

MCFT

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

Marriage, Couple, and Family Therapy Program

**Clinical Training Handbook
2021-2022**

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Welcome to MCFT Internship!

Starting internship 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 trainee can be exciting as well as anxiety producing. This manual will give you some of the basics relative to the process of supervision, your 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	

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.

Key Components of Clinical Training

The clinical training aspect of the MCFT program includes a 12-month internship at the Lewis & Clark Community Counseling Center (L&C CCC) concurrent with a 13-15-month externship in a community setting. Students register for MCFT 582 Internship in Family Therapy for four concurrent semesters. The comprehensive clinical training experience will be supervised by an AAMFT Approved Supervisor or Supervisor Candidate in MCFT 582 Internship in Family Therapy. All students will obtain experience working with diverse, marginalized, and/or underserved clients as part of their clinical training.

During the first three semesters of clinical training, students register for 4-unit MCFT 582 Internship sections and provide family therapy services one day a week at the Lewis & Clark College Community Counseling Center (L&C CCC), and receive a minimum of four hours per week of AAMFT Approved supervision. In MCFT 582 Internship sections, students learn to practice systemically and relationally oriented family therapy and to integrate social justice into their practice. The internship training meets the COAMFTE standards for clinical supervision.

The MCFT Program partners with agencies and clinics in the community to place students in externships that provide clinical experience concurrent to the training they receive at the L&C CCC. These placements provide supplementary clinical experiences with diverse populations and settings that are supportive of our program's systemic mission.

During the final summer semester in the program, students register for 1-unit MCFT 582 Internship sections where they receive AAMFT approved supervision on campus and continue to receive clinical supervision at their community placement until all clinical hour requirements are met.

Goals for Clinical Experience

As stated in the program mission, the overall goal for an internship/externship is to prepare competent marriage, couple, and family therapists who engage in systemic relational therapy in ways that demonstrate excellent therapeutic skills and ethical and socially responsible practice.

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.

License Portability

Successful completion of the MCFT program makes students eligible to apply for appropriate licenses in most states in the United States. Since individual states control licensing within their own boundaries, direct transfer of licenses is limited to states where specific reciprocal licensing agreements are in force. So far, limited progress has been made in reaching such agreements. Most states prefer to retain control of who will be licensed. Please visit the American Association for Marriage and Family Therapy (www.aamft.org) for a list of licensing requirements by state.

Teletherapy

Lewis and Clark MCFT students are allowed to include teletherapy/telehealth services in their internship/externship clinical practicum experience. Telehealth includes the use of HIPAA Compliant video software to provide remote mental health services. Students are to be knowledgeable of state laws and statutes guiding the field of telehealth in the state in which they are practicing. Moreover, students are required to learn best practice approaches to engaging client systems in meaningful therapy work via telehealth. When students provide telehealth services, students must include appropriate disclosures, confidentiality and limits to confidentiality, and security precautions and protocols in their informed consent process (see ACA, 2014, p. 17). Students must abide by the AAMFT and ACA codes of ethics, state rules and regulations, and the policy/procedures of the L&C CCC and their externship site. COAMFTE and the state of Oregon do not currently have minimum/maximum amounts of telehealth hour requirements. If this changes, students will be notified. Additionally, students who plan to relocate to another state after graduation are encouraged to know the rules/regulations of telehealth requirements of the state in which they are moving.

Lewis & Clark Community Counseling Center

MCFT 582 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 582 Internship 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 experience.

Prior to beginning clinical internship, typically in the Fall term of Year 2, MCFT faculty will review all students for their readiness to practice. This clinical readiness review will include an overall assessment of students' preparedness through completion of coursework, the MCFT 526 Practical Skills Readiness Rating checklist on Taskstream, and other supporting materials such as students' Professional Development Portfolio (see MCFT Student Handbook Appendix C) and any completed Professional Qualities Evaluations (PQE) in students' files.

Externship Placement Process

To begin the externship placement process, during the Fall term of Year 2, the clinical coordinator facilitates Clinical Orientation I. This meeting prepares students for the CTSP Department Internship Fair and provides an overview of the steps for securing externship placements, submitting placement plans, and being assigned to MCFT 582 Internship sections at the L&C CCC. Before the CTSP Department Internship Fair, students are provided with an externship site map of available community placement opportunities. These agencies that have been pre-approved as placement sites (also referred to as externship sites) for MCFT students. These agencies are in settings such as community mental health centers, hospitals, schools, group practices, and governmental agencies.

After the CTSP Department Internship Fair, students will complete independent interviews with externship sites of their choice. When sites offer students a spot, students will complete and submit a placement plan that is reviewed and approved by the CTSP placement coordinator and MCFT clinical coordinator. These plans will include information about students' externship placement schedules and their preferred MCFT 582 section day/time at the L&C CCC. Once a student says yes to an externship, even verbally, the decision is binding. Students may reach out to the MCFT Clinical Coordinator to discuss how to navigate choosing a site from multiple offers. Additionally, some sites will make decisions earlier than others, meaning that students may have an offer from a site before they have been able to interview at other sites of interest.

The CTSP department Placement Coordinator and the MCFT Clinical Coordinator work with Externship Site Supervisors to determine the number of placements available at each site yearly. The Clinical Coordinator acts as a liaison between L&C and site supervisors as needed. If students are interested in doing an externship with an agency not listed on the list provided, they may discuss this with the Clinical Coordinator and Placement Coordinator, preferably early in the fall of Year 2 before placements are considered.

Placement of MCFT 582 Section and Timeline of Dates

After students have received an offer from an externship site and have electronically submitted their placement plans through the placement office, the MCFT Clinical Coordinator will determine the number of MCFT 582 Internship sections needed at the L&C CCC to maintain a 1:6 ratio of AAMFT Approved Supervisor/Supervisor Candidates to students. The MCFT Clinical Coordinator will assign students to internship sections and communicate section details to students for registration purposes. MCFT 582 Internship sections are year-long assignments. Contracts are required to see clients at the L&C CCC and at externship sites and these will be provided electronically by the Placement Office to students and supervisors for signature prior to beginning at the clinic.

Typical timelines are as follows—note that specific dates will be given at the Clinical Orientation-I Meeting in October:

October	Upload CV on TaskStream Upload volunteer hours on TaskStream Faculty review of student readiness to practice
November	Clinical Orientation I Meeting Approved site map & Placement Plan sent by Placement Coordinator CTSP Internship/Externship Fair (Bring resume)
November - February	Interviews with sites and acceptance of externship offers
March	Placement approval w/Clinical Coordinator oversight Provisional Placement Contracts sent for e-signatures Clinical Orientation II Meeting MCFT 582 section assignments released by Clinical Coordinator
April	Signed internship and externship agreements due (Salesforce) Start dates and agency orientations scheduled Placement Contracts sent by Placement Coordinator Proof of AAMFT liability insurance (confirm on Taskstream)

Summer Semester

Students cannot see clients until the summer term begins and they are officially registered in a MCFT 582 Internship section and have completed a formal Placement Contract (pdf copy). They may participate in warm handoff meetings with clients in advance of taking over a case, so long as the current therapist/supervisor conducts the session.

Contract Amendments: If an intern has a change at any point during their internship (change in primary or secondary supervisor, ending earlier than the specified end date on the contract or needing to extend beyond their anticipated end date), the intern will notify the Placement Coordinator and a link to the contract amendment form will be emailed to the intern.

The Placement Coordinator is responsible for following through and ensuring that all signatures have been obtained (student – upon submission of the form – primary site supervisor, Clinical Coordinator, and the Placement Coordinator as the final signor). The PC will then email a copy of the amended contract to the student, which the student will keep for their records

Off-Track Clinical Training Protocol: In some instances, students may begin or extend their clinical training beyond the standard four semester (12-15 month) timeframe for MCFT 582. For example, clinical training opportunities with Problem Gambling Services (PGS) are one such example. In these cases, students should work with their faculty advisors and the clinical coordinator to develop individualized clinical training plans that fit into their overall program plan. Faculty advisors will help students map out the number of MCFT 582 Internship in MFT units they will need to enroll in each semester across their program plan. A minimum of 1 unit of MCFT 582 is necessary for each semester that students will be clinically active. The individualized plan must include at minimum, the 13 units of MCFT 582 required by the program. In some situations, additional units of MCFT 582 may be needed to ensure full attainment of required clinical training hours and adequate level of clinical competency. Only 13 units of MCFT 582 will count towards the graduation requirements of the program.

CTSP 514 (Group Counseling with Child and Adolescence) Clinical Training Protocol: To be updated.

Clinical Contact Hour Requirements

Clinical training continues without interruption, except for established holidays, until students have demonstrated minimal clinical competency requirements for graduation. In MCFT 582 Internship sections, students will spend 8 hours a week at the L&C CCC, with approximately 2-4 hours spent in direct client contact with individuals, couples, and families. In community externship placements, students will spend at least 20 hours per week at their site, with approximately 8-12 hours spent in

direct client contact with individuals, couples, groups, and families (see Appendix B, Hour Log). The balance of this time is to be spent in supervision, record keeping, and participation in other clinical activities of the site.

Clinical contact is defined as face-to-face (therapist and client) therapeutic meetings. Co-therapy is the equivalent of conducting therapy as a single therapist and hours should be counted accordingly. Assessments may be counted if they are face-to-face. Face-to-face therapy may occur in-person or via telehealth.

A **relational clinical contact hour** is direct client contact 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.

Alternative clinical contact hours: Alternative hours are not required to graduate; however, some states do allow for alternative hours to be included in the overall client contact total to be used towards licensure. Because they may be included in other states, students may elect to track this. Alternative hours 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. When working as part of a team (such as at the L&C Community Counseling Center) all members of the team may count the session as an alternative clinical contact hour, provided the team is actively engaged in observing, discussing, and participating in the ongoing work with the case, with the supervisor in the room.

Additional activity hours (also called indirect hours) may include staff meetings, case management, documentation, and other administrative tasks. These hours are not required to graduate; however, students are advised to count these hours as some states do require or allow indirect hours to be used towards licensure.

In order to graduate, students must complete a total of 400 face-to-face client contact hours. Of these:

- A minimum of 150 hours must be relational hours
- Up to 250 hours may be individual hours
- Up to 100 of the 400 total hours may be individual or family group

***As a COAMFTE accredited program that is completing reaccreditation renewal under COAMFTE standards v.12.0, the program standards for clinical contact hours are 500 face-to-face contact hours of which a minimum of 200 hours must be relational. However, the program submitted its intention to become early adopters of the COAMFTE standards v.12.5, so in anticipation of this transition the new 400 direct face-to-face hours of which a minimum of 150 hours must be relational, will be used

for students graduating in Summer 2022. The program intends to submit the formal COAMFTE early adopter form in January 2022.

All clinical contact and supervision hours must be documented in order for these to be counted towards program requirements. (See page 14).

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	End of Month Relational Hour Count (Included in the overall End of Month Clinical Hour Contact)	Cumulative Clinical Hour Count
June	26	10	26
July	26	10	52
August	26	10	78
September	26	10	104
October	27	10	131
November	27	10	158
December	27	10	185
January	27	10	212
February	27	10	239
March	27	10	266
April	27	10	293
May	27	10	320
June	27	10	347
July	27	10	374
August	26	10	400

Supervision Hour Requirements

- Supervision at the L&C CCC must be from an AAMFT Approved Supervisor or AAMFT Supervisor Candidate
- Supervision at externship sites may be provided by an AAMFT Approved Supervisor, AAMFT Supervisor Candidate, Supervisor Equivalent as approved by the Program, state approved supervisor, or a licensed professional in the mental health field.
- A minimum of 100 hours of supervision, of which:
 - A minimum of one hour of supervision per week in which students see clients must be provided by an AAMFT Approved Supervisor or Supervisor Candidate.

(Students will receive 4-6 hours per week of AAMFT-approved supervision through MCFT 582 Internship in Family Therapy at the L&C CCC)

- A minimum of 50 supervision hours must be based on observable 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.
- A minimum of one hour of supervision per week must be provided by a primary or secondary externship site supervisor.
- Supervision can be individual (1-2 students) or group (up to 8 students)

An hour with a client and the supervisor present in session counts as one contact hour and as one supervision hour. Multiple students observing a case live with the supervisor present may count the hour of supervision as group supervision for the students.

Supervision must take place in the ratio of at least one hour of supervision for each five hours of therapy.

Supervision

Throughout the clinical training process, students will receive supervision from a variety of sources. All MCFT 582 Internship section supervisors at the L&C CCC are AAMFT Approved Supervisor or Supervisor Candidates, and they will provide you 4-6 hours of weekly, live individual and group supervision. Supervisors in externship placements will provide supplemental, weekly systemically informed supervision.

Students will participate in both individual and group supervision. Individual supervision is defined as no more than two supervisees meeting with a supervisor face-to-face. Students will also meet as a group with up to 8 MCFT students who are working at various sites. While all supervision ultimately is concerned about the welfare of clients, supervision is also focused on student development as a systemic therapist.

Supervisor's Role & Responsibilities

Students work under their supervisor's license. Therefore, supervisors are ultimately responsible and legally accountable for the clinical work students do. They ensure that all applicable ethical guidelines, laws, and regulations are followed and that client welfare is maintained.

Supervisor's responsibilities include:

- Meet weekly with student(s) to provide individual and/or group supervision that focuses on clinical cases, including related self-of-the-therapist issues

- Review raw data of student's clinical work through observation, video, live supervision, and/or case notes, rather than solely based on verbal report
- Facilitate case planning discussion (in addition to or outside live sessions)
- Emphasize systemic/relational processes, whether client is an individual, couple, or family
- Ensure that students represent themselves appropriately as a trainee under supervision
- Provide oversight to ensure that students provide professional, ethical practice within the scope of their level of training and competence
- Provide feedback on students' clinical work to promote their clinical development
- Review and discuss students' progress in relation to program competencies and students' identified training goals
- Evaluate students' ongoing readiness for practice under supervision, document and share any concerns with students, and work with students, the clinical coordinator, and the program to develop a remediation process when needed.
- Together with students, evaluate the nature of the supervisee-supervisor relationship and work with students to address any concerns and promote their optimal clinical development.
- Protect confidences disclosed by students (supervisee), except by written authorization or waiver, or when mandated or permitted by law. **Note that within educational or training settings disclosures are permitted to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee (AAMFT Code of Ethics 4.7).**
- Complete supervisee evaluations and sign documentation of clinical hours and case notes.

Student's Role in Supervision

Supervision is most effective when there is a positive working relationship, and this takes effort and intention on both the supervisor and supervisee to develop. Part of supervision is learning to be humble, open, and able to receive feedback. The other part is learning how to dialogue with your supervisor about your experience and needs in the training context. It is important to also be mindful that because your supervisor's role and responsibilities are different from yours, their feedback guides your clinical and professional development.

Supervisee responsibilities include:

- Attend and actively participate in all scheduled supervision meetings.
- Be open to feedback from supervisors and peers.
- Meet with supervisor individually when necessary.
- Keep supervisor informed regarding the status of all of clinical cases.
- Contact supervisor immediately when clinical emergencies arise or when there is potential 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 there are potential struggles in the supervision experience, 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. Be prepared to talk about a case and think through goals ahead of time to make the process more facilitative for everyone involved.
- Review video recordings from your sessions or your peers' session in a timely manner at the L&C CCC.
- When presenting a video, cue the parts of the tape you want to watch in supervision. This saves time searching for pertinent data.
- Make sure you use pseudonyms and remove all identifying information from any cases you 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).

Observable Data

The majority of supervision (at least 50 hours) must be based on observable data (i.e., live observation/video-tapes of sessions with clients, or co-therapy with the supervisor). All supervision at the L&C Community Counseling Center, while clients are present, is based on live supervision. Supervisors at other sites must observe students' work at least once each semester (video or live).

Safeguarding Confidential Information at L&C CCC:

The Clinic operates in accordance with the following specific procedures for safeguarding confidential materials.

- **All sessions at the L&C CCC are recorded via Panopto.**
- **Electronic files using TheraNest:** The clinic uses an electronic health record system called TheraNest. All trainees and clinical supervisors will be enrolled into the TheraNest system with access only to client files under your direct purview. All current client files are housed in this system and it is the responsibility of student-trainees, clinical supervisors, and administrative staff to handle these confidential materials appropriately. This means accessing these materials in confidential spaces and logging out of the system when tasks are completed.
- **Telehealth Systems, Electronic Calendars and Other Confidential Materials:** The Clinic provides telehealth services using Zoom health accounts (HIPAA compliant format). Additionally, the clinic houses the master schedule and client data sheet in the clinic's Google Drive. Access to these systems are limited and all who have access are responsible for safeguarding client protected information.

Safeguarding Confidential Information at Externship Sites:

Students must receive weekly supervision at their externship placements, and they are also encouraged to seek live supervision or view recorded sessions with those supervisors. To audio or video record at community externship placements, students will need to obtain a recording device and an encrypted flash drive in order to record sessions and transport the data in compliance with agency policies and HIPAA laws. Students should make sure to discuss recording policies with externship site supervisors and follow all site policies regarding obtaining client consent and transporting sensitive clinical material. Students may not remove client files from sites without specific permission and only for professionally necessary reasons. Students may not remove files to complete case notes or complete case notes off-site, unless site provides policies and procedures that allow this.

Documenting Your Clinical Experience

Students are responsible for maintaining an accurate record of client contact and supervision hours. This will be how students and the program document students' clinical experience when they seek licensure or other professional verifications. Students need to keep careful of all hour logs and clinical hour summary sheets for their own records, as well. Therefore, students will maintain "Monthly Verification Logs" (Appendix A and on the MCFT webpage under → Handbooks & Forms) that their supervisors will review and sign each month, and students will retain these. At the end of each semester, students will take the cumulative totals from their "Monthly Verification Logs" and record these on the "Semester Summary Log" (Appendix B and on the MCFT webpage under → Handbooks & Forms) that they submit to the CTSP office. This process is described in further detail on the next page. The CPSY administrative coordinator will audit Semester Summary Logs to help ensure that students complete them accurately.

Documentation of your clinical experience is monitored and maintained on TaskStream. All required paperwork (next page) must be submitted by the last week of each semester in order to receive credit. All required clinical and supervision hours must be documented to graduate.

Required Internship Paperwork (samples in appendices)

Prior to Internship

Background check:	During MCFT 502
CV/resume:	October— 2 nd year (upload to TaskStream)
Internship/externship placement agreements:	April— 2 nd year
Proof of insurance and AAMFT membership:	April (upload to TaskStream) each year

Monthly

Students can use the “Monthly Verification Log” to keep a monthly log of the client and supervision hours earned at each placement site. Students and their supervisors must sign the log at the end of each month. This log is not submitted to the CTSP office, but it should be kept for students’ own records as they may need to provide them for potential auditing purposes, or as documentation of hours when they seek professional licensure.

Each Semester

In order to receive credit for MCFT 582 Internship, the following must be submitted prior to the end of the term:

1. Semester Summary Log	Submit to CTSP office before the last week of the term
2. Supervisee evaluation from each Placement Supervisor	Upload to TaskStream before the last week of the term
3. Signature & Goals Form with each Placement Supervisor	Upload to TaskStream before the last week of the term
4. Your Supervisor Evaluation for each Placement Supervisor	A link will be emailed to students each semester. Complete one for each supervisor in all training contexts.

Annually

Proof of liability insurance and AAMFT membership	Upload to Taskstream
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Client Demographic Survey

Each of our students gain experience working with diverse, marginalized, and underserved communities during their clinical training experience. One of the ways we confirm this is by asking students to complete a client demographic survey at the end of their clinical training experience. A link to the client demographic survey (Appendix G. Client Demographic Survey) will be sent by the clinical coordinator at the end of Internship III. This survey asks students to report on the various demographic identity markers of clients that they served during their internship and externship experiences.

Evaluation and Grading

The L&C MCFT Program Supervisee Evaluation (see App. C) reflects the AAMFT core 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 students to extend their clinical training.

Supervisee evaluations (Appendix C): Near the end of each semester, supervisors will receive an electronic link to complete an evaluation of students' clinical skill development. They will evaluate students on their developmental progress related to 12 clinical competencies each semester. On each clinical competency, they will rate students from "1 – unacceptable" to "4 – exceeds expectations". They will print, copy, and review supervisee evaluations with their students. We encourage a collaborative discussion about students' progress. Therefore, if there are competencies where student clinical performance does not meet expectation or other concerns related to students' professional performance, the supervisors will work with the student to develop a plan for responsive action and improvement.

If there are substantial concerns, supervisors will report these to the clinical coordinator and an academic review panel may be established. If there are discrepancies between supervisee evaluations at any given point during internship, or if there are any issues that may affect the students' ability to receive credit for MCFT 582, the program faculty will review the students' performance and offer recommendations.

Students will upload copies of supervisee evaluations from each supervisor together with the accompanying internship goals statement (appendix D) to TaskStream. These are required before the end of the semester to receive credit for the MCFT 582 Internship course. If supervisors forget to print a student's evaluation before submitting it, the student's individual evaluation will not be

accessible. If this happens, students will need to upload a note from their supervisor stating this. Otherwise, students' TaskStream files will appear incomplete.

Internship Goals (Appendix D): Students and their supervisor will also develop a set of goals for the next phase of their professional development. They will upload copies of these along with their supervisee evaluations from each supervisor to TaskStream.

Supervisor evaluations (Appendix E): Students will also be required to complete evaluations for their internship, externship, and secondary externship supervisor, if they have one. Students are asked to be reflective about the strengths and areas of growth in the supervisory relationship. This evaluation will also provide feedback to the MCFT program about students' supervision experiences. The link to complete these supervisor evaluations will be emailed to students. Copies of supervisor evaluations will be autogenerated by the LC Office of Research and Assessment and sent to both respective supervisors and the clinical coordinator at the end of each term.

Students should not wait for the end of the semester to discuss problems or concerns in the supervisory relationship, with supervisors. Students should give their supervisors input and discuss issues as they occur so these can be resolved, if possible, as they arise. This is more respectful to the supervisor and better for students' learning. For further guidance on addressing potential issues that may arise in the supervisory relationship and experience, please refer to the section on "Navigating Problems in Professional Relationships" section on pg. 16 of this manual.

Internship Grades: Internship is a credit (CR)/no credit (NC) course. The AAMFT Approved Supervisor/Supervisor Candidate supervisor for MCFT 582 Internship will determine students' grade based on a comprehensive review of their supervisee evaluations from all supervisors at all sites, completion of course assignments, and demonstration of expected professional standards. If there is an unacceptable rating on any clinical competency on any of the supervisee evaluations, the program faculty will be informed and will review the issues. This may warrant an Academic Review Panel.

Evaluating minimum clinical competencies for graduation (Appendix C): Students are required to demonstrate that they have achieved a level of clinical competency commensurate with the MCFT Program's standard 500 clinical hour requirement. To document and assess this, both internship and externship supervisors will complete the existing LC MCFT Supervisee Evaluation at the end of MCFT 582 Internship III and/or Internship IV (if applicable). Students will demonstrate adequate achievement of clinical competency by: (1) Scoring a minimum of "meets expectation", which translates to a score of "3" on each item of our 4-point scale, on 83% (10 out of 12) of the clinical competencies listed on the Supervisee Evaluation; (2) Not scoring a "1" on our 4-point scale, which translates to "unacceptable", on any clinical competency; and (3) Not being on an Academic Review Committee for issues related to their clinical practice or professional performance. In addition to the

Supervisee Evaluations, students will achieve a passing score of 70% on their practice national MFT exam.

Ethics & Practice Guidelines

Students must practice according to the American Association for Marriage and Family Therapy (AAMFT) code of ethics, the American Counseling Association (ACA) code of ethics, and the Oregon State Laws. Students should inform their individual supervisor, MCFT 582 instructor/group supervisor, clinical coordinator, and/or the program director of any potential ethical or legal infractions they 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.

Students must also practice according to all policies, procedures, and other requirements given by their placement sites. This includes completing all paperwork and case management duties in a timely and thorough manner. Any questions or concerns students have about completing these requirements should be taken to their supervisor. Failure to practice according to agency policy and procedure may result in losing their placement and possible dismissal from the MCFT program.

Students should remember to:

- Let supervisors know if they suspect abuse, neglect, and potential harm
- Inform supervisor and/or program faculty if they have ethical concerns about their own or a colleague's behavior
- Discuss anything that gives them a gut level feeling of discomfort
- Talk with others about ethical dilemmas as the most important first step in resolving them

Developing Professional Relationships

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

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

Navigating Problems in Professional Relationships

Problems sometimes arise in clinical training groups. Students may get mixed input from supervisors. Students may also find themselves developing negative feelings toward a supervisor or colleague. There may even be instances where members of 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, students should consider the following determine if they should consult with the Clinical Coordinator:

- 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.

Students and/or supervisors should consult the MCFT Clinical Coordinator when problems cannot be resolved through taking the steps above, or when concerns about professional responsibility, development, and practice require additional program attention.

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 internship, and the requirements of MCFT 582, must be maintained during academic breaks between semesters.

Vacations must be negotiated and approved by externship supervisors and Lewis & Clark supervisors. However, students may not be able to take two or more consecutive weeks off from clinical work at a time due to client care responsibilities. Finally, time taken for personal reasons (e.g., weddings, death in the family, illness) may be considered part of students' 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 Appendix F Consent to Release Educational Records). See the Navigator Student Handbook for additional information on student confidentiality (i.e., FERPA).

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Marriage, Couple and Family Therapy Program

APP A

Monthly Verification Log

(Submission NOT Required)

MONTH: _____

Student Name: _____ Signature: _____ Date: _____

Site Supervisor: _____ Signature: _____ Date: _____

Secondary Site Supervisor: _____ Signature: _____ Date: _____

L&C CCC MCFT Supervisor: _____ Signature: _____ Date: _____

Instructions: Track time by 0.25 hour increments. Maintain monthly logs, but only submit the Semester Summary Log at the end of each semester. Keep this for your records.

CLIENT CONTACT HOURS	LC Hours/Month	Site Hours/Month	Secondary Site Hours/Month	Total Hours/Month	Total Cumulative Previous Log	Total Cumulative
Individual In-Person						
Relational In-Person						
Individual Telehealth						
Relational Telehealth						
Individual Group*						
Relational Group*						
TOTAL						

*Maximum total of 100 group hours allowed

SUPERVISION	LC Hours/Month	Site Hours/Month	Secondary Site Hours/Month	Total Hours/Month	Total Cumulative
Individual Supervision: Case Report					
Individual Supervision: Live, Video, Audio					
Group Supervision: Case Report					
Group Supervision: Live, Video, Audio					
TOTAL					

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SUPERVISION RATIO	Total / Month	Total Cumulative
Total Supervision Hours		
Total Client Contact Hours		
TOTAL RATIO (Divide Supervision Hours by Client Contact hours)		

ADDITIONAL ACTIVITIES	Total Hours / Month	Total Cumulative Previous Log	Total Cumulative
Case Management			
Record Keeping			
Staff Meetings			
Workshops/Training			
Consultation			
Other (Specify)			

Additional activities are only required for students interested in pursuing the LPC track in Oregon. Other states may count additional activities/indirect hours as well.

ALTERNATIVE HOURS	Total Hours / Month	Total Cumulative Previous Log	Total Cumulative
Individual (from all sources)			
Relational (from all sources)			
TOTAL			

Examples of alternative hours include: reflecting teams, meetings with clients and school personnel, psychoeducation groups, and additional clinical activities approved by supervisor. Alternative hours are not counted in the state of Oregon but may be counted in other states.

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APP B

Semester Summary Log
(Submission Required)

☐ Internship I ☐ Internship II ☐ Internship III ☐ Internship IV ☐ Internship V ☐ Final Report

Student Name: _____ **Signature:** _____ **Date:** _____

Site Supervisor: _____ **Signature:** _____ **Date:** _____

Secondary Site Supervisor: _____ **Signature:** _____ **Date:** _____

L&C CCC MCFT Supervisor: _____ **Signature:** _____ **Date:** _____

Instructions: Track time by 0.25 hour increments. Maintain monthly logs, but submit this Semester Summary Log at the end of each semester. Keep a copy of this form for your own records.

CLIENT CONTACT HOURS	LC Hours/Term	Site Hours/Term	Secondary Site Hours/Term	Total Hours/Term	Total Cumulative Previous Log	Total Cumulative
Individual In-Person						
Relational In-Person						
Individual Telehealth						
Relational Telehealth						
Individual Group*						
Relational Group*						
TOTAL						

*Maximum total of 100 group hours allowed

SUPERVISION	LC Hours/Term	Site Hours/Term	Secondary Site Hours/Term	Total Hours/Term	Total Cumulative
Individual Supervision: Case Report					
Individual Supervision: Live, Video, Audio					
Group Supervision: Case Report					
Group Supervision: Live, Video, Audio					
TOTAL					

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SUPERVISION RATIO	Total / Term	Total Cumulative
Total Supervision Hours		
Total Client Contact Hours		
TOTAL RATIO (Divide Supervision Hours by Client Contact hours)		

ADDITIONAL ACTIVITIES	Total Hours / Term	Total Cumulative Previous Log	Total Cumulative
Case Management			
Record Keeping			
Staff Meetings			
Workshops/Training			
Consultation			
Other (Specify)			

Additional activities are only required for students interested in pursuing the LPC track in Oregon. Other states may count additional activities/indirect hours as well.

ALTERNATIVE HOURS	Total Hours / Term	Total Cumulative Previous Log	Total Cumulative
Individual (from all sources)			
Relational (from all sources)			
TOTAL			

Examples of alternative hours include: reflecting teams, meetings with clients and school personnel, psychoeducation groups, and additional clinical activities approved by supervisor. Alternative hours are not counted in the state of Oregon but may be counted in other states.

Supervisee Evaluation—Expected Clinical Skills

1. ***Therapeutic Alliance*** (convey respect to all clients; join and maintain relationship with all members of system; uses self of the therapist to promote working alliance, and attends to the impact of power on the therapeutic system) SLO 2.1, 4.2 & 4.3

Internship 1.	Internship 2.	Internship 3.	Internship 4.
Seeks to understand and empathize with each person's perspective.	Joins and maintains connection with all members in the relationship system, including those who may not be present.	Recognizes societal influences on therapeutic alliance and seeks to engage silenced or overlooked voices and perspectives.	Skillfully manages relationship with family members to counteract societal power imbalances and facilitate their engagement with each other.

2. ***Structuring and managing therapy*** (explain practice setting rules, fees, rights, and responsibilities; determine who should attend therapy and in what configuration; establish and reviews goals; evaluate clients' outcomes for the need to continue, refer, or terminate therapy)
SLO 4.2

Internship 1.	Internship 2.	Internship 3.	Internship 4.
Follows basic clinical and procedures, documents appropriately, and obtains measurable goals in collaboration with client.	Attends to impact of larger relational systems and considers who best to involve; Organizes flow of the session; goals are related to interventions.	Interventions regularly reflect a plan to attain goals; Works with clients to establish and review systemic goals and outcomes; Engages relevant systems & relationships.	Consistently manages progression of therapy toward attainment of systemic treatment goals.

3. ***Perceptual competency*** (identify patterns of interaction; distinguish process from content; identify self as part of the system; develop hypotheses regarding relationship patterns & their bearing on the presenting problem; understand issues related to social justice, cultural democracy, and power) SLO 1.1, 1.2, 1.3, 4.2, & 4.3

Internship 1.	Internship 2.	Internship 3.	Internship 4.
Is developing a systemic lens to expand presenting issues and content to hypotheses regarding interaction patterns and relational and socio-contextual processes.	Able to distinguish process from content in session; Recognizes issues related to social justice and cultural democracy. Reflects on own role in the therapeutic process.	Regularly recognizes and focuses on patterns of interaction and considers how these relate to larger societal processes. Observes impact of self in the therapeutic process.	Consistently recognizes the interconnections among biological, psychological, and social systems, including the impact of power on the presenting issues and own role in the therapeutic system.

4. Intervention skills (link interventions to theory; intervene intentionally and consistently throughout the therapeutic relationship; follow up on interventions; formulate and alter treatment plan as needed; match treatment modalities and techniques to clients' needs, goals, and values; 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). SLO 2.2, 4.2, & 4.3

Internship 1. Applies techniques from at least one systemic therapy approach.	Internship 2. Uses a variety of clinical skills, and is beginning to connect them to a clear overall focus or systemic rationale.	Internship 3. Expanded intervention skill set; Emerging ability to link skills to overall systemic approach; recognizes larger context issues and applies appropriate interventions.	Internship 4. Uses a variety of skills to achieve specific systemic goals; consistently attuned to client's unique social location
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5. Contextual awareness, knowledge and skill (demonstrate of integration of family therapy theory, equity, and social location issues in clinical practice; recognize impact of interventions on wider system; apply systems/relational theories to clinical case conceptualization; recognize how different techniques may impact the treatment process and larger systems issues of justice and power. SLO 1.1, 1.3, 2.1, 2.2, 4.2, & 4.3

Internship 1. Identifies own cultural biases and assesses relevant larger systems issues.	Internship 2. Recognizes issues of justice and power in session and attempts to respond to these in systemic treatment planning.	Internship 3. Sessions expand contextual awareness & counteract societal inequities; increased ability to integrate attention to larger systems issues with family therapy models.	Internship 4. Clinical practice regularly demonstrates integration of family therapy theory, equity, and social location issues.
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6. Assessment and diagnosis (Consider physical/organic, social, psychological, and spiritual problems that can cause or exacerbate emotional/interpersonal symptoms; diagnose and assess client behavioral and relational health problems systemically and contextually; identify clients' strengths, resilience, and resources; evaluate level of risks; manage risks, crises, and emergencies; complete effective assessments and appropriately use the DSM V) SLO 1.2, 1.3. 4.2, 4.3

Internship 1. Completes case assessments for each case that take into account multiple systemic levels; able to assess level of risk and seek help as needed. Routinely identifies areas of resilience.	Internship 2. Draws on observation and formal assessments to formulate systemic hypotheses that connect to goals, diagnoses, and intervention, including management of risks and crises and relevant DSM diagnoses.	Internship 3. Regularly Integrates multiple levels of analysis and theories in conceptualizing and managing a case (biological, sociological, interpersonal, spiritual, etc.), including areas of resilience and relevant DSM diagnoses.	Internship 4. Demonstrates integrated case conceptualization across multiple levels of analysis that guides in-session clinical decisions and case management
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7. **Multiple Systems** (understand and work along-side other recovery-oriented behavioral health services; 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; respect multiple perspectives) SLO 4.2

Internship 1.	Internship 2.	Internship 3.	Internship 4.
Aware of scope of practice of MFTs and identifies other persons and professionals significant to the case.	Practices within scope of MFT, makes appropriate referrals, and attends to other stakeholders, whether or not present.	Recognizes own clinical contributions within an interdisciplinary system of care; engages family members and other significant persons.	Works collaboratively with other all other stakeholders as they intersect in client care.

8. **Research** (using knowledge of current MFT and other research and ability to critique qualitative and quantitative research to inform clinical practice; discern the implications of the sociopolitical context within which research is produced and applied; draw on the research literature relevant to family therapy in case planning, and seeks opportunities to participate in research and evaluate own practice. SLO 3.1, 3.2, 4.2, & 4.3

Internship 1.	Internship 2.	Internship 3.	Internship 4.
Shows interest in determining relevance of research to own practice.	Seeks opportunities to read and/or participate in research and begins to apply to own practice.	Critically evaluates research related to the family therapy and integrates into case planning.	Critically uses research to improve and evaluate own practice.

9. **Self of the Therapist** (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; self-reflection on the implications of own and other's social location in clinical practice). SLO 2.1, 4.2, & 4.3

Internship 1.	Internship 2.	Internship 3.	Internship 4.
Open to feedback from other students, clients, and supervisors and uses it positively.	Is aware of how own values, ideas, and social position influence therapy and seeks consultation to increase self-awareness.	Is aware of implications of own and other's social location during therapy sessions	Draws on consciousness of social context and self-awareness to flexibly respond to complex clinical issues.

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10. Social Justice Advocacy (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; dedication to social justice and global citizenship) SLO 1.1, 2.1, 2.2, 4.2., & 4.3

Internship 1.	Internship 2.	Internship 3.	Internship 4.
Articulates and applies systemic social justice principles in case planning and supervision.	Demonstrates cultural humility and emphasizes client strengths and choice in case conceptualization, treatment planning, and obtaining needed services.	Explores own use of power and privilege as they relate to therapist roles and development, intersect with client identities and roles, and foster global citizenship.	Uses privilege collaboratively with client(s), agencies, family members, and other systems to empower and promote social equity and client interests.

11. Legal/Ethical Practice (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; understand the legal requirements and limitations, as well as case management issues, for working with vulnerable populations; provide competent service according to the AAMFT code of ethics and core competencies; understand and use appropriate processes for making ethical decisions; seek guidance from supervisors). SLO 4.1 & 4.2

Internship 1.	Internship 2.	Internship 3.	Internship 4.
Knows legal, ethical, and professional standards of practice that apply to MFT.	Can apply ethical, legal, and professional standards of practice appropriately in therapy.	Expands ethical awareness and professional responsibility to include gender, culture, SES, power, and privilege.	Has developed a process for addressing ethical issues in case conceptualization/management and professional responsibility.

12. Professionalism (recognize when clinical supervision or consultation is necessary; consult with supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work; utilize supervision effectively; integrate supervisor/team communications into treatment; set appropriate boundaries, manage issues of triangulation, utilize time management skills, and develop collaborative working relationships; maintain complete, relevant case notes in a timely manner; complete all required paperwork, letters, contacts, etc. in a professional and timely manner; contact referral sources/other professionals involved in a timely manner and sharing relevant information; maintaining a professional image, professional boundaries, and positive relationships with colleagues). SLO 4.2

Internship 1.	Internship 2.	Internship 3.	Internship 4.
Engages in professional manner within clinical setting; seeks and utilizes supervision.	Demonstrates initiative in carrying out professional responsibilities associated with role as therapist; identifies specific supervision needs; and maintains positive workplace relationships.	Appropriately utilizes consultation and communication with supervisor, treatment team, and other stakeholders into the treatment process; supports the professional development of colleagues.	Effectively engages with other stakeholders, family members, professionals, or significant persons in the treatment process and in the workplace.

Documentation of Supervisee Evaluation

Student Name: _____

Term: _____

Supervisor Name: _____

Placement Site: _____

Our signatures below verify that we have discussed the electronically completed supervisee evaluation.
Please note any disagreement between supervisee and supervisor about this evaluation.

List at least three supervisee goals that have evolved as a result of your discussion.

- 1.
- 2.
- 3.
- 4.
- 5.

Supervisor Signature _____ Date _____

Supervisee Signature _____ Date _____

Student must upload a copy of this form on TaskStream with the printed copy of the electronic supervisee evaluation.

Supervisor Evaluation (Completed on Salesforce)

Name of Supervisor: _____

Site Name: _____

Please indicate term: _____ Summer (Practicum) _____ Fall _____ Spring
_____ Summer 2

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. Recognizes and encourages further development of my unique strengths and capabilities. | 1 2 3 4 |
| 2. Helps me define and achieve specific concrete goals for myself during the practicum experience. | 1 2 3 4 |
| 3. Was aware and attentive to my development as a clinician. | 1 2 3 4 |
| 4. Helped me to identify and examine my worldview as it relates to my social location. | 1 2 3 4 |
| 5. Identified and challenged my biases in helpful ways. | 1 2 3 4 |
| 6. Helped me address self of the therapist issues. | 1 2 3 4 |
| 7. Helped me consider my use of self in the therapeutic process | 1 2 3 4 |

Supervisor relationship and usefulness of feedback

- | | |
|---|---------|
| 8. Encourages me to expand my clinical work to include new techniques when appropriate. | 1 2 3 4 |
| 9. Gives me useful feedback when I make clinical errors. | 1 2 3 4 |
| 10. Encouraged me to think relationally and systemically. | 1 2 3 4 |
| 11. Guided me in working with multiple members of systems. | 1 2 3 4 |

Application of Systemic and Contextual Knowledge to Practice

- | | |
|---|---------|
| 12. Encouraged me to think of clients within a broader context of extended kin/families communities, & society. | 1 2 3 4 |
| 13. Helped me look at culture, context, and power in therapeutic relationships. | 1 2 3 4 |
| 14. Facilitated my understanding of ethics related to power and equity issues. | 1 2 3 4 |
| 15. Guided my practice related to legal and ethical issues. | 1 2 3 4 |
| 16. Guided me in integrating research into practice. | 1 2 3 4 |

Administrative Issues & Supervisory Relationship

- | | |
|--|---------|
| 17. Was dependable (e.g., on time, made appointments). | 1 2 3 4 |
| 18. Was available for emergencies and urgent matters. | 1 2 3 4 |
| 19. Guided me in administrative matters (e.g., paperwork). | 1 2 3 4 |
| 20. Helped me negotiate relationships with colleagues/co-therapists. | 1 2 3 4 |
| 21. Fostered a supportive supervisory relationship. | 1 2 3 4 |
| 22. Fostered a supportive training environment. | 1 2 3 4 |

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

Less than Adequate	Adequate	Capable	Highly Capable
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Additional comments:

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:

MCFT Client Demographics Survey 2022

As you wrap up your clinical training experience, we would like to take a closer look at the array of clinical work you have done this year.

The purpose of this survey is twofold: 1) This will inform the MCFT program about the breadth of training experiences our students are receiving as a part of our continued program assessment and improvement, and 2) This will assist you in describing your clinical background and experience to others and identifying potential areas for continued professional development and growth.

To this end, we ask that you complete this survey about the clients and clinical issues you have worked with in both internship and externship over the past year. Provide summative totals to the best of your ability, across all of your clinical training sites. Please complete this survey by 5 pm on May 8, 2022, as one of the requirements for MCFT 591 Professional Development Seminar.

*** Required**

1. Email address *

2. Name *

3. Externship Site *

4. Internship Section at L&C CCC

Mark only one oval.

- ☐ Monday AM (Rubin)
- ☐ Monday PM (Armstrong)
- ☐ Tuesday PM (Fontana)
- ☐ Wednesday PM (Hernandez-Wolfe)
- ☐ Wednesday PM (Kim)
- ☐ Saturday AM (Henry)

Please estimate the number of clients you served in the following age categories, and the number of sessions you conducted of each therapy type, over the past year of clinical training. If you did not see any clients related to any of the specific questions below, please enter '0':

5. How many clients did you serve overall? (include all persons in your sessions)

6. How many individual sessions did you provide overall?

7. How many intimate partner sessions did you provide overall?

8. How many family sessions did you provide overall?

Mark only one oval.

- ☐ Option 1

9. What was the average number of sessions conducted per client case?

10. How many of your sessions included children 12 or younger?

11. How many of your sessions included adolescents (13-18 years)?

12. How many of your sessions included persons 60 years or older?

13. How many groups did you conduct?

14. How many group hours did you accrue?

15. What kinds of presenting issues did you address? Please list treatment issues and approximate numbers of corresponding cases seen. (Examples: Trauma (10), Depression (35), Relational Conflict (26), Infidelity (8), Child Behavior Problems (14), Parenting Issues (22), etc.)

Please estimate the number of clients you served who identify according to the

following demographic markers. Again, if you did not see any clients related to the prompts below, please enter '0':

16. Race/Ethnicity: Black or African American

17. Race/Ethnicity: Latino/Latina/Latinx

18. Race/Ethnicity: White

19. Race/Ethnicity: Asian

20. Race/Ethnicity: American Indian or Alaska Native

21. Race/Ethnicity: Native Hawaiian or Other Pacific Islander

22. Race/Ethnicity: Middle Eastern

23. Race/Ethnicity: Multiracial (Please list)

24. Migration status: Immigrant/refugee

25. Gender: Cis Woman

26. Gender: Cis Man

27. Gender: Trans Man

28. Gender: Trans Woman

29. Gender: Non-binary/Non-confirming (Please list clients' terms in use)

30. SES: Very limited economic resources, homeless, food insecure

31. SES: Low income—persistent struggle to meet basic needs

32. SES: Moderate income—security regarding basic needs

33. SES: Affluent/Upper income--able to spend flexibly with little financial concern

34. Sexual Orientation: Gay/Lesbian

35. Sexual Orientation: Heterosexual

36. Sexual Orientation: Bisexual

37. Sexual Orientation: Pansexual

38. Sexual Orientation: Asexual

39. Sexual Orientation: Other (Please list clients' orientations)

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