to excel academically, professionally, and personally. We aim to create respectful, inclusive, ethical, and effective therapists who strive to make valuable contributions to the profession of marriage and family therapy and their communities.

Program Goal 1

Assure a strong understanding of systemic/relational MFT theories and models.

Student Learning Outcome 1

Students will demonstrate knowledge of relational/systemic approaches and the ability to integrate these ideas into their clinical practice

Targets & Measures

Theory of Change Project:

- Minimum total score of 80 (out of 100) by at least 80% of the cohort.
- Score of passing on the TOC by at least 80% of the cohort.

Program Goal 2

Develop entry-level clinical practice skills as marriage and family therapists, including work with individuals, couples, and families within a variety of contexts.

Student Learning Outcome 2

Students will demonstrate the ability to assess, diagnose, treat, and manage clients.

Targets & Measures

Assessment of Core Therapeutic Skills (ACTS):

- Minimum average score of 6 (out of 10) by 80% of cohort in final semester

Program Goal 3

Establish professional identity through ethical, inclusive, and research-informed clinical practice

Student Learning Outcome 3

Students will demonstrate the ability to identify and apply professional standards for fostering awareness and respect of clients' identities, backgrounds, and contextual experiences.

Student Learning Outcome 4

Students will demonstrate the ability to identify and apply ethical principles and decision making to their clinical practice

Student Learning Outcome 5

Students will demonstrate the ability to begin interpreting and integrating scholarly research into their clinical practice.

Targets & Measures

Theory of Change Project: Integration of Respect & Inclusion of Clients Section

- Minimum score of 8 (out of 10) by 80% of cohort.
- HDPS 6325 Capstone
- Minimum total score of 80% on Socio-Cultural Treatment Capstone Project by 80% of cohort.

Theory of Change Project: Integration of Ethical Principles Section

- Minimum score of 8 (out of 10) by 80% of cohort.
- HDPS 6360 Capstone
- Minimum total score of 80% on Ethical Systemic Practice Capstone Project by 80% of cohort.

Clinical Research Portfolio

- Minimum total score of 80% by 80% of cohort on student ability to integrate research with their clinical work (HDPS 6380).

Meeting Schedule to Review Educational Outcomes

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

PROGRAM INFORMATION

You will need a variety of courses to graduate. These courses are typically taught every other year, and you will need to take every course that is offered each semester 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 clients from a broad array of backgrounds, presenting issues, and therapy goals. In your first year, you will be completing your hours in the Sorenson Center. In your second year, you will also have a field placement in the community, called an Advance Practicum placement.

To graduate from the USU MFT MS/MMFT program, you are required to do 400 direct client hours. At least 150 of these must be relational hours. "Direct client contact" is defined as "a therapeutic meeting of a therapist and client (individual, relational, or group) occurring in-person synchronously, either physically in the same location or mediated by technology. Assessments may be counted if they are in-person processes that are more than clerical in nature and focus. Also, therapy services delivered through interactive team modalities may provide direct client contact for specific team members who have in-person interaction with the client/system during the session.

"Therapy team members who engage the therapeutic process only behind the mirror may not count the experience as direct client contact. Activities such as telephone contact, case planning, observation of therapy, record keeping, trainings, role-playing, travel, administrative activities, consultation with community members or professionals, and/or MFT relational/systemic supervision are not considered direct client contact." Although not considered direct client contact, you are also required to complete at least 100 observation hours where you are a teammate behind the mirror. We also require at least 100 total supervision hours (case note, video, and live). You must receive supervision every week that you conduct therapy.

You will start the Theory of Change (TOC) project in the Fall of your first year and refine it during each semester in the program, culminating in your last semester of coursework and a presentation of your model to students and faculty (see Appendix – pages 44-47 – Theory of Therapy and Change Projects).

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

You are assigned a temporary MFT faculty sponsor when you enter the program. This assignment is based on who we think might be a good fit in terms of your personality,

interests, and goals. You may or may not choose to continue with this person as your major professor. We suggest you get to know the MFT faculty and their interests before making a final decision about your chair, which you must choose by the end of your first semester.

We strongly encourage you to set up a regular meeting with your advisor at the beginning of each semester. The ideal frequency and length of the meeting is something you should discuss with your advisor. It is not uncommon for those doing a thesis or leading out in a research project to meet weekly with their advisor. For those doing the non-thesis track, less often is usually sufficient. Remember, you do not need to wait for your advisor to contact you. At the beginning of each semester, set something up and have a regular appointment scheduled for that semester.

If you choose the thesis track, you are required to choose an advisory committee by the end of your second semester in the program. The Supervisory Committee consists of at least three faculty members approved by the Dean of the School of Graduate Studies. Your committee will consist of your advisor and two additional faculty members (one within the MFT program and one outside of it). This committee oversees your Program of Study, which should be completed by the end of your second semester in the program.

If you choose the non-thesis track, you do not need a three-person advisory committee. Rather, your committee will consist of your advisor only. Your advisor also directs the theory of change project. When you have chosen your committee, the Supervisory Committee Assignment form should be submitted through the HDFS graduate program coordinator (GPC).

During your first year, you can switch from MMFT to MS (or vice versa)—after consulting with your advisor and other MFT faculty—by sending an email to the HDFS graduate program coordinator. After Spring Semester of your first year, you will be required to submit a written request to the HDFS graduate committee. 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 and approved.

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

B. Thesis Information (MS Students)

The following section is designed to help you decide whether you would like to choose the thesis track and to further understand the process once you choose the thesis track. Please consult with your advisor regarding all this information.

Purpose of the Thesis

The master's thesis in Marriage and Family Therapy (MFT) demonstrates a student's ability to design, conduct, and communicate original research that contributes to the field. It is an opportunity to:

- Investigate a topic of interest in depth
- Develop research and analytical skills
- Contribute new insights to clinical practice

Why do a Thesis?

Nothing prepares you for a dissertation like a thesis, so if you're considering going on for a PhD, a thesis can be very helpful. However, we encourage all students to be involved in research, and you can do that without doing a thesis. You can also be an excellent candidate for a PhD program in MFT without doing a thesis. The thesis gives you an opportunity to lead out in a research project. It is a lot of work, but it can be very helpful to you. If you elect not to do a thesis, you can certainly be involved in research, whether that be leading out in a project or helping an existing project in some way. If you choose to do non-thesis research, the process is much streamlined. The main issue some have found is that they are more easily able to find funding for their research if they do it as part of a thesis project. Talk to your advisor more about this as you make your decision.

General Thesis Process

1. **Topic Selection & Preliminary Research** (Suggested: 1st Semester)
 - Choose a topic: We encourage you to consider two things: (1) clinically relevant topic(s) that really interest you; and (2) your advisor's expertise.
 - You may certainly opt to do original research, but you can also use available data.
 - With the help of your advisor, develop an overall research question. To do this, you will also need to know the literature well enough to identify gaps that your thesis study will help fill.
2. **Thesis Chair and Committee Formation** (Suggested: 1st or 2nd Semester)
 - Your advisor is also the chair of your thesis committee.
 - Select two additional committee members (one from the MFT program and one from outside the MFT program)
 - Once you have a good idea of the committee members you'd like to ask, you can contact each of them, explain to them your ideas for your thesis project, and then offer to meet to talk more fully about the project before they agree to be on your advisory committee.
3. **Thesis Proposal** (Suggested: By end of summer)
 - The thesis proposal consists of the first three chapters of your thesis:
 1. Chapter I – Introduction
 2. Chapter II – Literature Review
 3. Chapter III – Methods
 - The thesis has a very specific format. It is best for you to begin with the formatting in mind. We recommend you visit <https://gradschool.usu.edu/resources/all-forms/style-electronic-publication>. You could also use another student's thesis as a template.
 - As you write your proposal, you will regularly submit what you've written to your advisor. There will likely be a lot of "back-and-forth" during this process, where you submit what you've written and then receive feedback from your advisor. It is important to meet regularly (often weekly) with your advisor during this process.
 - When you have completed all three chapters and both you and your advisor agree that it is ready, you will email the thesis proposal document to your committee.

- Prior to doing this, you will have worked with your advisor and committee members to schedule your thesis proposal meeting. The key requirement is that your committee members have two weeks to review the proposal.
- Proposal Meeting – General Format (60 mins)
 1. Welcome and introductions
 2. Committee meets briefly alone to discuss the proposal (< 5 mins)
 3. Presentation by candidate (15-20 mins)
 4. Questions and Feedback from the committee to the candidate (~30 mins)
 5. Committee meets alone for final discussion (~5-10 mins)

Note: During this meeting, you are focusing on answering the committee's questions. Your advisor will typically take notes for you of the feedback you receive.

- There are three potential outcomes for the proposal meeting: (1) *Pass* (typically very minimal changes requested); (2) *Pass with revisions* (Work with your advisor and possibly your committee members to make changes before moving forward with paperwork; and (3) *Do Not Pass* (You will need to do more work with your advisor and have another proposal meeting)

4. Post-Proposal

(Suggested: Summer & 2nd Fall)

- After you successfully pass the proposal, your advisor will inform the GPC of the results.
- You will then send the GPC a copy of your proposal title page so it can be sent out to your committee members for signatures.
- Once your proposal is complete, you can submit your [Institutional Review Board \(IRB\) proposal](#)
- After obtaining a protocol number from the IRB, submit your [Thesis/Project Approval \(TPA\)](#) form. This should be done within 10 days of your successful proposal.
- Once you receive IRB approval, you can submit (if needed) a request for the [College of Education & Human Services Graduate Student Research Award](#). This provides up to \$4000 for a variety of research-related purposes.

5. Thesis Defense Document

(Suggested: By end of 2nd Spring)

- Your thesis defense document consists of the first three chapters of your thesis (listed above). For your defense document, you will need to make any changes requested by your committee. You will also need to change the thesis language from the future tense most often used in proposals to the past tense for your defense document.
- The thesis defense consists of the last two chapters of your thesis:
 1. Chapter IV – Results
 2. Chapter V – Discussion
- As with your proposal document, regularly submit what you've written to your advisor. Getting sufficient feedback from your advisor will ensure that they are 100% supportive of your final thesis. Again, you should meet regularly with your advisor during this portion of the process.

- When you have completed all five chapters and your advisor has approved it, you will complete the [Appointment for Examination Form](#) and then email the thesis defense document to your committee. This needs to be submitted 10 business days before your defense date. **If you do not submit this on time, it could delay your defense.**
- Work with your advisor and committee members to schedule your thesis defense meeting.
- As with the thesis proposal, you must submit your thesis defense document to your committee members at least two weeks prior to your defense meeting.

Note: You will want to contact the GPC for that year's current graduation timeline. The USU Graduate School considers your degree completed when all steps of your thesis have been concluded, which includes having your thesis approved by your committee, submitted to the department, submitted to the graduate school, and then to the library. Because there is only one date each semester when graduate degrees are posted, you will need to ensure that all steps are completed so that you may graduate in your desired timeframe. To have your degree posted and officially graduate, you typically will need to defend by the end of March of your 2nd year.

6. Thesis Defense Meeting

- Defense Meeting – General Format (up to 90 mins)
 1. Welcome and introductions
 2. Committee meets briefly alone to discuss the proposal (< 5 mins)
 3. Presentation by candidate (15-20 mins)
 4. Questions and Feedback from the committee to the candidate (~30-45 mins)
 5. Committee meets alone for final discussion (~5-10 mins)

Note: During this meeting, you are focusing on answering the committee's questions. Your advisor will typically take notes for you of the feedback you receive.

- As with your proposal meeting, there are three potential outcomes for the proposal meeting: (1) *Pass* (typically very minimal changes requested); (2) *Pass with revisions* (Work with your advisor and possibly your committee members to make changes before moving forward with paperwork; and (3) *Do Not Pass* (You will need to do more work with your advisor and have another defense meeting)
- After you successfully pass the defense meeting, your advisor will inform the GPC of the results. The GPC will then initiate appropriate paperwork.
- You will work on finalizing the feedback you have received and the thesis format. Then you will submit to the department reviewer prior to submitting the final approved version to the USU Graduate School.

C. Program Attendance Expectations

The USU Marriage and Family Therapy program is an in-person degree. While we try to accommodate extenuating circumstances, students are expected to engage in program required activities *in-person*. These activities include the Theory of Change presentations, monthly MFT Staff Meetings, and scheduled MFT courses, and trainings/presentations. Students are expected to attend Colloquia or other

presentations sponsored by the MFT Program, HDFS Departments and the Sorenson Center for Clinical Excellence. Attendance is noted toward citizenship, professionalism, and professional development. Failure to comply in these areas may result in a remediation plan.

Students are encouraged to attend the AAMFT and UAMFT Annual Conferences. The Graduate School and Department can help fund travel for students who present at conferences. Volunteer options to reduce registration fees may also be available. The MFT faculty can help with information in this area.

D. 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 formally evaluated—in addition to informal supervisory conversations—by your clinical supervisors (both MFT faculty and Advanced Practicum site supervisors) 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. Feedback informed treatment is an important part of the program, and you will be expected to also gather client data to provide evidence of your effectiveness. Students are asked to evaluate their supervisors and give feedback so that we can continue to improve the program and students' educations.

Before you may begin seeing clients in therapy, you must be approved by the faculty. During your first semester, you take HDFS 6310, *Core Systemic Therapy Skills*. 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 MFT faculty evaluates you on your readiness to conduct clinical interviews using the Assessment of Core Therapeutic Skills (ACTS) as part of 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. Deficiencies are discussed among all clinical faculty and then with the student to determine appropriateness for the program or remediation.

E. Student Governance

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

1. Students provide feedback at the end of each academic year (April/May) to one of the faculty members regarding what the faculty and program can do to better meet their needs.
2. Students provide anonymous feedback on 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.
3. Cohort representation: During your first semester in the program, two representatives from each cohort are chosen by the faculty to represent your cohort for the time that you are in the program.

- The program director will contact you and extend the offer to be a representative for your cohort while providing a basic overview of what it means to be the cohort representative.
- Primary responsibilities:
 - Gather information and feedback from students to present to faculty (often during the monthly MFT Staff Meetings)
 - Coordinate a mechanism by which you gather information from your cohort. This can be through regular cohort meetings or in other ways. The key is to systematically solicit feedback so you can present it to the MFT faculty during MFT Staff Meetings (and other relevant times).
 - Of course, all students can address questions and concerns at any time. However, we have found that having designated representatives can be helpful in making sure that people have multiple ways to bring up concerns.
 - Help oversee your cohort's role in various activities (e.g., Day on the Quad, student interviews, holiday party, closing social, etc.)
- Cohort representatives are also welcome to schedule meetings with the program director to address any questions or concerns that are best brought up outside of MFT Staff Meeting.

F. Student Privacy

The MFT program follows the rules and regulations of the Family Educational and Rights Privacy Act (FERPA; see <https://www.usu.edu/registrar/records/control/ferpa> for more information). This act requires that we maintain the confidentiality and privacy of your records. The program maintains two files on box.usu.edu for you that are restricted. One file contains information related to your admission to the program. The other file contains information related to your progress in the program as well as copies of your records of clinical and supervision hours. No one except program personnel and you may view these files. A faculty member can help you access these files.

Student concerns and issues brought to one MFT faculty member will be discussed confidentially between all core MFT faculty members. The MFT faculty as a group maintains confidences that students bring to them. Information or concerns that students bring to one faculty member about another faculty member may not be held in confidence if doing so would be harmful to the student, other students, the faculty member, clients, or the program. See also the MFT grievance policy (p. 35) for more information.

Material shared during supervision is confidential and private unless (a) the student decides to share the information with others, or (b) the faculty member believes that, unless shared with others, some harm could come to the student, other students, the faculty, clients, or the program.

G. Respect and Inclusion

The USU MFT program is committed to respect and inclusion within our program and for our clients. The USU MFT Program and MFT clinic do not discriminate. In accordance with

Policy 305.1 in the USU Code <https://www.usu.edu/equity/non-discrimination>, we are committed to providing an environment free from harassment and other forms of discrimination based on social identities with regards to recruitment, admission, codes of conduct, hiring, retention, or dismissal of students, staff, faculty, or supervisors. We strive to treat everyone with respect and care.

The USU MFT Program is committed to making space for and valuing clients broad range of experiences and identities. Our curriculum, classroom activities, clinical experiences, and professional development opportunities are designed to expand knowledge, awareness, sensitivity, and committed action related to issues that may be impacting clients. As we become more 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 the experiences and perspectives of others will foster personal growth, promote the egalitarian treatment of all people, and enhance our ability to help clients grow and achieve positive therapeutic outcomes.

H. Authenticity of Student Work

As stated in the 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 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 following 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](#).

Artificial Intelligence (AI) Tools:

Many of you may be aware of the increasing notoriety of AI tools (e.g., ChatGPT, Grammarly AI, Copilot, etc.) used in higher education and other areas. Although AI has many positive and creative uses in higher education, it can also be used in ways that diminish the educational process and your overall learning. As such, AI tools of any kind are permitted only when explicitly authorized by the instructor for a specific assignment or activity. Unless otherwise stated in the assignment instructions, all submitted work must reflect the student’s own original thinking, analysis, and writing. Students may use AI tools for limited support purposes such as brainstorming, proofreading, or idea generation only when such use is expressly allowed. ***Please consult with a faculty member before using these tools in any way.***

Under no circumstances may students submit AI-generated text, analysis, responses, citations, or other content as their own work without prior permission and clear disclosure. This includes your ***theory of change paper*** and your ***thesis***. Unauthorized use of AI tools may constitute cheating, plagiarism, or falsification under Article VI of the

Utah State University Student Code and Honor Pledge and will be handled as an academic integrity violation. Sanctions may include a reduced grade, assignment failure, course failure, and formal reporting through the Academic Integrity Violation process.

If you receive permission and then use these tools in any way, you are required to include a disclosure statement at the end of your assignment describing which AI tool you used and how you used it. For example, "ChatGPT was used to draft about 15% of this paper and to provide revision assistance. AI-produced content was edited for accuracy and style."

I. 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, beginning with your supervisor and MFT faculty and potentially including the SCCE Executive Director and the Security Officer.

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 entering a secure area. If a HIPAA policy or procedure is not followed, an incident report needs to be filled out and given to the SCCE Security Officer. For a Title IX incident, the University requires all employees to file an incident report for sexual misconduct, harassment, or discrimination.

J. AAMFT/UAMFT Membership

As part of your development as an MFT, you must become a member UAMFT or AAMFT (or both) and submit verification to the program administrative assistant by September 15 of each year you are in the program. Your grade in HDFS 6310 (Fall, first year) and HDFS 6390 (Fall, second year) will be reduced by 10% 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 the [AAMFT Core Competencies](#).

Advanced Practicum

All students participate in an advanced practicum (AP) during their time in the program. You can plan on your AP placement being two days a week, including 8-12 direct client hours. Typically, this begins around May of your first year and concludes just before graduation (typically April). Our program has several established AP sites to choose from. You may also propose a site to the MFT faculty for approval. If you propose a site, the MFT faculty will then work with that site to negotiate a site plan.

L. Technology

Our MFT program typically requires access to a computing device (desktop/laptop) and internet access to do course work. The Sorenson Center for Clinical Excellence will assign you a MacBook for doing case notes and other clinical activities. They will be ready for checkout sometime in the Fall of your first semester. These are SCCE-approved devices that allow you to access PHI systems (e.g., PNC). After completing the forms and training, the program director will provide final approval. An IT onboarding meeting will occur in

which you will receive your MacBook. Macbooks are periodically cleaned of personal files, so do not use these computers to store your academic or clinical files. We recommend you use the storage given to you as a USU student, box.usu.edu.

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 clinically related documents, typically no more than four pages. 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 box.usu.edu instead). Inform the SCCE operations manager or MFT program director of problems with the computers or printers as soon as possible.

There are also computer labs with the appropriate software accessible for use. The USU IT website (<https://it.usu.edu>) is a helpful website that gives technical recommendations and support, and there is also a website that provides specific tech resources on our campus (<https://it.usu.edu/labs/campus-tech-resources>) as well as other technology resources (<https://www.usu.edu/academic-support/technology/>) and available software (<https://cehs.usu.edu/resources/technology/available-software>).

M. Student Academic Resources

The marriage and family therapy faculty, in conjunction with the broader University (<https://www.usu.edu/academic-support/>), provides academic support to all students through a variety of tools and resources (<https://www.usu.edu/business-services/tools-and-resources/>). The MFT program ensures that its curriculum is well-resourced, with up-to-date instructional materials, access to academic databases, and tools for hands-on learning. Resources ensure that students have the necessary resources to master both theoretical knowledge and practical skills.

(1) **Academic resources.** <http://www.usu.edu/arc/>. The academic resource center provides the following services to USU students: training on the Academic Success Model, academic assessment, classes and training aimed at academic enhancement, individual academic assistance, various online services, study aids, supplemental instruction, resources for test anxiety management, training, and tutoring.

(2) **Library services.** USU MFT students also have access the Merrill-Cazier Library at USU (<https://library.usu.edu/about/profile>), a 305,000 square foot building containing nearly 2 million print books and journals. The USU library offers a wide range of services and features, including radio frequency identification tags, a self-checkout option, an automated retrieval system, over 150 computer workstations, group study rooms, two multimedia suites, , interlibrary services, and various forms of multi-media (i.e. cds, DVDs, CDs, audio tape).

(3) **Tutoring and math centers.** <http://www.usu.edu/arc/tutoring/>. Tutoring services provided by the university can be accessed by students in the following ways: (a) the Drop-In Math and Statistics Tutoring Center, (b) the Tutoring Directory, which is a listing of the other sources of free tutoring on campus, and (c) the Tutor Advertiser, which is an online service which facilitates students searching for a private tutor (only USU students are allowed to be private tutors).

(4) **The writing center.** <http://writing.usu.edu/>. The goal of the writing center is to “help students become independent writers for life.” By so doing, they “strive to

teach students to implement writing concepts discussed in class; cultivate the skills students need to create effective documents, increase the confidence of student writers, and create an open environment where students can find answers to their questions.” Specific resources offered by the writing center include face-to-face as well as online consultation. Services are free of charge, and face-to-face consultations are available Monday-Thursday from 8:30 a.m. through 8:30 p.m, and Friday from 8:30 a.m.-3:00 p.m. Online services are available on an ongoing basis.

(5) Financial

assistance/assistantships/scholarships. <http://www.usu.edu/finaid/>. The USU financial aid center provides assistance in the application of scholarships, federal loans, Pell Grants, and obtaining part-time employment. The center also provides loan counseling (with an online option), and net-cost calculators in determining the overall cost of education.

N. Student Support Services

The marriage and family therapy faculty, in conjunction with the University support services provide academic support to all students (<https://gradschool.usu.edu/resources/student-resources>). When they enter the program, each student is given a policies and procedures (PNP) manual that outlines the essential components to the program. They are also given a temporary advisor from the MFT faculty to help them transition into the program and guide them until they choose a permanent advisor. The following general services are provided by the university:

(1) Student Counseling Center. <http://www.usu.edu/counseling/>. USU’s counseling and prevention services center provides free services to qualified USU students. Specific services include the following: one-time consultation, workshops, individual psychotherapy, couples counseling, group counseling, psychological and psychoeducational assessment, outreach and consultative services, and animal assisted therapy. A variety of workshops and group therapy services are available each semester.

(2) Student health services. <http://www.usu.edu/health/>. The student health services encompass the following offices: student health services, student wellness services, and the SAAVI (Sexual Assault and Anti-Violence Information center. Student health services provides physician exams, pharmaceutical services, physical therapy services, x-rays, and laboratory services to qualified students. Student wellness provides educational materials and presentations around a variety of health-related topics, student peer education and mentoring groups, program and awareness campaigns, in-service training, referral services, alcohol and drug education, support groups, and research to qualified students and groups. Nutritional services are also provided. The SAAVI center provides confidential counseling, advocacy, and educational information related to the following topics: sexual assault, rape, dating violence, stalking, hate crime, or hazing.

(3) The disability resource center. <http://www.usu.edu/drc/>. Services provided by this center include the following: the DRC student handbook (including a handbook for the deaf and hard of hearing), access to disability-related scholarships, access to disability-related campus resources (including those focused on academics, health and wellness, emotional/mental health, finances and employment, and social resources), documentation guidelines, and online resources.

(4) **Career services.** <http://www.usu.edu/career/>. The career services office provides a number of services geared at preparing students for the professional world. Services include career assessment, one-on-one career counseling sessions, help in obtaining career-related experiences, helping in preparation for graduate school, and tutoring for resume/cover letter writing, networking opportunities, and interview preparation.

(5) **Civil Rights & Title IX Office.** <https://www.usu.edu/civilrights-titleix/>. USU strives to foster respect and dignity for all members of the USU community, prohibiting discrimination and harassment, including sexual misconduct. The Civil Rights and Title IX Office is the unit designated by the university to enforce state and federal law and University policies related to sexual misconduct, discrimination, equal opportunity, and affirmative action.

O. Interprofessional Education (IPE)

The Sorenson Center's Interprofessional Education (IPE) seminars aim to educate students on how they might provide opportunities and resources for their clients as well as implement treatment plans that involve an interdisciplinary care team. The seminars are led and facilitated by practicum supervisors in the SCCE. These IPE seminars occur every 2nd and 4th Tuesday of the month from 12:00-1:00PM. All first-year students are required to attend these seminars during the first two semesters of the program. Not participating in these seminars will impact your grades in HDFS 6310 and HDFS 6390.

P. Marketing and Outreach

All students will market the clinic for 20 hours during the program (5 hours during each Fall and Spring semester). Activities include posting flyers, talking with media (e.g., blogs, podcasts), radio or TV interviews, etc. Flyers can be obtained by talking to the CCRs and asking them for materials. Students are also expected to participate in at least two outreach activities each Semester. Some of these potential activities include the MFTSA Mock therapy activity, MFTSA student panel, MFT open house (for prospective students), presentations on couple relationship enhancement (Valentines Day, SkyView, etc.), Day on the Quad MFT table, etc.

Q. Post-Graduation

Part of our goal to administer a high quality MFT program is 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.

To make this a simple process, we will send out a survey for you to complete one year after you complete the program. After the first alumni survey, we will request your permission to contact your current employers and solicit feedback regarding your performance and our training. We may also reach out at other times to gather relevant information and feedback.

As noted in the Eligibility Criterion E: Regulatory Alignment Student Acknowledgement form that you signed during interviews, our program meets the requirements for licensure in the State of Utah. 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 MFT faculty if you have questions. Individualized programs of study can be used to address most issues.

After you graduate, Utah state law requires that you practice therapy under appropriate supervision as part of your requirements in preparation for licensure. 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 1,200 hours must be direct client therapy hours with at least 500 hours being with two or more clients participating in therapy. You will also be required to receive at least 100 hours of supervision from an approved supervisor. Additional information and required forms can be found <https://www.dopl.utah.gov/marriage-and-family-therapy/laws-and-rules/>.

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, the MFT program moved to the Sorenson Center for Clinical Excellence (SCCE). The SCCE also houses many different clinical services from within USU.

A. Staff and USU MFT Clinic Services

Services are provided to 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 also provides clinically relevant research opportunities for MFT faculty and students.

B. Hours

The Clinic has reception generally available during regular office hours and some evenings, excluding University holidays. 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. If a client care representative (CCR) is not available, please email them the updated scheduling information after the appointment.

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 may result in a remediation plan.

D. Scheduling Conference Rooms

The conference rooms are designated meeting rooms for the University. Coursedog is how to schedule the conference room for uses other than classes. You can make a reservation online at https://app.coursedog.com/#/login/usu_banner 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. There is no physical fax machine, but faxes sent to that number go to a file in PNC that CCRs go through and distribute, as necessary. 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.

F. Clinic Voicemail

1. Procedures

1. 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 the Sorenson Center is not a crisis clinic. If client situations are more urgent, they should use the following resources:
 - a. Call 911 or go to an emergency room for help with an immediate emergency.
 - b. Call or text 988 to reach the Suicide and Crisis Lifeline
 - c. Call the CAPSA Crisis line at 435-753-2500 for domestic violence and sexual assault services in the Cache Valley.
2. Voice mail answers the phone whenever no one is available at (435) 797-7430 or the line is busy. The CCR answers intake calls, messages, cancellation notices, etc. The CCRs will monitor the voicemail and will let you know if you have messages from clients.
3. Messages will be communicated in the following ways:
 - a. Appointment cancellations will be immediately noted in PNC Schedule. Appointments cancelled within 24 hours of the appointment will appear with a dashed line and greyed out. Appointments cancelled further in advance will no longer be on PNC Schedule (unless you select "show cancelled appointments"). You can see a list of cancelled appointments in PNC Chart. An email may be sent as a courtesy. However, you are responsible for monitoring your own schedules in PNC.
 - b. Requests for intake appointments and other messages are processed by the CCR. Each of you will provide your clinical schedule at the beginning of each semester. CCRs will change appointments at clients' requests if they are within the availability that you have provided. The CCR will make changes in PNC. You should regularly monitor your schedule (including cancelled appointments) in PNC. If possible, set up recurring appointments in PNC. At the end of each therapy appointment, take your client to the CCR to confirm or schedule follow-up appointments.

If a situation is urgent, the CCR will first attempt to contact the client's therapist. If the therapist is not available, the CCR will contact the faculty supervisor and then any

of the clinical faculty for advice.

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. SCCE Badges are required and need to be worn in a visible location while you are in the clinics. A \$25.00 deposit is required for the key, and there will be a \$10.00 charge for your badge at pick up. 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 SCCE Compliance Coordinator.

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:

1. When not in use, all lights and equipment should be turned off in each room. Please turn off the video recordings when you are not in session.
2. Doors entering the MFT clinic must always remain locked, you will need the key to enter. Do not keep them open for longer than a few seconds, as it sets off a security alarm.

H. Messages

The client care representative (CCR) *does not routinely* call students about messages. However, the CCR will get the message to you by telling you in person, emailing the message, posting it on PNC Calendar, or sending you a PNC message (IM). The CCR will call you in the event of a more urgent situation. **Students are responsible for making sure the CCR knows how to reach them.** Be aware that PHI cannot be communicated via unapproved communication methods (e.g., text message, personal email, etc.). CCRs will send PHI solely through secured methods (PNC or encrypted email messages to your USU account).

I. 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.

J. Therapy Rooms

The SCCE has many therapy rooms with adjoining observation rooms for live observation and supervision. They are all handicapped accessible. All rooms have digital recording capability and are suitable for the playback of recorded sessions. Rooms must be scheduled on the EMS calendar. 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.

K. Appointments

Your weekly appointments will be scheduled by the CCR in the PNC calendar throughout the week. Be respectful of therapists using the room after you by ending sessions on time

and returning chairs and other room materials to their original place. In the PNC calendar, check the comments for information about the appointment, especially the room number.

On practicum nights, rooms are reserved for use from 3-6 PM. Please use the room you are assigned for the appointment and be aware that CCRs are accommodating all service lines and client needs. When clients come for a session, client will be “Checked In” on PNC and client will pay for the session. Clients must complete the “check-in” process before being proceeding with the session. Prior to taking the client back to the treatment room, either confirm that the appointment is “checked-in” or red in PNC Schedule or verbally confirm with the CCR that the client is ready. Telehealth clients will be contacted in advance of the appointment or the day after to pay for appointments over the phone. At the conclusion of your session, walk the client out to the CCR so they can schedule the next appointment.

Prior to the appointment, the CCR will email the client(s) paperwork and a link to their client portal. The therapist will be responsible for assigning surveys on PNC. This will start with the intake and continue with assessments for each subsequent session. Clients may complete the assessments in the Patient Portal online from home prior to the appointments to save time at check-in. It is crucial that you require your clients to complete all intake and ongoing assessments and assign surveys well in advance of the appointment.

L. Initial Appointment Procedure

1. The CCR will set up the initial appointment. **The assigned therapist contacts clients to confirm the appointment, answer questions, determine who should attend the first session, and encourage completion of intake assessments. Clients are told to arrive 30 minutes in advance of their appointment time to complete all paperwork (e.g., SCCE consents, MFT surveys, etc.).**
2. The CCR will greet the clients, welcome them, explain our procedures, and help them fill out relevant paperwork.
3. The CCR then checks in the client, client pays for 1st session, PNC will let the therapist know their clients have arrived (PNC appointment turns pink when client has arrived and red when the client is ready for the therapist). The therapist then greets the clients and takes them to the therapy room they will be using for therapy (see PNC schedule for room assignment).
4. Fee reductions: *You may not reduce fees on your own.* If the client asks for a reduced fee, they will need to complete the Sorenson Center Financial Assistance application and have a committee review their request. Please contact your supervisor, who will help you know the next steps for getting that application to your clients. Please communicate concerns about the costs to the CCR.
5. 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 it should be explained again. Ask if they are willing to come to therapy under these conditions. If they are not, discuss possible referral options with them.
6. Explain that the purpose of the initial appointment is to get some basic information, let them know about the clinic, get acquainted, and to learn more about why they are here.

7. After gathering basic information and asking clarifying questions, ask the clients if they have any questions about treatment. Conduct the remainder of the interview, making sure that you go over the assessment instruments and scores with them. If they want to continue, schedule another appointment.
8. Using intake information, determine whether any critical items require consultation with a supervisor. If issues related to safety or other issues emerge during review of intake assessments or during the session, 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 any safety planning that may be needed.

M. Intake Process

1. The procedures of the clinic will be explained to potential clients in the initial phone call.
2. Callers who do not want to use our services will be referred to other community agencies/therapists if desired.
3. For callers who want to use our services, the initial appointment will be scheduled, and client's important personal information PHI will be obtained. All CCRs within the Behavioral Health Clinic collect the same information using the BHC Screener. This will be scanned into their chart prior to the intake appointment.
4. Each therapist will provide the CCR with their availability **each** semester. The 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.** Therapists must make themselves available for various appointment times -- daytime and evening.
5. Cases are assigned by the CCR, in collaboration with the practicum supervisor, to therapists depending on their client loads and any other relevant factors.

N. Client Fees

The client fee will be set up prior to the first session with the CCR. The fee amount will be entered into PNC by the CCR and 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 expresses concern about the session cost, direct them to the CCR who can provide the Sorenson Center Financial Assistance application and give them instructions on how to complete it. A committee will review their request. If they need help completing the paperwork, please let the CCR know they would like help completing the application.

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 Clinic Operations Manager *immediately*. Please check the equipment to be sure it is turned off each night.

P. Toys for Children

For play therapy, children's books and toys are in therapy rooms 333, 341 and 349. You are responsible for returning toys and cleaning up the 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 (e.g., audio and video recordings) that may be useful to students. The MFT Library books and materials are for student use. 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. Some books (APA manual, DSM, etc.) are purchased as general references and should remain in the building.

CLIENT-RELATED POLICIES AND PROCEDURES

A. 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. Only access PHI or PHI systems using your SCCE device. *Always contact your MFT faculty 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 client-related materials where others may see them. 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 have (a) [HIPAA](#) and (b) [Fraud, Waste, and Abuse training](#) every Fall, and the training form must be completed and turned in. For additional guidance, you can refer to the [SCCE HIPAA Clinic Onboarding Tip Sheet](#) linked here and available on the SCCE website. Please review the [CEHS HIPAA Policies and Procedures](#) and [Code of Ethics and Conduct](#) before you complete your HIPAA training.

You will also be trained to use PNC (Calendar, Client file, Case notes, Registration and Billing).

Sound machines must be used whenever you are in session.

2. Case/Progress Notes

Case 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.

Case 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** (i.e., 2 calendar days) 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 remediation, which if not corrected, could lead to dismissal from the program.

Official records are sometimes 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. Your practicum supervisors will help you learn to write appropriate case notes.

3. Observation and Recording of Therapy Sessions

It is the policy of our training program and clinic that all therapy sessions are open to observation and will be recorded. No exceptions are allowed. Clients who are unwilling to be observed and/or recorded should be given referrals elsewhere.

Observation of therapy sessions is limited to USU MFT Clinic supervisors and USU MFT Program members. Never allow friends, family, or non-USU MFT Program therapists to view the recordings without appropriate releases. No one else should be allowed to observe sessions without the approval of the practicum supervisor.

In addition, high quality digital recordings of sessions at the USU MFT Clinic can be used by you and your supervisors for case review and research through our IVS system. These recordings are typically erased every 180 days. Under [CEHS HIPAA Policy 118: Use of PHI in Education](#), videos may be transferred and stored in HIPAA Box folders for supervision purposes. If you would like to download and transfer a video for longer than that, contact the MFT program director.

4. Therapeutic Letters and Communication

Information (e.g., letters, etc.) sent out must be on MFT stationery as well as reviewed and approved/signed by your faculty practicum supervisor AND SCCE Compliance Coordinator (Laura Crofts – 797-1165) before sending.

5. Referral and Other Professional Interaction

All client information is held confidential with certain exceptions as required by law. Except when mandated by law, do not reveal client information of any kind (i.e., Protected Health Information—PHI), including their names or acknowledgment that they are clinic clients. In those instances where you find it necessary to contact someone for information and consultation necessary for treatment (or they contact you), you must obtain a signed release of information. **All clients on the treatment record should provide authorization for any information to be released. Any information released outside the clinic must be approved by the program director (if it involves previous clients) or your practicum supervisor (if it involves current clients).**

a. Informed Consent for Treatment

The basic informed consent form explains the nature of therapy and authorizes the digital recording and live observation of therapy sessions. **All people aged 18 and over who participate in therapy must sign a release form.** It is appropriate to ask those under 18 to

provide their assent.

b. Copies of Case Notes or Digital Recordings

Client case notes are available in the client portal in PNC. Clients can access all session notes unless the note has been blocked consistent with allowable exceptions provided by the CURES Act. Clients may request copies of notes through the SCCE's [Request to Access Protected Health Information](#) and [SCCE Release of Records Request Form](#). For more information on the policies and processes associated with records release please review [Policy 111](#) and the [associated process sheet](#). Please note that all records releases are handled by the SCCE Medical Records Coordinator.

Digital records of client sessions are used for supervision (and potentially research) purposes only. Recordings are not part of the client's medical record and not released to clients.

6. 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. 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—is not sufficient.

Be sure to fill out a risk assessment document and safety plan for the client's record. If you discover or assess harm to self or others, or domestic violence, refer to our Clinical Resources Box file or the laminated protocols in the observation rooms. Make sure that clients in crisis know the appropriate numbers:

- a. Call 911 or go to an emergency room for help with an immediate emergency.
- b. Call or text 988 to reach the Suicide and Crisis Lifeline
- c. Call the CAPSA Crisis line at 435-753-2500 for domestic violence and sexual assault services in the Cache Valley.

b. Child & Vulnerable Adult Abuse

Utah law requires that any person who has information that (a) a member of a vulnerable population (i.e., a child or vulnerable adult) has been abused or neglected; or (b) a child has witnessed domestic violence, report this information to the *Division of Child and Family Services (435-787-3400)* or the police **within 48 hours**. 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 additional information.

c. Danger to Self and Others: Duty to Warn

Duty to warn is one of the special situations mandated by law to waive client privilege to confidentiality. Clients who score 2 or 3 on the PHQ-9 on suicide item (9) must have a formal risk assessment and safety plan completed and filed in the client's chart. The 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.

d. Subpoenas and Court Orders

Client release is waived when the notes are subpoenaed by the court. 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.

e. Supervisor Notification and Consultation

Since you are operating under your supervisor's professional license, all concerns related to abuse, violence, ethical or legal concerns, or any other tense or potentially dangerous situations must be discussed with a faculty supervisor as soon as possible. Even when you are confident that you are handling a case appropriately, you should inform your supervisor. They will be able to guide you through the process. 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. Also, be sure to document all actions taken by you in response to the emergency.

B. 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. For liability purposes, students must be registered for at least one practicum credit hour each semester they are doing therapy (for a total of at least 16 practicum credits in the program).

2. Supervision

All therapy at the SCCE MFT Clinic must be supervised and case notes signed by a supervisor. Students must be supervised each week 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 or AAMFT Supervisor-in-training.

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.

All students are required to receive individual supervision on a regular basis. 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. If no more than two students are behind the mirror with the supervisor, they can count it as individual supervision.

Group supervision is defined as supervision of more than two individuals. Group supervision typically occurs as case consultation or observing cases behind the mirror. 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.

Students will receive at least 100 hours of face-to-face supervision during the program. Supervision of some form will occur at least once every week in which students have direct client contact hours. Supervisors may require more individual, live, or other supervision in practicum, if they deem that it is necessary for adequate student development. **Students are responsible for making sure that they get the appropriate supervision each month.**

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 think that therapy would be helpful or necessary, we will be happy to provide referrals. If you have questions about this, please talk to your supervisor or the Program Director.

3. Professionalism

You are expected to always present yourselves professionally 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 case notes as needed.

4. Dress Code

Professional dress is expected when seeing clients, in person or remotely, at the Behavioral Health Clinic at the Sorenson Center for Clinical Excellence and at any of the Advanced Practicum Sites. Students should dress as if they were practicing as professional licensed therapists in the community. If the supervisor believes the dress of a student may interfere with a client and/or their treatment, steps will be taken to ensure this is corrected on an individual basis. If students feel their dress is professional and does not interfere after being approached regarding a potential concern, they may follow the grievance policy outlined in the policies and procedures manual.

C. 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 each week 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 unavailable.

2. Teammates and Backup

During Spring semester of your first year, an approved supervisor is required to be behind the mirror. After that—beginning in Summer semester—you are required to have a therapist teammate behind the mirror. You are expected to be a good citizen of the program by dedicating similar amounts of time as cohort members to being a teammate behind the mirror. Record teammate names in the comment section of the PNC calendar. After Summer semester, your supervisor may approve of you conducting therapy without observation any time the clinic is open.

3. Vacation Requests

Once you begin seeing clients, you must inform your practicum supervisor, CCR, and complete an MFT vacation approval form (see MFT Vacation Request Form) if you will be unavailable or out of town for **longer than three business days**.

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 CCR, and the backup therapist and noted on the vacation approval form. Once the form has been completed and signed, turn it into the CCR (**at least two weeks in advance**) so it can be updated on the PNC calendar, along with your backup's name in the 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 may 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**. Except for when you are nearing graduation, this is a rare occurrence. The client(s) 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 to 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: The clients you see at your advanced practicum sites (and at the Sorenson Center) belong to those respective sites. When you graduate, it is not appropriate to take your clients with you. Rather, you should have a discussion with your site supervisor about clients who may not be finished with therapy and explore transferring them within that site. If on a rare occasion a client wishes to continue with you at a new site *and it is in the best interests of the client*, this must be negotiated directly with your site supervisor.

Please use the following procedures:

- a. Discuss the case with your site supervisor and explore options, including potential therapists to whom you can transfer your clients.

- b. Inform the family *in session* of the 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. Discuss the case with the potential therapist and obtain permission for the next steps from the site supervisor. If transferring, 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, with regular consultation from your supervisor.
- 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. [Sorenson Center]: Inform the CCR of the successful transfer.
- f. Be sure that your paperwork is up to date. Make sure the case and electronic notes are properly transferred to the new therapist.
- 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 (435) 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 you don't want a client to be aware that you are contacting the police.

D. 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.

b. Contact hours requirements

Students will complete a minimum of 400 supervised client contact hours. At least 150 of the required 400 hours of client contact must be with couples or families present in the therapy room (i.e., direct relational hours). Groups conducted with residents in

residential treatment centers may count as relational hours.

c. Observation Hours

We also require at least 100 observation hours to graduate from our program. The primary way of doing this is as an active team member behind the mirror on each other's cases who helps in planning, observing, and debriefing.

d. Recording of hours

You are expected to record your hours weekly. You will receive an updated report of your accumulated client contact and supervision hours once each month. To ensure this, your hours spreadsheet must be updated by the 5th of every month. Failure to do this may result in a reduced practicum grade and/or a remediation plan. Copies of your accumulated hours are kept in your clinical file.

e. Extenuating circumstances

Our commitment to you is to help you become a therapist who delivers high quality care to your clients. The hour requirements and our intensive supervision efforts are an effort to ensure that result. If a circumstance arises (e.g., a major personal life event or other contextual factors) that directly impedes your ability to attain the 400 direct client hours requirement, you may petition the MFT faculty for an exception. If granted, this exception allows you to graduate from our program with a minimum of 350 direct client contact hours.

You must submit an Initial Request for an Hours Exception to all MFT faculty by February 1 of your second year. This consists of (1) an explanation of where you are at with your hours and your concerns about being able to attain the standard 400 direct client hours, (2) a brief explanation of the extenuating circumstance(s) that precipitated the issues, and (3) an action plan detailing your efforts to try to mitigate the issue(s).

Your advisor—representing the MFT faculty—will then meet with you and discuss your proposal. Your advisor will outline any additional steps that need to be taken to attain the full 400 hours. By April 1 of that same semester, you will submit a formal, written Request for an Hours Exception. This will include your total hours to that point, your extenuating circumstance, and the efforts you have made since the initial request.

The MFT faculty will then review your request. Any of the following issues will disqualify you from an exception: (1) you have not reached at least 350 direct client hours and 150 relational hours; (2) you have not reached the minimum number of 100 observation hours, (2) the extenuating circumstance is not of sufficient significance to limit your attainment of the 400 total hours; (3) you have not made adequate efforts to attain the 400 total hours since your initial request; (4) you have not reached the benchmark in the assessment of your core therapeutic skills (i.e., a minimum average score of six on the ACTS completed by your program supervisor and advanced practicum supervisor); and/or (5) you have not passed your TOC paper and presentation. If your request is denied, you will be required to take an incomplete grade in practicum and work during the summer to reach the standard hours requirements (e.g., 400 direct client hours and 150 direct client relational hours).

E. Termination Procedures

Closing client files consists of closing the file in PNC and receiving practicum supervisor approval. 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, the therapist should send a proposed termination letter to the client and close the file within one week of sending the letter.

F. Advanced Practicum

Typically, interviews occur mid-Spring semester of your first year. **Please consult regularly with the MFT faculty during this process.** AP 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 on a limited basis. For liability reasons, students *must* have a completed and fully signed contract and example of the client Informed Consent for Treatment form on file **before** they may conduct therapy.

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.

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 difficult 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 of determining whether a student should receive remediation requires the utmost sensitivity to the parts of all involved. What follows are guidelines for determining whether 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 need to be addressed to ensure success in our program and beyond.

A. Categories of Deficiencies

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. This includes making *efforts to resolve personal problems* or, after engaging in therapy, making sufficient changes to continue in the practice of marriage and family therapy.

4. Students are expected to *perform well in class and to behave professionally* with other students and faculty. Students must always maintain a 3.00 grade point average while enrolled in program. If they drop below that threshold, they have one “grace” semester to get their grade point average above 3.00. If this does not occur, they will be removed from the program. If students earn more than one “C” in the program, they will also be removed from the program.

5. Students are expected to *maintain ethical and legal obligations* to clients as outlined in Utah law and the AAMFT code of ethics. This includes the timely completion of your case notes (within 48 hours of session completion). In addition, it is especially important to preserve confidentiality, including the client's identity. Confidentiality is violated 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 formal 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. 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 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 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 removed from the program. They will meet with the MFT faculty to discuss the situation and will receive a letter from the program faculty 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 CONCERN/GRIEVANCE PROCEDURES

USU MARRIAGE AND FAMILY THERAPY PREAMBLE

The key to maintaining a high level of trust and openness lies not so much in the establishment of standards of professional conduct or procedures for concerns and/or grievances, 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 are fostered for all individuals in the program.
- e. Communication between members is respectful and, whenever possible, direct. Excessive reliance on faculty or cohort members, and secret-keeping is to be avoided.
- 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. Prejudice and discrimination of any kind, whether overt or subtle, are 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. Refrain from making comments that you 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, and academic work. Good feedback should be descriptive and ideally should be done in conjunction with student self-evaluation on the same performance criteria. Criteria unrelated to the students' 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 Procedure for Concerns and/or Grievances

1. If a concern/conflict arises between students in the program, it is the responsibility of the aggrieved student(s) to initiate communication with the other student(s) and use conflict management and problem-solving skills to resolve the concern/conflict to the satisfaction of all involved. This means that involved 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 because of this initial contact and subsequently the involved student(s) perceives the trigger situation to continue, then the involved student(s) should initiate a second contact with the other student(s) of

their concern and seek further resolution to the issue. That is, involved students are expected to persist in resolving problems with other students directly through a second effort if possible.

3. Should this second effort fail to satisfy the involved student(s) or if the other student(s) refuse(s) 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) to arrange for a mediation session. (The faculty member may also assume an advisory role if there has been a violation of MFT policies or procedures, or breach of ethical standards.)

4. Concerns involving faculty and/or 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 concern is with the program director, the student can meet with the graduate coordinator and/or the department head.

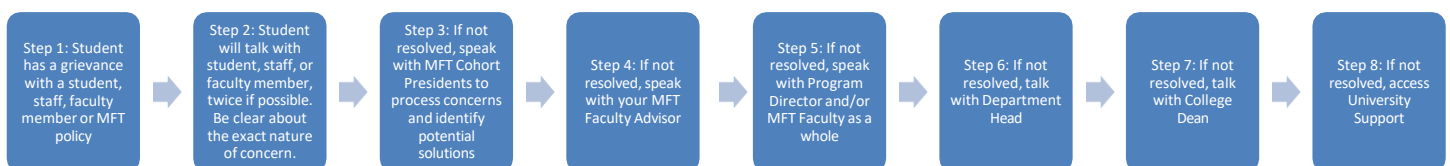
5. If the matter is still not resolved, the student is referred to [Article VII of the Code of Policies and Procedures for students at Utah State University](#)

6. 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; or 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.

7. Students should be aware that a [formal grievance procedure](#) exists at university levels. Proper inquiry related to these procedures can again be found in [Article VII](#).

8. 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 Concern and/or Grievance



Students may bypass a step if the grievance involves the person mentioned in that step. However, every effort must be made to utilize each step as outlined above and not escalating an issue to a step outside of the recommended next 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

Name: _____

Date: _____

I have read and agree to abide with and be governed by policies outlined in the USU MFT Policies and Procedures Manual, including:

- ☐ The introduction to the MFT Clinic
- ☐ Client-related procedures, including intake
- ☐ Confidentiality (including limits to confidentiality), release forms, consultation, and paperwork procedures.
- ☐ Rules regarding recording client contact and supervision hours
- ☐ Academic criteria for remaining in the program
- ☐ MFT curriculum requirements
- ☐ Remediation process
- ☐ Procedures for counseling students out of the program
- ☐ Theory of Change project requirements
- ☐ I am also aware that I can find policies and procedures related to departmental and university procedures on the University's website.

Signature _____

Date: _____

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, except within 6 weeks of final defense.

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 GPC.

Be sure to read ALL this document CAREFULLY!!

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

- Use your a#@usu.edu email address
- Degree sought: MS or MMFT
- Department: DPFCHD
- Plan A (for MS students; Plan B for MMFT)

Transfer Credits must be approved by the Program Director and cannot be used toward a previous degree. These should be noted on the Program of Study and will be verified by the GPC. (For PhD students, transfer credits must also be approved by the graduate committee and should be provided to the committee prior to the beginning of the first semester.)

<i>If you entered the program in an odd-numbered year, use the following:</i>	
Fall (1 st Year) HDFS 6060/6070 Human Development OR Family Theories HDFS 6310 Core Systemic Therapy Skills HDFS 6325 Effective Socio-Cultural Systemic Treatment HDFS 6370 Systemic Assessment and Diagnosis	Spring (1 st Year) HDFS 6320 Systemic Therapy Theory and Models HDFS 6330 Couples and Systemic Sex Therapy HDFS 6355 Treating Children, Adolescents, & Families HDFS 6390 MFT Clinical Practicum (4-5 credits)
Summer (1 st Year) HDFS 6390 MFT Clinical Practicum (1-2 credits)	NA
Fall (2 nd Year) HDFS 6360 Ethical Systemic Practice HDFS 6400 Systemic Treatment of Trauma &	Spring (2 nd Year) HDFS 6340 Collaborative Healthcare & Psychopharmacology

Violence HDFS 6380 Using Research to Enhance Clinical Effectiveness HDFS 6390 MFT Clinical Practicum (4-5 credits)	HDFS 6350 Systemic Treatment of Addiction HDFS 6390 MFT Clinical Practicum (4-5 credits)
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<i>If you entered the program in an even-numbered year, use the following:</i>	
Fall (1 st Year) HDFS 6310 Core Systemic Therapy Skills HDFS **** Systemic Treatment of Trauma & Violence HDFS 6360 Ethical Systemic Practice HDFS 6380 Using Research to Enhance Clinical Effectiveness	Spring (1 st Year) HDFS 6320 Systemic Therapy Theory and Models HDFS 6340 Collaborative Healthcare & Psychopharmacology HDFS 6350 Systemic Treatment of Addiction HDFS 6390 MFT Clinical Practicum (4-5 credits)
Summer (1 st Year) HDFS 6390 MFT Clinical Practicum (1-2 credits)	NA
Fall (2 nd Year) HDFS 6060/6070 Human Development OR Family Theories HDFS 6325 Effective Socio-Cultural Systemic Treatment HDFS 6370 Systemic Assessment and Diagnosis HDFS 6390 MFT Clinical Practicum (4-5 credits)	Spring (2 nd Year) HDFS 6330 Couples and Systemic Sex Therapy HDFS 6355 Treating Children, Adolescents & Families HDFS 6390 MFT Clinical Practicum (4-5 credits)

Notes and important information

- Thesis Track: HDFS 6970 Thesis may be spread out as you desire (credits to total 6)
- Extra requirements (both MS and MMFT students): Successful completion of 400 clinical hours, 100 supervision hours, and theory of change project.
- You can change your Program of Study easily after it has been filed by contacting the HDFS program coordinator. However, this *must* be approved by your committee.
- Register for at least 1 credit of practicum each semester and a total of 16 for the program.
- If you have finished 6 credits of HDFS 6970 but have not completed your thesis, you will need to register for at least one graduate credit in the semester in which you defend your thesis. You may continue doing therapy at your practicum sites (if approved by the site and the MFT faculty) for *up to one year* after finishing coursework and clinical hours. You must register for at least one credit of practicum during those semesters, which can cover the one credit requirement in the semester you defend your thesis. If you are not doing therapy during that time, you will need to sign up for one credit of HDFS 6990 Continuing Advisement to cover the requirement.

Typical Thesis Structure (Finalize with Advisor)

Chapter 1: Introduction

- Statement of the problem
- Definition of terms
- Background of the problem
- Significance of the study

Chapter 2: Literature Review

- Theoretical framework
- Review of literature related to your topic
- Identification of gaps in the scholarly literature
- Purpose of the study
- Research questions or hypotheses

Chapter 3: Methodology

- Research design (qualitative, quantitative, or mixed methods)
- Recruitment and Sampling
- Procedures
- Measures
- Analytic Plan

Chapter 4: Results

- Presentation of findings

Chapter 5: Discussion and Conclusion

- Summary of findings
- Interpretation of results in the context of literature
- Implications (including those for clinical practice)
- Limitations and Implications for future research
- Final conclusions

Important Tips

- **Start early:** The thesis is a long process—plan backwards from your graduation date.
- **Meet regularly with your chair:** Consistent feedback keeps you on track.
- **Stay organized:** Use citation management software (e.g., Zotero, EndNote).
- **Use USU resources** Writing Center, Library Services, IRB
- **Adhere to USU Graduate School formatting guidelines**

Theory of Change Project

The Theory of Therapy and Change (TOC) project is an opportunity for you to integrate your understanding of various theories and skills into a personal model that reflects and drives how you do therapy. Your model should be theory driven and allow you to articulate and demonstrate your ideas about theory, intervention, and 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, and understand why it is that your interventions effectively promote change.

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 of 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 represents the paradigm or lens through which you view people and their contexts. This includes your values, ideologies, beliefs about human nature, etc.

Section 3: Healthy Development and How Problems Arise (2-3 pages)

In this section, you will first address factors that you feel are important in individual and relationship development. Then you will explain—within this developmental context—how problems arise in the lives of individuals, couples, and families. Whether or not explicitly mentioned, use terminology from your model as a guide to identify specific elements of individual and relationship experiences that are important to you.

Section 4: Assessment/Diagnosis (~1 page)

In this section, you will explain your philosophy of assessment and diagnosis within the therapeutic context. Make sure to address the role of assessment and diagnosis in your work and how you use them to inform the treatment process.

Section 5: How Change Occurs (~2-3 pages)

In this section, you will talk about how change occurs generally. 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 6: Goals, Interventions, and Your Role (~3-5 pages)

This is one of the most important sections of your paper. You will explain *how* you facilitate 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 you use to help clients meet their goals. You will also need to address your role as the therapist in helping clients move towards change. Unless addressed elsewhere in the TOC, it is also important to address your responsibility toward ethical practice and cultural humility.

Section 7: Case Illustration (~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. It should also include actual clinical data to highlight how you know that you have achieved clinically significant change.

Section 8: Conclusion (~1/2 page)

In this section, 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 changed over time, the strengths you have discovered, and the next steps in your development as an MFT.

NOTE: You will also need to weave into your TOC your philosophies regarding respect and inclusion of all clients and your commitment to ethics, as those sections will be graded separately and are required for graduation.

TOC Timeline

During the first semester of your first year, in HDFS 6310, you will develop sections 2 and 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.

In HDFS 6320, you will develop sections 5 and 6. 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 work on incorporating all the feedback you have

received. Section 4 will be addressed in HDFS 6370 (taught in Fall of odd years).

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 TOC to your major professor. Your advisor will review and provide feedback by **February 28th**. If deemed necessary, your advisor may request that other MFT faculty review your paper.

You will then further polish your paper and resubmit it on **March 31**. Your advisor will review and score the TOC by **April 15**. Review by additional faculty members will only occur as needed. You will find out if you pass and whether any additional changes are needed before the presentation.

Miscellaneous Details

- 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 (7th edition) format

Theory of Therapy and Change Presentation

The TOC presentations typically consist of two components. (1) You provide a video demonstration of your model to MFT faculty and students. This is typically from 1:00 – 3:00 PM on the final practicum day for the 2nd years. (2) You provide a more general presentation of your model and theory of therapy to MFT faculty, students, and invited guests. This typically occurs from 9:00 AM to 1:00 PM on Monday of 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.

Your video presentation should be 10 minutes to present your ideas and video, and 5 minutes for questions. For your more general presentation, 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. This presentation is 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.

All students must attend the TOC presentations **in-person**. First year students are required to read all the TOC 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 to provide presenting students with your feedback.

Theory of Change Grading Rubric

Student Name _____

World View/Theoretical Formulation

Inadequate < 7	Emerging 7	Meets expectations 8	Exceeds Expectations 9	Exceptional 10	____/10
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Healthy Development and How Problems Arise

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

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

Inadequate < 7	Emerging 7	Meets expectations 8	Exceeds Expectations 9	Exceptional 10	____/10
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Goals, Interventions, and Your Therapeutic Role

Inadequate < 7	Emerging 7	Meets expectations 8	Exceeds Expectations 9	Exceptional 10	____/20
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Integration of Respect and Inclusion of Clients

Inadequate < 7	Emerging 7	Meets expectations 8	Exceeds Expectations 9	Exceptional 10	____/10
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Integration of Ethical Principles

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

Inadequate < 7	Emerging 7	Meets expectations 8	Exceeds Expectations 9	Exceptional 10	____/20
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Total Score _____/100
Competence for Theory of Change minimum of 80

Assessment of Core Therapeutic Skills

	Deficient	Emerging Skills	Competence	Exceptional Skills	NA
1. Establishing therapeutic relationships Comment:	1-2	3-4-5	6-7-8	9-10	
2. Engendering hope Comment:	1-2	3-4-5	6-7-8	9-10	
3. Joining and establishing a therapeutic alliance Comment:	1-2	3-4-5	6-7-8	9-10	
4. Deescalating Comment:	1-2	3-4-5	6-7-8	9-10	
5. Identification of presenting problems Comment:	1-2	3-4-5	6-7-8	9-10	
6. Establishing therapy goals with the system Comment:	1-2	3-4-5	6-7-8	9-10	
7. Effective use of relational/reflexive questions Comment:	1-2	3-4-5	6-7-8	9-10	
8. Safety planning Comment:	1-2	3-4-5	6-7-8	9-10	
9. Utilization of current research in clinical practice Comment:	1-2	3-4-5	6-7-8	9-10	
10. Engaging each family member without becoming triangulated Comment:	1-2	3-4-5	6-7-8	9-10	

11 Softening	1-2	3-4-5	6-7-8	9-10
. Comment:				
12 Effective use of theoretical model of choice	1-2	3-4-5	6-7-8	9-10
. Comment:				
13 Identification of family strengths	1-2	3-4-5	6-7-8	9-10
. Comment:				
14 Evaluation of therapeutic effectiveness	1-2	3-4-5	6-7-8	9-10
. Comment:				
15 Professionalism	1-2	3-4-5	6-7-8	9-10
. Comment:				
16 Ethical practice	1-2	3-4-5	6-7-8	9-10
. Comment:				
17 Cultural competence	1-2	3-4-5	6-7-8	9-10
. Comment:				

MFT Student Graduation Tracking Sheet and SLO Verification

Student _____

Year Entered Program _____

Requirement	Completed
SLO 1: Students will demonstrate the knowledge of relational/systemic approaches and the ability to integrate these ideas into their clinical practice	
Theory of Therapy and Change (TOC) Project Minimum total score of 80	Total Score: _____ / 100
Theory of Therapy & Change Presentation Score of passing	Pass: _____ Fail: _____
SLO 2: Students will demonstrate the ability to assess, diagnose, treat, and manage clients.	
Assessment of Core Therapeutic Skills Average score of at least 6 (out of 10)	Average Score: _____ / 10
SLO 3: Students will demonstrate the ability to identify and apply professional standards for fostering awareness and respect of clients' identities, backgrounds, and contextual experiences.	
TOC Project – Respect & Inclusion of Clients Section Minimum score of 8 (out of 10)	Score: _____ / 10
Effective Socio-Cultural Treatment Capstone Minimum total score of 80%	Score: _____%
SLO 4: Students will demonstrate the ability to identify and apply ethical principles and decision making to their clinical practice	
TOC Project – Ethical Principles Section Minimum score of 8 (out of 10)	Score: _____ / 10
Ethical Systemic Practice Capstone Minimum total score of 80%	Score: _____%
SLO 5: Students will demonstrate the ability to begin interpreting and integrating scholarly research into their clinical practice.	
Clinical Research Portfolio Minimum total score of 80%	Score: _____%

MFT Required Courses:	
_____ 6060 or 6070 Human Development or Family Theories	_____ 6355 Treating Children, Adolescents, and Families
_____ 6310 Core Systemic Therapy Skills	_____ 6360 Ethical Systemic Practice
_____ 6320 Systemic Therapy Theory & Models	_____ 63** Systemic Treatment of Trauma & Violence
_____ 6325 Effective Socio-Cultural Systemic Treatment	_____ 6370 Systemic Assessment and Diagnosis
_____ 6330 Couples and Systemic Sex Therapy	_____ 6380 Using Research to Enhance Clinical Effectiveness
_____ 6340 Collaborative Healthcare & Psychopharmacology	_____ 6390 MFT Clinical Practicum (16 credits)
_____ 6350 Systemic Treatment of Addiction	_____ 6970 Thesis (if applicable, 6 credits)
Miscellaneous:	
_____ OSCE	_____ Advance Practicum Contract(s) signed
_____ Trainings (HIPAA) & Memberships (AAMFT/UAMFT)	Direct Hours: _____ Relational Direct Hours: _____
_____ Supervisory Committee _____ Program of Study	Observation Hours: _____ Supervision Hours: _____
_____ Marketing Hours	_____ Clinical Offboarding

MFT Vacation Request Form

Therapist Name _____ Date _____

Dates Out of Office _____

At least two weeks prior? Y N

Clients contacted?	Y	N
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Travel Form turned into Staff Assistant?	Y	N

PNC updated? (Cancel appointments)	Y	N
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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: _____

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: _____

Approval signature MFT Director _____ Date _____

Approval signature MFT Supervisor_____ Date_____

Approval signature AP Site _____ Date _____

*****Once completed and signed, turn into the Client Care Representative**

Racial and Cultural Composition of Faculty, Students and Supervisors

Item	Current Students	Graduates	Faculty	Supervisors
Year				
1st	8	Not Applicable		
2nd	8			
3rd	0			
4th +	0			
Gender				
Female	11	67	0	0
Male	6	52	3	3
Ethnicity				
Nonresident	0	1	0	0
Black, non-Hispanic	0	3	0	0
American Indian/Alaskan Native	0	3	0	0
Asian/Pacific Islander	0	4	0	0
Hispanic	1	7	0	0
White, non-Hispanic	15	112	3	3