

MCFT

**LEWIS & CLARK COLLEGE
GRADUATE SCHOOL OF EDUCATION AND
COUNSELING**

Marriage, Couple and Family Therapy Program

Clinical Training Handbook

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Welcome to Practicum, Internship and Externship!

Starting your practicum¹, internship² and externship³ is an important milestone in your development as a family therapist. You have been preparing for this since you entered the Lewis & Clark Marriage, Couple and Family Therapy (MCFT) program. Being in the role of a family therapist can be exciting as well as anxiety producing. This manual will help give you some of the basics relative to the process of supervision, your practicum and internship courses, professional development, and maintaining healthy relationships with colleagues, supervisors, agencies and clients. It also includes practical information you will need to meet academic requirements.

A Word on Professional Development

Therapists-in-training grow and develop in predictable and unique ways. It is important that you attend to your own development. In the long run, those therapists who are self-reflective without being overly self-critical are more likely to meet their goals of becoming highly competent practitioners.

It is tempting to compare yourself with your colleagues, leading to over valuing or under valuing yourself relative to your particular stage of development. The journey is filled with stops and starts, unique turns, personal challenges, amazing successes, inspirational moments, uncomfortable realizations, and transformative challenges. It is not easy to predict what is coming. For example some people start very strong and confident only to find they are bumping up against difficult growing experiences down the road. Others may be very quiet or nervous at first, but their ability to self-reflect moves them steadily toward remarkable competence.

There are some traits that seem to serve us well as family therapists. This list is not complete, but represents important personal and professional qualities that you may want to recognize and enhance in yourself:

Humility	Counterintuitive, systemic thinking
Empathy/ Compassion	Genuine respect and regard for colleagues, clients and supervisors
Integrity	Willingness and eagerness to continually learn
Self-awareness	A positive, hopeful attitude
Social awareness	Accountability
Ability to understand multiple perspectives	
Courage to engage in difficult conversations	

¹ Practicum: First three-month period of a student's placement, see additional description on page 6

² Internship: Clinical training completed at Lewis & Clark Community Counseling Center

³ Externship: Clinical training completed at a community mental health agency

We encourage you to carefully cultivate who you are and can become as a therapist. Develop your strengths and face your growing edges. It is also important to remember that the qualities and abilities therapists need vary with different contexts.

Placement Process

Students complete a 15-month externship in a community setting. Prior to beginning the placement process, all students will undergo a readiness to practice review conducted by MCFT faculty. This review will include an overall assessment of students' preparedness through completion of coursework, the Counseling Readiness Rating Skill checklist, Professional Qualities Evaluation and other supporting materials such as your Professional Development Portfolio (see MCFT Student Handbook).

During Fall term of your second year, you will be given a list of agencies that have been pre-approved as placement sites for MCFT students. These agencies will be in settings such as community mental health centers, hospitals, schools, and governmental agencies. Students may not work independently. The Clinical Coordinator and site supervisors determine the number of placements available at each site yearly. The Clinical Coordinator acts as a liaison between L&C and your agency supervisor as needed. If you are particularly interested in a different site, you may discuss this with the Clinical Coordinator or Placement Coordinator early in the process, preferably in the fall before placements are considered. Typical timelines are as follows:

Beginning of October	CV turned into Clinical Coordinator for review in preparation for Internship Fair
End of October	Faculty review of students for readiness to practice Internship/Externship Fair (Bring CVs)
January 6th- February 14th	Interviews at sites occur
March 3rd	Agency representatives and students turn in 'Externship Preference Forms' to Clinical Coordinator
March 21st	Placements are announced
End of March	Students have accepted placements
Mid- April	Signed practicum/externship agreement is due Proof of liability insurance is due Start dates and agency orientations are scheduled
Beginning of Summer Semester (Typically first week of May)	Students begin working at sites

Lewis & Clark Community Counseling Center Design

Students will receive clinical training at the Lewis & Clark College Community Counseling Center (L&C CCC) concurrently with their community externship placement. This involves a four-semester sequence during which you provide MCFT services at the L&C CCC one full day a week for 12 months (3 semesters), receive in-depth live supervision, and learn to integrate social justice into family therapy.⁴ During the final semester students participate in group supervision by MCFT program faculty while completing their externships. This allows students to integrate their clinical experiences and hone their skills in systemic practice.

The first semester of the sequence (2nd summer) students register for MCFT 580 Practicum in Marriage, Couple & Family Therapy. Depending on the externship site and schedule requirements, students will be assigned to a training day at the L&C CCC on a Monday, Tuesday or Wednesday (days may change with prior notice). Subsequent semesters students register for MCFT 582 Internship in Marriage, Couple, and Family Therapy. Each of these courses include supervised externship experience and the L&C internship.

Training and practice at the L&C CCC are based on a team approach. Although each supervisor may structure team practice somewhat differently, the expectation is that observers behind the mirror or video camera take an active role in developing and providing the therapy. This could include times when multiple team members participate in reflecting teams or otherwise engage directly with clients; other times the team's involvement may be behind the scenes, but it is always a significant contribution to the therapy. Therapists in session with clients are not independently responsible for the therapy; rather, the team is responsible for the therapy.

Special Clinical Trainee status is for students who provide unique skill sets (i.e. fully bilingual) and are able to provide therapy at the L&C CCC prior to reaching clinical internship status. They must be recommended by faculty to begin obtaining clinical hours prior to enrolling into the MCFT 580 Practicum in Marriage, Couple & Family Therapy course. This Special Clinical Trainee status is granted on an individual basis and must be approved by the Clinical Coordinator and Program Director. Students will then be assigned to a faculty member who will supervise their clinical rotation.

⁴ Transformative Family Therapy is suggested as one possible modality illustrating a clear social justice approach

Required Practicum/Internship/Externship Paperwork

Prior to Practicum, Internship and Externship

Background check	During MCFT 502
CV/resume	October meeting
Practicum/externship agreement	April 15th
Proof of insurance and AAMFT membership	April 15th

Internship/ Practicum

Internship agreement	First class of internship at L&C CCC
Clinical hour forms*	End of each month
Supervisee evaluation form*	Last day of MCFT 580
Supervisor evaluation form*	Last day of MCFT 580

Internship/ Externship I

Portfolios to assigned program advisers	October 1st
Clinical hour forms*	End of each month
Supervisee evaluation form*	Last day of MCFT 582
Supervisor evaluation form*	Last day of MCFT 582

Internship/ Externship II

Clinical hour forms*	End of each month
Supervisee evaluation form*	Last day of MCFT 582
Supervisor evaluation form*	Last day of MCFT 582
Philosophy of therapy statement	Last day of MCFT 582
Updated CV	Last day of MCFT 582

Internship/ Externship III

Clinical hour forms*	End of each month
Supervisee evaluation form*	Last day of MCFT 582
Supervisor evaluation form*	Last day of MCFT 582
Site evaluation form for externships	Last day of MCFT 582
National exam practice test	Prior to end of MCFT 582

* Forms are required for both Internship & Practicum/Externship. It is the student's responsibility to submit completed forms to Program Assistant at end of each month/semester.

Supervision

Ongoing clinical supervision is required of all MCFT students in clinical practice at any practicum, internship or externship site. This meets the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) requirement that students receive ongoing individual supervision of their clinical work from a qualified MFT supervisor. It also meets the practice requirements of Lewis & Clark's MCFT graduate program and requirements for training established by the State of Oregon.

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

Your individual supervisor provides oversight for all of your clinical cases. It is essential that you keep him or her apprised of all of your cases and of any urgent situations that arise (e.g., high risk situations, times when you may need to report abuse or neglect). Individual supervision allows students to work in-depth on their developing clinical skills and to both give and receive detailed ongoing feedback from a colleague and supervisor.

Group supervision provides you with additional case supervision and training in applying family therapy theory and models across varied contexts with diverse populations. Group supervision provides a venue for students to consider many perspectives and approaches to working with families. Both individual and group supervision give you the opportunity to review your clinical practice in depth and to encourage your ongoing development as a family therapist. Individual and group supervision also serve in different ways as contexts in which you will be encouraged to explore yourself as a therapist (i.e., self of the therapist) relative to your world view, assumptions, relational styles, and so on.

If you are dealing with a clinically urgent situation, you should first call your primary agency supervisor, if primary supervisor is not available contact your secondary agency supervisor.

You are required in supervision to:

- Attend and actively participate in all scheduled supervision meetings.
- Be open to feedback from your supervisor and peers.

- Meet with your supervisor individually when requested.
- Keep your supervisor informed regarding the status of all of your cases.
- Contact your supervisor immediately should you encounter a clinical emergency or suspect the need to report abuse or neglect.
- During the first few minutes of supervision, inform your supervisor of any emergency/urgent situations that need to be handled during the supervision time.
- Let your supervisor know when supervision is and isn't "working" for you so that you can maintain a positive working relationship.
- Be involved and offer input about all cases presented during supervision, even if you are not directly seeing the clients.
- Use time efficiently during supervision. Being prepared to talk about a case and thinking through your goals ahead of time makes the process more vital for everyone involved.
- Review video recordings from your sessions or your peers' session in a timely manner at the L&C CCC or on campus.
- When presenting a video, cue the parts of the tape you want to watch in supervision. This saves searching for pertinent data.
- Make sure you use pseudonyms and remove all identifying information from any cases you present in supervision and class or use as examples to complete assignments in order to protect client confidentiality.
- Maintain contact and respond in a timely manner to clients and other professionals.
- Complete any additional requirements agreed on by you and your supervisor(s)

You will be required to obtain a video camera and an encrypted flash drive in order to record sessions and transport the data in compliance with HIPAA laws. Begin videotaping your work as soon as you start seeing clients and take your videos to supervision, both on site and (when requested) at LC. (see Informed Consent to Videotape, App. A)

Hour Requirements

Your practicum/internship/externship experience continues without interruption, except for established holidays, until you have demonstrated minimal clinical competency requirements for graduation. This includes at least one and a third calendar years – a minimum of four academic semesters. Of a total of 20 hours per week spent at your agency site during this time, approximately 8-12 are to be spent in direct client contact with individuals, couples, groups, and families (see Hour Log, App. B). An additional 8 hours a week are spent at the L&C CCC.

Direct client contact is defined as face-to-face (therapist and client) therapeutic intervention. When working as part of a team (such as at the LC Community Counseling Center) all members of the team

may count as direct client contact, provided the team is actively engaged in observing, discussing, and participating in the ongoing work with the case, with the supervisor in the room. The balance of this time is to be spent in supervision, record keeping, and participation in other clinical activities of the agency. In order to graduate, students must complete:

- A minimum of 100 hours of supervision (as defined below, p. 9)
- A total of 500 face-to-face contact hours. Of these, a
 - Minimum of 250 hours must be relational hours
 - Up to 250 hours may be individual hours
 - Up to 100 of the 500 total hours may be individual or family group
 - Up to 100 of the 500 total hours may be individual or relational alternative hours
 - An additional 100 hours of staff meetings, case management, and related activity is also required
- A relational contact hour is direct client contact time in which couples or families are present in the therapy room. If only one client is physically present with the therapist, the time is not considered relational. If more than one client is present, but the clients are not related to each other, the time is not considered relational. Work with multiple clients in relationship with each other and/or the focus of the therapy is on the relationship of those present, or work with related clients by electronic means (such as including a family member via phone or Skype) must be approved by the Clinical Coordinator in order to be counted as relational hours.
- Alternative hours may include doing therapy as part of a team as well as activities such as joining a parent for a school conference or teaching a psychoeducational group. Please note that the client must be present. The Clinical Coordinator must approve alternative hours.
 - Students volunteering and/or sponsoring under faculty supervision can count their work at the clinic towards the 100 alternative hours. These hours must be pre-approved by the clinical coordinator and faculty supervisor.
- Supervision must be from an AAMFT Approved Supervisor, AAMFT Supervisor-in-Training or AAMFT Supervisor Equivalent as approved by the Program Director and Clinical Coordinator.
 - At least 50 of supervision hours must be based on raw data, i.e., video or audio tape or live observation. For example, a half-hour spent watching a therapy videotape, followed by an hour discussion counts as an hour and a half toward this 50 hour requirement.
 - An hour with a client and your supervisor in session counts as one contact hour and as one supervision hour.

- Supervision must take place in the ratio of at least one hour of supervision for each five hours of therapy.
- Up to 50 hours of supervision can be group supervision (up to 10 student therapists with an AAMFT Approved Supervisor)
- A minimum of 50 supervision hours must be individual supervision (1-2 student therapists with an AAMFT Approved Supervisor).
- Co-therapy is the equivalent of conducting therapy as a single therapist and hours should be counted accordingly.

Keep complete and ongoing records of all client contact and supervision hours. Site supervisors will provide rationale for counting hours according to their clinical model. Have your hours signed by your supervisor(s) each month. Practicum/Externship paperwork is signed by practicum/externship *and* internship supervisors. It is your responsibility to turn completed paperwork in to Program Assistant at the end of each month. Program Assistant will ensure they are placed in your student clinical file as a permanent record of your meeting required clinical and supervision hours. Student clinical file must be completed to be eligible for graduation.

The following guidelines are intended to help you stay on track to meet hour requirements within four semesters:

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

Raw Data

The majority of supervision (at least 50%) must be based on raw data (i.e., live observation/videotapes of sessions with clients, or co-therapy with your supervisor).

Video tape therapy sessions regularly and make arrangements for your supervisor to be involved in/observe live sessions whenever possible. Make sure you discuss videotape policies with your internship site supervisor and follow all policies regarding obtaining client consent and transporting sensitive clinical material. Students must be able to provide videotape representation of recent work to internship or externship supervisors upon request.

You are expected to have access to a video or audio recording device to use at your practicum/externship site in order to provide raw data to your supervisor. It is your responsibility to provide this data in a format that is accessible to your supervisor. In order to comply with HIPAA laws, transporting video from your site requires that you encrypt the data, using an encrypted flash drive.

You must treat video and audiotape with the utmost care to ensure confidentiality. Talk with your agency supervisor about how they expect you to store and transport video and audiotapes. You must never leave this data in your car, unlocked in your home, or in otherwise unsecured areas. You must

keep tapes with you and/or locked securely at all times. Video and audio tapes that you are not using should be erased or stored in a locked drawer at your placement site.

You may not remove client files from agencies without specific permission and only for professionally necessary reasons. You may not remove files to complete case notes or complete case notes outside of your agency.

You are not allowed to remove any files or video from the L&C Community Counseling Center. All tapes must be viewed at the center and/or under supervision on campus when available.

Goals for Clinical Experience

As stated in the program mission, the overall goal for an internship/externship is to prepare competent and effective professionals who practice relational therapy in ways that demonstrate: (a) integrity, compassion, and a sincere commitment to working with members of diverse groups, (b) excellent therapeutic skills with individuals, couples, and families, and (c) dedication to social justice and global citizenship.

During your clinical training you will be deepening your understanding of existing models of family therapy and how they may inform your work. You will also be exploring and eventually articulating your unique theoretical framework. Throughout the experience you will be asked to identify underlying assumptions that influence how you think about problems and solutions, the questions you ask in therapy and the directions you move in facilitating change. You will be asked to consistently bridge theory, research, and practice.

Your clinical training is also a time to further develop yourself as a professional in the field and to transition into your professional role.

Throughout your clinical experience and supervision, you will be working on numerous areas of your clinical work. This includes, but is not limited to, the AAMFT Core Competency subsidiary domains, which are focused on the types of skills or knowledge that MFTs must develop. These are: a) Conceptual, b) Perceptual, c) Executive, d) Evaluative, and e) Professional. Areas that will be included in your evaluation at the end of the semester include:

Therapeutic Relationship, e.g., conveying respect to client; attending to the therapeutic relationship; using self of the therapist

Conceptual Abilities, e.g., adopting a systemic view; attending to multiple systems; basing goals, hypotheses and interventions on theory

Contextual Awareness, Knowledge and Skill, e.g., acknowledging family development; attending to culture and context in therapy; incorporating awareness of gender, race, ethnicity, abilities, language, sexual orientation, etc.; integrating analysis of power and social justice/advocacy

Perceptual Competencies, e.g., identifying and intervening in patterns of interaction; distinguishing process from content; identifying self as part of the system

Structuring Therapy, e.g., organizing session; communicating clearly, precisely and effectively; establishing and reviewing goals

Intervention and Evaluative Skills, e.g., linking interventions to theory; recognizing impact of interventions on wider system; intervening intentionally consistently throughout the therapeutic relationship; following up on interventions; formulating and altering treatment plan as needed

Executive/Case Management, e.g., maintaining complete, relevant case notes in a timely manner; completing all required paperwork, letters, contacts, etc. in a professional and timely manner; contacting referral sources/other professionals involved in a timely manner and sharing relevant information; competing effective assessments and appropriately using the DSM IV

Professional Development, e.g., being prepared for supervision /seeking and incorporating feedback from supervisor; being aware of own professional development and self as a therapist; maintaining a professional image, professional boundaries, and positive relationships with colleagues

Other Specific Goals as defined by you and your supervisor

Professional Learning Community

It is essential for each of us to contribute to a positive, healthy learning environment during practicum-internship courses, individual supervision, and clinical experience. It is important that your clinical work and supervision groups are places you feel safe to share your experiences and to be open about your growth. This includes:

- Being collaborative rather than competitive
- Freely sharing your work
- Being open to input from supervisors, clients and colleagues
- Taking a stance of humility and curiosity
- Offering your clinical opinions as perspectives rather than truths

Problems sometimes arise in clinical training groups. You may get mixed input from supervisors. You may find yourself developing negative feelings toward a supervisor or colleague. You may even find that members of your clinical supervision group/dyad are at odds with each other. These types of situations can draw away from important learning opportunities and/or be used as opportunities for professional growth. When problems arise:

- Disrupt triangulation. Help each other by discerning when you are listening to resolve problems and when you are contributing to triangulation through your silence or agreement.
- When possible, resolve problems directly and soon after they arise.
- Remember that your attitudes and behaviors out of the therapy room ultimately affect clients and results in the therapy room.
- Take care of yourself – seek therapy if needed as you adjust to this new role.
- Don't keep secrets that are potentially damaging to anyone. If something is eating you up there is a reason.
- Engender hope and optimism in yourself and others. Focusing on the positive is a powerful tool in therapeutic, personal and professional relationships. Habitual negativity distracts from your own learning and unfairly takes away from the experiences of others.

Evaluations

The clinical competencies you are expected to develop during your practicum and internship/externship are based on the Core Competencies for practicing family therapy as identified by the American Association for Marriage and Family Therapy (AAMFT). You can find the original Core Competencies on the AAMFT website: www.aamft.org

The L&C MCFT Program Supervisee Evaluation (see App. C) reflects these competencies and the values of the L&C program. Evaluations become a part of the student's permanent record and must meet minimum competency requirements. Failure to meet clinical competencies may require you to extend your internship/externship semesters.

Near the end of each semester you will receive an evaluation from your individual supervisor(s). You are ultimately responsible to make sure the document is completed, signed, and turned in by the end of the semester. We encourage a collaborative evaluation process. This document is lengthy but ultimately is the most tangible evidence of your competence to enter the field.

You will also be required to complete an evaluation of each individual supervisor and turn it in by the end of each semester (see Supervisor Evaluation Form, App. D). Don't wait for evaluation time to make important points or discuss problems with supervisors. Give your supervisors input and discuss

issues as they occur so these can be resolved if possible. This is more respectful to the supervisor and better for your learning.

Give input about your placement site to your agency and L&C supervisors throughout your experience. At the end of your internship, before graduating, you are required to complete an evaluation of the site (See Internship Evaluation Form, App. E).

Ethics & Practice Guidelines

You must practice according to the American Association for Marriage and Family Therapy (AAMFT) code of ethics and the Oregon State Laws. Inform your individual supervisor, MCFT 580/582 instructor/group supervisor, and/or the program coordinator of any potential ethical or legal infractions you may be involved in or know about. Failure to practice according to legal and ethical guidelines may result in remedial action or dismissal from the MCFT program.

You must also practice according to all requirements given to you at your internship site. This includes completing all paper work and case management duties in a timely and thorough manner. Any questions or concerns you have about completing these requirements should be taken to your supervisor. Failure to practice according to agency policy and procedure may result in losing your placement and possible dismissal from the MCFT program.

Remember to:

- Let supervisors know if you suspect abuse, neglect, and potential harm
- Inform supervisor and/or program faculty if you have ethical concerns about your own or a colleague's behavior
- Anything that gives you a gut level feeling of discomfort should be discussed early
- Talking with others about ethical dilemmas is the most important first step in resolving them

Dress Code

Students contribute to the culture and reputation of the L&C CCC in the way they present themselves. A professional appearance is essential to a favorable impression with clients and the community at large. Good grooming and appropriate dress reflect the mission of our program.

Some basic essentials of appropriate dress include the need for clothing to be neat and clean, free of holes and not revealing of undergarments by way of the length, fit, or transparency of clothing. A reasonable standard of dress rules out any extreme in dress, accessory, fragrances or hair. It is

impossible and undesirable to define an absolute code for dress and fragrances. Faculty supervisors will exercise good discretion in guiding students to determine appropriateness in appearance.

Vacations

All clinical duties of your practicum, internship, externship, and the requirements of MCFT 580/582, must be maintained during academic breaks between semesters.

You are permitted to take up to a total of five weeks of vacation over your 15-month internship/externship. Vacations must be negotiated with your agency and approved by your agency and Lewis & Clark supervisors. Vacations will not be approved if you are behind on clinical or supervision hours. Regardless if the vacation is approved, you are responsible for completing required clinical and supervision hours for graduation. It is highly unlikely that you will be able to take two or more consecutive weeks off from clinical work as clients depend on your being available. Finally, time taken for personal reasons (e.g., weddings, death in the family, illness) is considered part of your vacation allowance.

Release of Educational Records

Students who request that L&C or agency supervisors act as references for job applications or otherwise request that information about their academic and/or clinical work be shared with others, must sign a release of educational records form for each request (See Consent to Release Educational Records, App. F). See the Navigator Student Handbook for additional information on student confidentiality (i.e., FERPA).

LEWIS & CLARK
GRADUATE SCHOOL OF EDUCATION AND COUNSELING
Department of Counseling Psychology
Marriage, Couple and Family Therapy Program

APP A

INFORMED CONSENT TO VIDEOTAPE

My signature below confirms that conditions of my consent to be videotaped have been explained to me, and I understand the following:

- I am not required to be videotaped and I am under no obligation to have this session recorded.
- I can withdraw my permission at any time during or after the session. My access to counseling services will not be affected by my decision not to be videotaped.
- I have the right to review this recording with my counselor during a counseling session.
- My counselor trainee receives supervision both at this location, _____, _____, and by faculty at Lewis & Clark College.
- This tape will be viewed during a supervisory group meeting at Lewis & Clark College by faculty and other counselor trainees as an educational opportunity to help train interns.
- Only my first name will be used or my name will not be mentioned; the contents of the tape will remain confidential within the supervision group of interns at Lewis & Clark College.
- The tape will be erased or destroyed upon completion of the supervisory and/or training review of this session.
- This consent expires 180 days from the date of my signature below. I may revoke this videotaping consent at any time prior to the expiration date by submitting to the counselor trainee a request to withdraw my permission.
- The original copy of this consent form will be kept in my records with this agency.
- I may contact the Counseling Psychology Department at Lewis & Clark College at any time with questions or concerns at 503-768-6060

(Signature of Client)

(Date)

(Signature of Client)

(Date)

(Signature of Parent/Guardian if Client is under 18)

(Date)

(Signature of Counselor)

(Date)

(Signature of Site Supervisor)

(Date)

HOUR LOG

Data can be Entered into Yellow Cells ONLY - handwritten forms will NOT be accepted

App B

SITE NAME:

Month 1 :

Internship ☐

Externship ☐

Alternate ☐

CLIENT CONTACT HOURS

Summer 1 ☐
(Practicum)

Fall ☐

Spring ☐

Summer 2 ☐

Modality	Individual	Couple (relational)	Family (relational)	Total Relational	Month Total
Individual				0	0
Group				0	0
Alternative				0	0
Prior Months Totals	0	0	0	0	0
Cumulative Totals (to date) for Semester	0	0	0	0	0

ADDITIONAL ACTIVITIES

This month

Total for Semester

Ratio of supervision to client contact hours:

(Should be >.20)

Case Management		0
Record Keeping		0
Staff Meetings		0
Workshops/Training		0
Consultation		0
Other (Specify)		0

Student Name (print):

Signature

SUPERVISION HOURS: Program Supervisor(s)

	Case Report	Live (raw data)	Video (raw data)	Audio (raw data)	Raw Subtotal	Month Total
Individual					0	0
Group					0	0
Prior Month's Totals	0	0	0	0	0	0
Cumulative Total (to date) for Semester	0	0	0	0	0	0

SUPERVISION HOURS: Site Supervisor(s)

	Case Report	Live (raw data)	Video (raw data)	Audio (raw data)	Raw Subtotal	Month Total
Individual					0	0
Group					0	0
Prior Month's Totals	0	0	0	0	0	0
Cumulative Total (to date) for Semester	0	0	0	0	0	0

Program Supervisor(s) Name:

Site Supervisor(s) Name:

Signature(s):

Signature(s)

Modality	Indiv	Couple (relational)	Family (relational)	Relational (add couple & family hours)		Total Hours (this month)
IND	Individual clients you saw by yourself or with a co-therapist	Couples you saw by yourself or with a co-therapist	Families you saw by yourself or with a co-therapist	Total couples and families you saw by yourself or with a co-therapist		
GRP	Groups you led or co-led that included numerous individuals not otherwise related	Groups you led or co-led that included couples attending group together	Groups you led or co-led that included family members attending group together	Total couple and family group hours		
Alternative	Hours spent with individual clients in activities related to, but not defined as "therapy", e.g., going to court with a child. OR Hours spent as part of a therapy team working with individual client but not as the primary therapist in the room, e.g., behind a one-way mirror MUST BE APPROVED BY L&C SUPERVISOR	Hours spent with couple clients in activities related to, but not defined as "therapy", e.g., attending a family services meeting. OR Hours spent as part of a therapy team working with couple client but not as the primary therapist in the room, e.g., behind a one-way mirror MUST BE APPROVED BY L&C SUPERVISOR	Hours spent with family clients in activities related to, but not defined as "therapy", e.g., attending a parent-child-teacher conference. OR Hours spent as part of a therapy team working with family client but not as the primary therapist in the room, e.g., behind a one-way mirror MUST BE APPROVED BY L&C SUPERVISOR	Total couple and family alternative hours (Not to exceed 100 for time in program)		
	Case Rpt	Live (raw data)	Video (raw data)	Audio (raw data)	Direct Obs. (add audio, video & live)	Total Supv. Hrs (this month)
IND	Individual supervision with no more than two supervisees based on notes and case discussion without raw data	Individual supervision with no more than two supervisees in which the supervisor is present in the room or behind a one-way mirror	Individual supervision with no more than two supervisees in which the supervision is based on viewing a video of a supervisee conducting therapy	Individual supervision with no more than two supervisees in which the supervision is based on listening to an audio tape of a supervisee conducting therapy	Audio + Video Individual Supervision	
GROUP	Group supervision with no more than ten supervisees based on notes and case discussion without raw data	Group supervision with no more than ten supervisees in which the supervisor is present in the room or behind a one-way mirror	Group supervision with no more than ten supervisees in which the supervision is based on viewing a video of a supervisee conducting therapy	Group supervision with no more than ten supervisees in which the supervision is based on listening to an audio tape of a supervisee conducting therapy	Audio + Video Group Supervision	
Alternative	N/A	N/A	N/A	N/A	N/A	N/A

LEWIS & CLARK
GRADUATE SCHOOL OF EDUCATION AND COUNSELING
Department of Counseling Psychology
Marriage, Couple and Family Therapy Program

APP C

INTERNSHIP AGREEMENT

Student Name: _____ Student ID #: _____

Student Track: _____ LC E-mail: _____

Externship Site: _____

Course Instructor/Internship Supervisor: _____

Location: Lewis & Clark Community Counseling Center

In conjunction with the Lewis & Clark College Counseling Psychology Department, Lewis & Clark College Community Counseling Center agrees to provide supervised therapy experience according to the guidelines of the Marriage, Couple & Family Therapy Program and provide clinical services in accordance to course models.

Placement Start Date: _____ Placement End Date: _____ Total hours per week: _____

This agreement is made on _____ between the student, the site, and Lewis & Clark College.
date

Student Signature Site

Director of L&C CCC Signature

The above signatures indicate that all parties have read and understand in its entirety the information contained in this agreement and in the MCFT I Practicum/Internship/Externship Handbook.

THIS FORM MUST BE SUBMITTED TO THE CPSY OFFICE

The original copy of this signed agreement must be on file with the Counseling Psychology office before the student may begin clinical work at the site. One copy of this signature page is for the site supervisor and another is for the graduate student's professional records. This agreement is for the entire Internship period unless conditions of the placement change significantly, in which case an amended or new agreement would be required. All students are responsible for ensuring that the Counseling and Psychology Office, site of externship, and student has a copy of this form.

LEWIS & CLARK
GRADUATE SCHOOL OF EDUCATION AND COUNSELING
Department of Counseling Psychology
Marriage, Couple and Family Therapy Program

APP D

EXTERNSHIP AGREEMENT

Please check if this is your **Alternate** site: ☐

Student Name: _____ Student ID #: _____

Student Track: _____ LC E-mail: _____

Externship Site: _____ Site Director: _____

Site Location: _____
Address City State Zip Code Phone

Primary On-Site Supervisor: _____

◆ Phone: _____ E-mail: _____

◆ Degree & Discipline: _____ License/Cert.: _____

Secondary On-Site Supervisor: _____

◆ Phone: _____ E-mail: _____

◆ Degree & Discipline: _____ License/Cert.: _____

In conjunction with the Lewis & Clark College Counseling Psychology Department, _____
agrees to provide supervised therapy experience to _____ according to the guidelines of
this Marriage, Couple & Family Therapy Program Externship Agreement _____ and the activities/responsibilities stated below:

Placement Start Date: _____ Placement End Date: _____ Total hours per week: _____

This agreement is made on _____ between the student, the site, and Lewis & Clark College.
date

Student Signature

Site Supervisor Signature

Lewis & Clark Rep Signature

The above signatures indicate that all parties have read and understand in its entirety the information contained in this agreement and in the MCFT Practicum/Internship/Externship Handbook.

THIS FORM MUST BE SUBMITTED TO THE CPSY OFFICE

The original copy of this signed agreement must be on file with the Counseling Psychology office before the student may begin clinical work at the site. One copy of this signature page is for the site supervisor and another is for the graduate student's professional records. This agreement is for the entire externship period unless conditions of the placement change significantly, in which case an amended or new agreement would be required. All students are responsible for ensuring that the Counseling and Psychology Office, site of externship, and student has a copy of this form.

LEWIS & CLARK
GRADUATE SCHOOL OF EDUCATION AND COUNSELING
 Department of Counseling Psychology
 Marriage, Couple and Family Therapy Program

APP E

SUPERVISEE EVALUATION FORM

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

Date: _____
 Term: _____
 Summer 1 (Practicum) _____
 Fall _____
 Spring _____
 Summer 2 _____

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

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

P= Practicum; I-1= End of internship 1; I-2= End of internship 2; I-3= End of internship 3

Please rate the supervisee's (supervisee, please rate your own) ability to:

INITIATING & CONCLUDING TREATMENT

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

----- ----- ----- ----- -----
Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3
<i>Includes all necessary information but may be somewhat mechanical</i>
<i>Reviews all necessary information with ease, connecting to all in process</i>

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

----- ----- ----- ----- -----
Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3
<i>Obtains most relevant information, but May miss important factors</i>
<i>Obtains all necessary information attending to what is most relevant</i>

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

----- ----- ----- ----- -----
Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3
<i>Often includes multiple members, but not always certain of when, why/how to engage</i>
<i>Consistently, effectively includes multiple members; able to offer rationale for when & why</i>

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

----- ----- ----- ----- -----
Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3
<i>Connects with clients but may form stronger alliances with some; attends to alliance sometimes</i>
<i>Connects with all; able to fluidly use alliances to promote change; attends to alliance each session</i>

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

----- ----- ----- ----- -----
Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3
<i>Attempts to understand all clients' points of view But tends to agree with some over others</i>
<i>Consistently understand perspectives of all; able to present multiple views to encourage change</i>

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

----- ----- ----- ----- -----					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>May not consistently review goals or know when goals are met, need to refer, or when Tx is not effective</i>			<i>Consistently reviews and revises goals; Knows when to refer & why; when Tx is not effective</i>	

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

----- ----- ----- ----- -----					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>May not be certain of goals or when goals are met sometimes reviews goals & effectively terminates</i>			<i>Consistently aware of progress toward termination; effectively terminates & develops aftercare plans.</i>	

Comments:

ASSESSMENT & DIAGNOSIS

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

----- ----- ----- ----- -----					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Asks about medication; Often uncertain of effects</i>			<i>Consistently asks about medications; Actively seeks information about effects</i>	

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

----- ----- ----- ----- -----					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Considers with supervision; Collects some relevant information</i>			<i>Consistently collects relevant information; Considers influence on problems/solutions</i>	

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

----- ----- ----- ----- -----					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Considers context and relationships In assessment/diagnosis with help in supervision</i>			<i>Consistently includes context and describes problems/diagnosis relationally</i>	

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

----- ----- ----- ----- -----					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Uses genograms but timing & Purpose may be unclear</i>			<i>Uses genograms when appropriate & therapeutic rationale is clear</i>	

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

----- ----- ----- ----- -----					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Explores with clients & considers Relative to solutions</i>			<i>Consistently explores and integrates in assessment, treatment & termination</i>	

Comments:

TREATMENT PLANNING & GOALS

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Able to identify when using assumptions and techniques from specific models</i>			<i>Uses models purposefully & considers fit with clients & problem</i>	

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Joins purposefully, but not always consistently at beginning & throughout Tx</i>			<i>Joins "seamlessly"; ensures all are connected & engaged throughout Tx</i>	

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Considers & integrates with supervision; Collects some relevant information</i>			<i>Consistently collects relevant information; Integrates systemically</i>	

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can identify 1-2 patterns of interaction; not always certain how to connect to problems/solutions</i>			<i>Identifies relevant patterns of interaction; Uses to understand problems/find solutions</i>	

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Considers when brought up by clients; Not always certain how to integrate</i>			<i>Actively explores & recognizes relevance; Consistently integrates into Tx</i>	

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Sets goals, but not always clear or consistently review; sometimes systemic</i>			<i>Consistently sets, reviews and revises goals; uses systemic perspective;</i>	

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Prioritizes goals sporadically; loosely connects session specific contents & Structures accordingly</i>			<i>Able to maintain overall goals while attending to structure of Tx with goals</i>	

Comments:

THERAPEUTIC INTERVENTIONS

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Some evidence of distinction, but Can become confused and/or caught in content</i>			<i>Makes distinction; usually attends to process; rarely gets caught in content</i>	

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Addresses all members & uses some relational Questioning, but can get caught in individual view</i>		<i>Uses circular & other relational questions; can articulate systemic rationale & reflection</i>		

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can identify theoretical assumptions guiding Techniques some of the time; may be more driven By what knows/learning than fit for clients/problem</i>		<i>Has numerous modalities & techniques available; can explain rationale; considers fit of approach with client & problem</i>		

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Encourages collaboration, but can slip Into advice giving, under/over directing Without attention to client feedback</i>		<i>Facilitates clients identifying strengths & solving problems with collaborative input; asks for & uses feedback regularly</i>		

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Includes all members, but may allow over/under participation; can struggle to manage complex interactions</i>		<i>Balances engagement & involvement of all members; effectively facilitates interaction & manages conflict</i>		

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Structures interactions well some of the time; Not always sure of therapeutic goal of structure</i>		<i>Structures time, interaction, seating, activities to meet Tx goals; Can articulate rationale</i>		

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can articulate rationale with supervision; Often systemic/relational in explanations</i>		<i>Consistently able to articulate relational, systemic understanding and rationales for interventions</i>		

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Delivery may be more sensitive to some members; Occasionally evaluates effectiveness/reactions</i>		<i>Delivery intentionally sensitive to all; Has regular mechanisms to evaluate effectiveness/reactions</i>		

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>May fall into "common sense" solutions; Reframes can get caught in/miss patterns</i>		<i>Thinks counter-intuitively/systemically; reframes meaningful & collaborative; intervenes in patterns</i>		<i>may be superficial;</i>

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Acknowledges systems of oppression with supervision not certain how to discuss in Tx or tie to goals</i>		<i>Readily detects oppression; engages in critical conversation; ties to goals; intervenes</i>		

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can include psycho education, but may "teach"</i>		<i>Knows when/how to integrate psycho education</i>		

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Often notices when interventions do/do not work</i>		<i>Regularly assesses impact of interventions on goals</i>		

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Interventions often not tied to theory; loosely tied to goals; minimal attention to culture or context</i>		<i>Interventions reflect theory & goals; follows-up on interventions; uses cultural & contextual perspectives</i>		

Comments:

MULTIPLE SYSTEMS

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Cursory understanding of larger system & potential works with families to overcome barriers.</i>		<i>Working knowledge of larger system including barriers limiting some from accessing services</i>		

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can name a few additional services & may not know when it is appropriate to refer</i>		<i>Has good knowledge of additional services available; actively refers; has conversations in Tx about resources</i>		

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Inquires about in assessment;; include sporadically in Tx;</i>		<i>Utilizes consistently in case conceptualization & Tx</i>		

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Hesitantly/sporadically interacts with involved others</i>		<i>Consistently/ effectively interacts with all others involved</i>		

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Acknowledges and listens to others; might be timid asserting own perspective.</i>	<i>perspective</i>	<i>Respectful of others' perspectives while able to assert own</i>		<i>dismissive and/ or</i>

Comments:

CONTEXTUAL & DEVELOPMENTAL

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Discuss when prompted & can consider how services might be tailored to context & development</i>		<i>Tailors services to fit with current developmental level and contextual variables.</i>		

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Able to discuss family/couple development May not consistently integrate in Tx</i>		<i>Consistently aware of developmental process and is actively includes in Tx</i>		

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Aware of impacts though awkward in discussing issues of sexuality in Tx</i>		<i>Comfortable discussing issues of a sexual nature & engages clients re sexuality when appropriate</i>		

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

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can speak to dynamics generally; awkward in application to Tx</i>		<i>Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities</i>		

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can speak to dynamics generally; awkward in application to Tx</i>		<i>Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities</i>		

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can speak to dynamics generally; awkward in application to Tx</i>		<i>Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities</i>		

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

----- ----- ----- ----- -----					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can speak to dynamics generally; awkward in application to Tx</i>		<i>Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities</i>		

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

----- ----- ----- ----- -----					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can speak to dynamics generally; awkward in application to Tx</i>		<i>Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities</i>		

Comments:

MANAGING CONFLICT & RISK

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

----- ----- ----- ----- -----					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Hesitant in intense situations, tendency to internalize stress of situation</i>		<i>Engages intense situations while staying balanced; stress of situation is not internalized.</i>		

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

----- ----- ----- ----- -----					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Aware of agency policies/procedures with high risk situations; tentative in assessing risk.</i>		<i>Confident assessing level of risk and following agency policies in high risk/crisis situations.</i>		

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

----- ----- ----- ----- -----					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Assess issues generally, awkward assessing specific issues makes reports though hesitant</i>		<i>Assess issues with clarity, confidently makes necessary reports</i>		

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

----- ----- ----- ----- -----					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Requires extra supervision when proceeding.</i>		<i>Proceeds well in forensic/legal situations.</i>		

Comments:

KNOWLEDGE & USE OF RESEARCH

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

<div><div></div><div></div><div></div><div></div><div></div><div></div></div>					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Uses research encountered well tends to accept most research</i>			<i>Seeks out research relevant to situation; tends to use research more critically</i>		

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

<div></div>					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Limited awareness of personal bias; awkward in presenting available research opportunities</i>			<i>Aware of personal bias; confident presenting research opportunities in Tx</i>		

Comments:

SELF OF THE THERAPIST

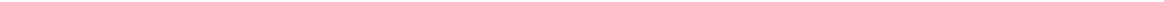
48. Aware of own cultural heritage, life experiences, affiliations and identities, and worldview, and how these influence definitions of normality-abnormality and the process of treatment .

<div><div></div><div></div><div></div><div></div><div></div><div></div></div>						
Below P	Expected P		Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Ability to identify some personal influences and how they might impact treatment provided.</i>			<i>Identifies with clarity personal influences and impact on services provided.</i>			

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

<div><div></div><div></div><div></div><div></div><div></div><div></div></div>					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Tendency to allow personal issues to impact services provided; self care tends to be overlooked</i>			<i>Self care is a priority; personal issues tend to have little impact on services provided.</i>		

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

					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Tendency to overlook issues of power and privilege in Tx</i>			<i>Aware of power dynamics in Tx, identifies ways to use privilege to promote social equity</i>		

Comments:

LEGAL& ETHICAL

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

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Familiarity of ethical codes/ practice standards, difficulty applying it to specific situations.</i>			<i>Working knowledge of ethical codes/standards; ability to apply to specific situations.</i>		

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

----- ----- ----- ----- -----
Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3
<i>Uneasy in situations where dilemmas emerge; uncertain in seeking supervision</i> <i>Actively seeks supervision/consultation when dilemmas emerge</i>

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

----- ----- ----- ----- -----
Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3
<i>Uneasy referring when appropriate</i> <i>Actively refers when appropriate.</i>

Comments:

PROFESSIONAL

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

----- ----- ----- ----- -----
Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3
<i>General familiarity of policies procedures</i> <i>Working knowledge of policies and procedures</i>

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

----- ----- ----- ----- -----
Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3
<i>Hesitant in seeking supervision</i> <i>Actively seeks supervision when needed</i>

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

----- ----- ----- ----- -----
Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3
<i>Can be unprepared and/or unclear how to integrate suggestions into Tx</i> <i>Consistently prepares for supervision; able to adjust & apply suggestions in Tx</i>

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

----- ----- ----- ----- -----
Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3
<i>Hesitant in setting boundaries, tendency to downplay role in working relationships</i> <i>Actively sets boundaries; enters professional relationships with confidence.</i>

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

----- ----- ----- ----- -----
Below P Expected P Expected I-1 Expected I-2 Expected I-3 Above I-3
<i>Tendency to need extra supervision around documentation, policies specific to practice setting.</i> <i>Completes documentation on time, working knowledge of professional standards, policies, laws</i>

Comments:

OVERALL ASSESSMENT

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

Note any disagreement between supervisor and supervisee about this evaluation:

Goals (list at least 3):

1.

2.

3.

4.

5.

Supervisor Signature: _____

Date: _____

Supervisee Signature: _____

Date: _____

Supervisor Evaluation Form

Name of Supervisor: _____

Period Covered: _____

Directions: Circle the number that best represents your thoughts concerning the clinical supervision you received. After completing the form please return it to the Practicum Coordinator.

Strongly disagree = 1 Disagree = 2 Agree = 3 Strongly Agree = 4

Personal and Professional Development

- | | |
|--|---------------|
| 1. Accepts and respects me as an individual. | 1 2 3 4 |
| 2. Recognizes and encourages further development of my unique strengths and capabilities. | 1 2 3 4 |
| 3. Helps me define and achieve specific concrete goals for myself during the practicum experience. | 1 2 3 4 |
| 4. Allows me to discuss problems I encounter in my practicum setting. | 1 2 3 4 |
| 5. Pays an appropriate amount of attention to both my clients and me. | 1 2 3 4 |
| 6. Helps me define and maintain an ethical behavior. | 1 2 3 4 |
| 7. Guides me in developing professional behavior. | 1 2 3 4 |
| 8. Allows and encourages me to evaluate my clinical work. | 1 2 3 4 |
| 9. Explains his/her criteria for evaluation clearly and in behavioral terms. | 1 2 3 4 |
| 10. Applies his/her criteria in a reasonable way in evaluating my counseling performance. | 1 2 3 4 |
| 11. Cared about me as a person. | 1 2 3 4 |
| 12. Was aware and attentive to my development as a clinician. | 1 2 3 4 |

- | | |
|---|---------|
| 13. Helped me identify and achieve areas for personal and professional growth | 1 2 3 4 |
| 14. Helped me ot identify and examine my worldview. | 1 2 3 4 |
| 15. Identified and challenged my biases in helpful ways. | 1 2 3 4 |
| 16. Helped me explore the use of self as therapist. | 1 2 3 4 |

Supervisor relationship and usefulness of feedback

- | | |
|--|---------|
| 1. Uses live observations, tape processing, and case material in way which are insightful and informative. | 1 2 3 4 |
| 2. Tells me when I do something well. | 1 2 3 4 |
| 3. Provides me the freedom to develop a broad range of therapeutic skills.. | 1 2 3 4 |
| 4. Encourages and listens to my ideas and suggestions for developing my skills. | 1 2 3 4 |
| 5. Provides suggestions for developing my clinical skills. | 1 2 3 4 |
| 6. Helps me understand the implications and dynamics of my way of working with clients. | 1 2 3 4 |
| 7. Encourages me to expand my clinical work to include new techniques when appropriate. | 1 2 3 4 |
| 8. Is spontaneous and flexible in our supervisory sessions. | 1 2 3 4 |
| 9. Gives me useful feedback when I make clinical errors.. | 1 2 3 4 |
| 10. Focuses on both verbal and nonverbal behavior expressed by both me and my clients. | 1 2 3 4 |
| 11. Deals with content effectively in supervising my work. | 1 2 3 4 |
| 12. Deals with process effectively in supervising my work. | 1 2 3 4 |
| 13. Discusses the implications, probably consequences, and contingencies of specific interventions and practices in supervision. | 1 2 3 4 |
| 14. Helps me identify and organize relevant case data as I develop treatment plans with my clients. | 1 2 3 4 |

- | | | | | |
|---|---|---|---|---|
| 15. Helps me increase my skill in critiquing and gaining insight from my audio/video tapes. | 1 | 2 | 3 | 4 |
| 16. Gives input in a constructive and helpful manner. | 1 | 2 | 3 | 4 |
| 17. Maintains clear professional boundaries. | 1 | 2 | 3 | 4 |
| 18. Encouraged me to think relationally and systemically. | 1 | 2 | 3 | 4 |
| 19. Guided me in working with multiple members of systems. | 1 | 2 | 3 | 4 |

Conceptual/Theoretical/Multisystemic/Multicultural Perspective

- | | | | | |
|--|---|---|---|---|
| 1. Helps me to formulate a theoretically sound rational for understanding individual, couple, and family behavior. | 1 | 2 | 3 | 4 |
| 2. Offers resource information when I request or need it. | 1 | 2 | 3 | 4 |
| 3. Is knowledgeable in the practice of MFT. | 1 | 2 | 3 | 4 |
| 4. Encouraged me to think of clients within a broader context of extended kin/families communities, & society. | 1 | 2 | 3 | 4 |
| 5. Helped me look at culture, context, and power in therapeutic relationships. | 1 | 2 | 3 | 4 |
| 6. Helped me recognize systems of privilege and oppression in clients' lives. | 1 | 2 | 3 | 4 |
| 7. Helped me develop multicultural competencies. | 1 | 2 | 3 | 4 |
| 8. Guided me in integrating research into practice. | 1 | 2 | 3 | 4 |

Administrative Issues

- | | | | | |
|---|---|---|---|---|
| 1. Was dependable (e.g., on time, made appointments). | 1 | 2 | 3 | 4 |
| 2. Was available for emergencies and urgent matters. | 1 | 2 | 3 | 4 |
| 3. Helped me to make a good use of our time. | 1 | 2 | 3 | 4 |
| 4. Helped me negotiate relationships with colleagues/co-therapists. | 1 | 2 | 3 | 4 |
| 5. Guided me in administrative matters (e.g., paperwork). | 1 | 2 | 3 | 4 |

Overall I would rate my supervisor as (please circle):

Highly Capable

Capable

Adequate

Less than
Adequate

Additional comments:

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APP G

TO BE COMPLETED AT THE END OF YOUR EXTERNSHIP EXPERIENCE (NOT EACH TERM)

EXTERNSHIP SITE EVALUATION

- 1) Extern's Name: _____ Phone # _____
Date _____
- 2) Externship Site Name: _____
Site Address: _____
Name & Phone # of Site Contact Person: _____
- 3) This evaluation describes my experience at the above-named site during the following term of my externship experience (check the one that applies):
☐ First ☐ Second ☐ Third or more
- 4) Was this your final term at this site? (check the one that applies) _____ Yes _____ No

ENVIRONMENT/CLIMATE

Check the appropriate blank

- 5) During which week of this term did you first have 40% of your total hours result in direct client/student contact time? (Check the one that applies)
____ First ____ second ____ third ____ fourth ____ fifth week or later
____ I never had 40% direct client contact time
- 6) Types of client/student problems with which you worked this term (check all that apply):
- A ____ Academic Concerns (e.g., scholarship/financial aid, academic/career planning, scheduling, testing/placement, graduation issues, etc.)
 - B ____ Adjustment Disorders (e.g., adjusting to divorce, adjusting to new school or community, grief, transition issues)
 - C ____ Adult-Child Conflicts (including parent-child & student-teacher conflicts)
 - D ____ Anger/Conflict Management & Resolution Problems
 - E ____ Anxiety Disorders of Adulthood (e.g., panic disorder, social phobia, post-traumatic stress disorder, etc.)
 - F ____ Anxiety Disorders of Childhood and Adolescence
 - G ____ Bipolar Disorders (including cyclothymia)
 - H ____ Delusional (Paranoid) Disorder
 - I ____ Depressive Disorders of Childhood and Adolescence
 - J ____ Depressive Disorders of Adulthood
 - K ____ Developmental Disorders (e.g. academic skills disorders, other learning disabilities, mental retardation)
 - L ____ Disruptive Behavior (e.g. "hyper-activity", conduct disorder, disruptive classroom behavior, S.E.D.)
 - M ____ Dissociative Disorders (e.g. fugue, depersonalization, etc.)
 - N ____ Eating Disorders (e.g., anorexia, bulimia, severe dieting, excessive exercise or laxative use to control weight)
 - O ____ Emotional Abuse
 - P ____ Gang Related Problems
 - q ____ Legal Problems
 - R ____ Physical Abuse Problems
 - S ____ Psychoactive Substance Use Disorders (e.g., alcohol, cocaine, etc.)
 - T ____ Religion Related Issues
 - U ____ Schizophrenia

- V ___ Self-Esteem / Self-Worth Issues
W ___ Sexual Abuse Problems (e.g., incest, rape - including date rape)
X ___ Sexual Dysfunctions (e.g., sexual arousal disorders, etc.)
Y ___ Sexuality or Gender Identity Problems (including problems with sexually transmitted diseases)
Z ___ Sleep Disorders
AA ___ Special Needs Populations (IEPs, staffing/multi-disciplinary team meeting)
BB ___ Social Relationship Problems with Peers (including dating or friendship formation and maintenance)
CC ___ Suicide
DD ___ Unwanted Pregnancy
EE ___ Other

7) Formats in which you provided a MAJOR portion of counseling this term (check all that apply):

___ Individual ___ Group ___ Couple ___ Family ___ Other

8) Formats in which you provided a MINOR portion of counseling this term (check all that apply):

___ Individual ___ Group ___ Couple ___ Family ___ Other

9) Age group(s) of people to which you provided a MAJOR portion of counseling this term (check all that apply):

___ 0-5 ___ 6-12 ___ 13-15 ___ 16-19 ___ 20-25 ___ 26-35

___ 36-45 ___ 46-55 ___ 56-65 ___ 66-75 ___ 75+

10) Age group(s) of people to which you provided a MINOR portion of counseling this term (check all that apply):

___ 0-5 ___ 6-12 ___ 13-15 ___ 16-19 ___ 20-25 ___ 26-35

___ 36-45 ___ 46-55 ___ 56-65 ___ 66-75 ___ 75+

Circle the appropriate number (NA stands for "Not Applicable")	Seldom True	Often True	Usually True	NA
11) The site has a professional atmosphere.	1	2	3	0
12) The staff is supportive of the extern's work.	1	2	3	0
13) Interns are treated respectfully by the staff.	1	2	3	0
14) The general atmosphere of the site provides a climate of trust and openness.	1	2	3	0
15) Interns are treated respectfully by the clients/students.	1	2	3	0
16) The extern feels the staff supports extern involvement in the agency/school.	1	2	3	0

ENVIRONMENT/CLIMATE (*continued*)

Circle the appropriate number (NA stands for "Not Applicable")	Seldom True	Often True	Usually True	NA
17) Physical facilities are available for extern use (e.g., office, office supplies, etc.).	1	2	3	0
18) The extern feels the administration supports the training program.	1	2	3	0
19) Interns receive clerical support.	1	2	3	0
20) The extern feels there is camaraderie among staff at the site.	1	2	3	0
21) Staff members act professionally and ethically toward client/students.	1	2	3	0
22) Staff members act professionally and ethically toward externs.	1	2	3	0
23) Staff members act professionally and ethically toward each other.	1	2	3	0

Comments or recommendations on Environment/Climate:

SUPERVISION

Check the one that applies.

- 24) How often did you meet with the field supervisor who was PRIMARILY responsible for providing you with one-to-one supervision?

☐ I did not have one-to-one supervision

☐ We met for less than one hour per week

☐ We met for approximately one hour per week

☐ We met for more than one hour per week

- 25) Overall quality of supervision with the field supervisor PRIMARILY responsible for providing you with one-to-one supervision:

☐ None ☐ Poor ☐ Adequate ☐ Good ☐ Excellent

- 26) How often did you meet with the field supervisor who was PARTIALLY responsible for providing you with one-to-one supervision?

☐ I did not have a second person providing one-to-one supervision

☐ We met for less than one hour per week

☐ We met for approximately one hour per week

☐ We met for more than one hour per week

- 27) Overall quality of supervision with the field supervisor PARTIALLY responsible for providing you with supervision in a group:

☐ None ☐ Poor ☐ Adequate ☐ Good ☐ Excellent

- 28) How often did you meet with the field supervisor who was PRIMARILY responsible for providing you with supervision in a group?

☐ I did not have group supervision

week

☐ We met for less than one and a half hours per

☐ We met for approximately one and a half hours per week

☐ We met for more than one and a half hours per week

- 29) Overall quality of supervision with the field supervisor PRIMARILY responsible for providing you with supervision in a group:

☐ None ☐ Poor ☐ Adequate ☐ Good ☐ Excellent

- 30) How often did you meet with the field supervisor who was PARTIALLY responsible for providing you with supervision in a group:

☐ Either I had no group supervision, or it involved only one person

☐ We met for less than one and a half hours per week

☐ We met for approximately one and half hours per week

☐ We met for more than one and a half hours per week

- 31) Overall quality of supervision with the field supervisor PARTIALLY responsible for providing you with supervision in a group:

☐ None ☐ Poor ☐ Adequate ☐ Good ☐ Excellent

- 32) Number of seminars or other professional development experiences available through my placement site during this term:

☐ None ☐ One ☐ Two ☐ Three ☐ Four or more

ENVIRONMENT/CLIMATE (*continued*)

Circle the appropriate number (NA stands for "Not Applicable")		Seldom True	Often True	Usually True	NA
33)	The site provides appropriate references, books and materials.	1	2	3	0
34)	The site is consistent in its treatment programming.	1	2	3	0
35)	The site provides an adequate forum for discussing treatment issues.	1	2	3	0
36)	The site gives students adequate guidance on ethical issues	1	2	3	0
37)	There are sufficient clients for externs.	1	2	3	0
38)	The site appropriately uses various therapeutic approaches.	1	2	3	0
39)	Client/student problems are appropriate to the extern's level of training.	1	2	3	0
40)	The professional staff is readily accessible to the extern.	1	2	3	0
41)	The staff maintains regular contact with the extern.	1	2	3	0

Comments or recommendations on Supervision:

COMMUNICATION

Circle the appropriate number (NA stands for "Not Applicable")	Seldom True	Often True	Usually True	NA
42) The staff provides opportunities for relevant feedback in a positive manner.	1	2	3	0
43) The staff attempts to enhance the extern's personal and professional growth.	1	2	3	0
44) The staff is sensitive to the extern's emotional/experiential state(s) and current personal/profession-al development.	1	2	3	0
45) Staff conflicts are discussed in an open, non-threatening manner.	1	2	3	0
46) The amount of service expected by the externship site staff was the same as the amount the extern is contracted to provide.	1	2	3	0

Comments or Recommendations on Communication:

SUMMARY

Check the one that applies.

47) I rate the overall quality of my externship experience this term as:

☐ Worthless
 ☐ Poor
 ☐ Adequate
 ☐ Good
 ☐ Excellent

Additional comments:

48) I am willing to talk with other students about this externship placement (check one).

☐ Yes
 ☐ No

EXTERNSHIP PREPARATION

Check the one that applies.

49) I rate my preparation for this externship experience as:

___ Worthless ___ Poor ___ Adequate ___ Good ___ Excellent

50) To what courses or experiences do you attribute your preparedness?

51) What courses or new experiences are needed to improve your professional preparedness for externship placement?

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APP H

CONSENT TO RELEASE EDUCATIONAL RECORDS

Supervisors and faculty welcome the opportunity to provide recommendations for employment, professional organizations, doctoral programs, and so on when you request them. However, federal law requires a written consent. When you are requesting a recommendation, it is also helpful if you email us information about the position, organization, educational program, etc. This will help us tailor the information about your competencies for each request, which will make our input maximally helpful to you. Please keep a copy of this consent form for your records.

I understand that Federal regulations require a written consent from a student/former student before disclosing the educational records of that student to third parties; therefore, I hereby give my written consent for (Name(s) of Lewis & Clark Faculty and Supervisors):

to release my educational records to (Name of Institution, Person, Company requesting information):

as well as the conclusions and observations regarding my performance while attending Lewis & Clark.

I understand this consent is effective only as to this/these specific request(s).

DATED this _____ day of _____, 20____.

Print Student/Alumni Name

Signature of Student/Alumni

Student/Alumni Address:
