# CFT Clinical Practicum Manual

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The Couples and Family Therapy graduate program wants to ensure that students engage in a high quality and well-organized Clinical Practicum experience. This process involves understanding the expectations of the Couples and Family Therapy faculty for delivering clinical services within the boundaries of professionalism, ethics, professional accreditation (AAMFT), and Oregon State licensure requirements.

The Clinical Practicum manual is designed as an aid to agency directors, supervisors, instructors and students as they progress through the practicum experience. It contains a discussion of the CFT training philosophy, practicum policies and procedures, and information on the practicum selection process and evaluation criteria. It also contains critical information on the verification of practicum training and the various forms used for that purpose. Each student is responsible to follow procedures outlined in this manual. Since the manual is revised and updated each year, students and supervisors are encouraged to recommend modifications and/or additions.

TRAINING PHILOSOPHY

The overall goal of the Couples and Family Therapy (CFT) program is to train family therapists within a systems framework, in accordance with the Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT) standards for approved educational programs, and the accreditation standards of the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).

In order to achieve these goals, the CFT program offers unique learning experiences through: (1) the acquisition of knowledge by formal classroom learning, and (2) the application of that knowledge in clinical settings under the supervision of qualified therapists. Students are evaluated on academic performance and professional attributes that contribute to the development of a professional therapist. In addition, evaluation of clinical process and content throughout the practicum experience is a vital component of the training process.

In order to maximize the integration of course work and clinical training, and to provide clinical supervisors with an understanding of our training philosophy, several key assumptions have been recognized as guiding our work:

• Couples and family therapy is a discipline that is rapidly growing and changing
• Couples and family therapists should be encouraged to assess critically and/or research CFT theories in order to foster the development of more effective methods of treatment
• Couples and family therapists need high quality competence in the assessment and treatment of a broad spectrum of individual and relationship problems
• Couples and family therapists must be able to consult with a variety of professionals, including physicians, psychologists, social workers, family law specialists, teachers, probation officers, school counselors, and clergy persons
• Couples and family therapists are expected to be culturally competent and sensitive to diversity (i.e. ethnicity, class, sexual orientation, culture, spiritual beliefs, and gender)
• Core clinical faculty should have an integral role in clinical training and supervision demonstrating the application of theory to clinical practice
• Mental health facilities should be utilized in training marital and family therapists to ensure a broad range of exposure to family functioning

State and National Couples and Family Therapist Requirements

The Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT) is the regulatory board authorized by the Oregon legislature to regulate the standards for training, licensure, and professional practice of Licensed Couples and Family Therapists (LMFTs) in Oregon. The state has three components to its licensing requirements: (1) Graduation from a state-approved Couples and Family Therapy (CFT) program, a COAMFTE approved program, or a graduate program that fulfills all educational requirements; (2) Post-graduate completion of 2,000 supervised client contact hours with couples and families as a “registered intern” with the Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT); and (3) A passing score on the national CFT exam offered in Oregon twice a year. Successful completion of all three requirements will
allow an individual's application to go before the board for licensing consideration. Once licensed, the individual therapist must complete 40 hours of continuing education every two years, practice within the professional standards set forth by the board, and pay an annual fee to maintain the LMFT license. The Couples and Family Therapy program has been designed to meet the standards set forth by the State of Oregon for the educational component of the licensure requirement (see http://www.oblpct.state.or.us/docs/degree.htm).

Students are encouraged to become members of the American Association for Couples and Family Therapy (AAMFT). Membership applications are available at http://www.aamft.org. Graduates from our program must be licensed in the state they reside to be eligible for clinical membership in AAMFT.

Readiness for Clinical Practicum

Graduate students in the CFT program must be evaluated by the clinical faculty before they are assigned to clients at their practicum sites. There are several criteria to determine whether a graduate student is ready to assume the responsibilities of a therapist-in-training.

1. The student must have successfully completed the first-year CFT Beginning Practicum course requirements and be judged competent to begin clinical work. The competencies used to make the judgment of readiness include the ability to effectively use clinical micro skills, the ability to construct systemic hypotheses, knowledge and understanding of intake procedures, knowledge and understanding of assessment procedures, the ability to develop treatment plans and identify appropriate interventions, and the clear understanding of the needs and methods used to evaluate progress.

2. The student must demonstrate professionalism, appropriate interpersonal behaviors/interactions, and the ability to maintain collegial relationships with peers, supervisors, colleagues, and faculty.

3. The student will have completed the CFT core classes including but not limited to: Family Theory, CFT Models I, Theories of Counseling, Research Methods, Beginning Practicum, Mental Health and Diagnosis, and Professional Ethics. Successful completion of these courses with a grade or anticipated grade of B- or better will serve to indicate that the student has been exposed to the information needed to begin clinical work.

4. The student must sit for and pass both Comprehensive Examinations. Faculty advisors will make a recommendation to the CFT faculty regarding a student's readiness for practicum. The Comprehensive Exam consists of both knowledge based and clinical competency components.

Clinical Practicum Placement Procedures

The student is to confer with his/her faculty advisor in selecting potential practicum sites that are compatible with the student's areas of strength, experience and interests. Students may petition the Clinical Director to consider approving a practicum placement that is associated with current employment, and/or approval of a practicum placement that is a paid position so long as all clinical practicum site requirements are met. Students are encouraged to identify three potential sites and are welcome to consult with their faculty advisor.

1. All sites must meet program requirements. These requirements include:

   a. The supervisor for the intern must be an AAMFT Approved Supervisor, a Supervisor-in-Training, or equivalent. In accordance with the Manual on Accreditation, Standard 152.02, an "equivalent" supervisor may be approved by the program should an agency be without an Approved Supervisor or Supervisor-in-Training. Equivalency requirements are:

      • Demonstrated training, education and experience in couples and family therapy. This may be demonstrated by state CFT credential, AAMFT clinical membership or other documentation of training, education and experience in couples and family therapy.
• Demonstrated training, education and experience in supervision. This may be demonstrated by state credential to provide CFT supervision and/or completing course work or continuing education in CFT supervision, significant CFT supervised supervision experience, or more than 10 years experience supervising CFT students. However, given that students meet concurrently with AAMFT-Approved faculty supervisors, as long as the site supervisor has a master’s degree in counseling or a related discipline and supervision experience, he/she may be approved as an on-site supervisor.

b. The agency must be able to provide a clinical practicum that will provide each student with a minimum of 8-10 client contact hours per week with approximately half of those hours being “relational” (involving couples and families). In addition, the Center for Family Therapy will provide an average of 3-5 contact hours/week – including hours accrued during Advanced Practicum.

c. The agency must provide a minimum of 1 hour of individual or group supervision per week with the on-site supervisor.

d. The student may have more than one practicum site. The student’s practicum placements in total should allow for a minimum of 10-15 client contact hours per week (50% with couples and families). If the student is falling below 10 client contact hours per week at all sites combined, they should meet with their group supervisor to develop a plan to remedy the situation.

2. Students are to apply to three cooperating agencies, and complete all interview and screening procedures required by that agency. Students are responsible for securing an appropriate practicum site that meets the requirements of the CFT program. The application procedure includes:

a. Preparing a current vita or resume and a cover letter (and/or materials requested by the individual site.

b. Making application to at least 3 agencies--being sure each site meets the approval of the CFT program (a list of qualified agencies will be provided during the Beginning Practicum course).

c. Bringing your vita or resume and cover letter to your interviews.

3. The student is to secure approval for the practicum site by following the procedure below:

a. Follow all procedures in items 1 and 2.

b. When offered a practicum placement by an agency, notify your faculty advisor and the program Clinical Director. Notification must include the name of the on-site supervisor. The CFT Clinical Director must approve this placement before the Clinical Practicum Agreement is signed by the agency director, the on-site supervisor and the student. Approval can be signed via email.

c. Once the agency director, the on-site supervisor, the CFT clinical director, and you (as trainee) have signed your clinical practicum contract, submit the original agreement to the CFT academic coordinator for recording. Your practicum placement is not official until the following are completed:

• You receive a copy of your official clinical practicum contract fully signed (on-site supervisor’s signature, your signature and the CFT Clinical Director’s signature). Do not begin to see clients until all signatures are gathered. Your practicum will not begin until this process is complete. Please allow a minimum of two weeks from the time of your initial submission of the contract to the CFT program and the return of your copy of the fully signed document.

• The program has on-file a current copy of the supervisor’s resume/vita and an agency brochure. Do not begin to see clients until the supervisor’s resume/vita and an agency brochure are received by the program.

• Verification of student professional liability insurance. Do not begin to see clients until official written verification (or other written notice) of your student liability insurance
received by the program. File a copy of your policy verification with the CFT secretary prior to assuming responsibility for clients at the CFT and all other sites.

- Criminal background check clearance. Provide the CFT Academic Coordinator with clearance information prior to the announced deadline.

- When all signatures (on the practicum agreement contract) are gathered, the on-site supervisor’s vita/resume is gathered and an agency brochure is collected, and all other bulleted items above are completed, the program will inform you. At that point, you may begin seeing clients at the agency, per agency protocol.

4. The CFT faculty reserves the right to remove a student from his/her practicum site at any time during the clinical practicum contract period for the following reasons:
   
   a. The student is not receiving adequate clinical hours at the agency.
   b. The student is not receiving adequate supervision at the agency.
   c. The student is being placed in a potentially dangerous position at the agency.
   d. The student is being requested to perform personal and/or professional functions that are not in line with the AAMFT Code of Ethics.
   e. The student is not following the proper procedure set forth by the agency and/or program in regard to the practicum experience.
   f. The agency is uncooperative in complying with the requirements of the couples and family therapy practicum experience.
   g. The student is not receptive to supervisory feedback and direction.
   h. The student is not demonstrating competent clinical service.
   i. The student is behaving in an unethical manner.

It is the policy of the CFT program to seek to resolve issues with the agency prior to the removal of a student from the agency. In clients where the concern centers on potential harm to the student and/or client, the CFT Program Clinical Director maintains the authority to remove a student immediately and notify the agency following the decision.

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Community Agencies
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The CFT program maintains working relationships with a number of mental health agencies in an area between Roseburg and Portland. A list of these agencies is available to students who are deemed ready to begin their clinical practicum experience. This list will be distributed during the Beginning Practicum course.

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Clinical Practicum Standards
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The Commission on Accreditation for Couples and Family Therapy (COAMFTE) has established national standards for the clinical practicum. These standards are supported by the Oregon Board of Licensed Professional Counselors and Therapists. The clinical practicum requirements that each of our students must meet are as follows:

- A supervised clinical experience of no less that 400 client contact hours with a minimum of 200 “relational” client contact hours (i.e. with couples and families). To insure a continuous clinical experience, an average weekly client contact of no less than 10 hours (at all sites combined) will be expected in order to complete the clinical hour requirements. It is the student’s responsibility to notify the faculty group supervisor if their client contact hours consistently fall below 10 hours per week on average.

- At the time of graduation, total supervision hours (at all sites combined) must have exceeded 80 hours, at least one hour per week of individual supervision, and at least one and one-half hours per week of group supervision. Supervision must include live and video taped methods in addition to client review. The student is required to acquire over 40 hours of “raw data” supervision (i.e. live, video, or audio tape) during the course of the practicum.

- Each student must receive individual and group clinical supervision.
In addition, supervisors must meet the following criteria:

- CFT program supervisors must be an AAMFT Approved Supervisors or Supervisors-in-Training. Program supervisors should also hold doctoral degrees and have had relevant professional and clinical experience, or be supervised by a doctoral degree person.
- A supervisor may be deemed to meet “equivalent” status with regard to supervision if they meet the following standards.

Equivalency constitutes the following:
1. Demonstrated training, education and experience in couples and family therapy. This may be demonstrated by state CFT credential, AAMFT clinical membership or other documentation of training, education and experience in couples and family therapy.
2. Demonstrated training, education and experience in CFT supervision. This may be demonstrated by state credential to provide CFT supervision and/or completing course work or continuing education in CFT supervision, significant CFT supervised supervision experience, or more than 10 years experience supervising CFT students.

Agency (Off-Site) Administrative Supervisor

Off-Site Administrative Supervisors must meet the following standards. If they are not AAMFT Approved, SIT, or Equivalent, students should not log supervision time with these supervisors on their monthly log forms.

Off-Site Administrative Supervisor Standards:
1. The off-site supervisor must have at least two years experience supervising other therapists in clinical practice.
2. The off-site supervisor should hold an advanced (graduate) degree in counseling, CFT, or a related discipline.
3. The off-site supervisor must have accrued over 2000 hours of client contact and have been in clinical practice for five years or more.

The off-site supervisor must submit a vita for review by the program clinical director.

### Clinical Practicum Objectives

I. Clinical Practicum Description

The CFT student will be engaged in face-to-face client counseling under the supervision of an AAMFT Approved Supervisor or the equivalent in an approved clinical setting accruing a minimum of 400 client contact hours, fifty percent with couples and families. The student will be responsible to the director of the practicum site for all procedures and policies of that site. The CFT faculty supervisor interacts with the student and the agency director concerning details and evaluation of this practicum experience. Students must have 16 credits of supervised clinical practicum course work to graduate from the program in addition to 4 credits earned in the first-year CFT Beginning Practicum course (a total of 20 practicum credits).

II. Clinical Practicum Objectives

A. Professional Development in Agency Setting
   Students will develop increased levels of professional conduct and demonstrate the ability to work within the field of mental health:
   1. demonstrate knowledge of agency policy and procedure
   2. develop a good working relationship with site director, on-site supervisor, CFT faculty supervisor and CFT program clinical director
   3. develop a cooperative relationship with supervision groups off-site and on campus
   4. demonstrate an openness to direct observation and taping of counseling sessions
   5. demonstrate a willingness to accept and use feedback related to professional conduct and counseling skills.

B. Specific techniques and treatment programs to be learned
   Students will develop increased expertise in the following areas:
   1. develop a therapeutic relationship with clients
   2. demonstrate systemic problem assessment
   3. develop effective and appropriate treatment plans that lead to a therapeutic contract
(4) select and utilize appropriate interventions that support the treatment plans
(5) evaluate effectively client progress
(6) terminate clients within the guidelines of the national and state code of ethics for couples and family therapists
(7) evaluate client impact on the therapist involving issues related to transference and counter-transference

Clinical Practicum Policies and Procedures

I. Professional Standards and Membership

All trainees are required to adhere to the ethical standards of the American Association of Couples and Family Therapy (AAMFT) and the Oregon Board of Licensed Professional Counselors and Therapists.

Students are strongly encouraged to become student members of the AAMFT (http://www.aamft.org) and OAMFT (http://www.iog.edu/FR/homepage.html). Membership is a statement of commitment to the highest professional standards and the peer review process. These organizations provide members with important developments within the field. Application forms are available by contacting the respective national organizations. Professional liability insurance, attainable as an AAMFT student member, is required of all interns prior to contact with clients.

II. Continuous Enrollment

Continuous enrollment in the CFT clinical practicum is required since this assures that continuity of care is provided to clients and that the necessary client contact hours are accumulated. Furthermore, it is essential that students be aware that assuring continuity of care extends to providing counseling services between terms and during holidays and breaks.

III. Clinical Practicum Continuation Policy

1. Clinical Practicum is typically completed within 12 months. Occasionally, due to extenuating circumstances, students are unable to complete their clinical requirements within this time.

2. Students who must extend their Practicum beyond the 12-month period must do the following:
   a. Petition for an incomplete with their CFT faculty supervisor. This process is required by the registrar to indicate that course requirements have not been completed, and so that the student is not mistakenly cleared for graduation when clinical requirements have not been met.
   b. In addition, the student must register for an additional 5th term course in order to insure legal and ethical practices are upheld. This registration enables the student to complete the practicum hours while under the supervision of the CFT Program.

3. Official transcripts will not indicate a student has completed all degree requirements until all components of the clinical practicum have been fulfilled.

IV. Clinical Evaluation

1. Ongoing Evaluation

Evaluation is a central component in clinical training and supervision. Students are provided regular feedback during CFT supervision by the CFT faculty supervisor and on-site supervisor. On-site supervisors evaluate practicum students through weekly supervision sessions and through term evaluations that focus on various family therapy competency skills, personal maturity, personality conflicts, and cooperation with agency leadership. This form, titled the End of Term Practicum Evaluation (attached), is completed each term by agency supervisors. Students will provide this form to agency supervisors each term and will give the completed form to their faculty Advanced Practicum instructor as described in the course syllabus. The CFT faculty supervisor and CFT program clinical director will meet with students who are not performing up to acceptable standards. In addition, the CFT faculty supervisor will evaluate the trainee's clinical work every term. The evaluation process will include the supervisor's completion of a student's Term Evaluation, a student's Self-evaluation, and the on-site Supervisor's Evaluation of the student. These requirements are outlined in the Advanced Practicum course syllabus. Grades (Pass/No-pass) earned in the supervision course are based on the criteria published in the course syllabus.

2. Formal Client Presentation

All CFT students will complete a "Formal Client Presentation" during the spring of their practicum year – or during the term of their graduation. This presentation provides CFT students with the opportunity to demonstrate their clinical knowledge and skills. CFT students must receive clearance to engage in the Formal Client Presentation from their advanced
practicum supervisor during the formal client presentation term (spring term). Students who have an unresolved incomplete grade for any one clinical supervision course or have earned a No-pass grade for any of their supervision courses will not be eligible to engage in this presentation until after these courses are completed. CFT students are required to earn a passing grade on their Formal Client Presentation to be eligible for successful completion of the program.

V. Evaluation of Supervision
Each term, students will evaluate their supervision experience on the Site Supervisor Term Evaluation (attached). The original of this form will be completed and turned into the respective supervisors and serve as the focus of discussion between the student and supervisor during their regular individual meeting. The purpose of this process is to support mutual growth and understanding between supervisor and student. A completed copy of this form will be forwarded to CFT program clinical director for review.

VI. Remedial Procedures

1. Due Process
Due process is utilized in resolving concerns about a student's maturity, agency compatibility, or competence (clinical, ethical, or legal) that stems from their participation in the clinical components of training and the clinical practicum experience. This provides an evaluation process with standardized resolution procedures that allows the student an opportunity to present their perspective. This process begins when a concern is expressed in writing by a CFT faculty member, the CFT faculty supervisor, the agency site supervisor/director, the CFT program clinical director, or the student. It is the responsibility of the CFT program clinical director to meet with all parties to determine both the substantive nature of the concern and the appropriateness of further action. The CFT program clinical director will consider the concern and materials gathered in this regard in order to determine the need for a review of student status. In clients of clinical review or probation, the client will be reviewed. The general procedure outlined below will be followed:

1. Receive the minutes of the CFT faculty meeting in which a student was deemed in need of review or probation.
2. Requests and receives, where appropriate, further written evaluations from faculty and supervisors.
3. Convenes, when necessary, a meeting with the student in order that the faculty and student may share concerns and arrive at a specific program of remediation.
4. Ramifies the student's standing, or makes a recommendation that the standing be changed, and submits a letter to the dean and the student to this effect. A copy of this letter is to be retained in the student's permanent files.
5. Requires any remedial action deemed appropriate including probation, dismissal or a leave of absence. Specific expectations that must be met before the student is considered for reinstatement to full status in the program will be clearly outlined in the letter.
6. Determines the nature, type, and frequency of subsequent reviews.
7. If the student, having received the resulting decision, believes the procedure unjust or this decision unfair, or that new information could lead to a different decision, they may present an appeal in writing to the CFT program clinical director and the department area head.

2. Appeals Process
- Written appeal The student has the right to make a written appeal in compliance with standard institutional policies and procedures.
- Rights During Evaluation and Appeal The student may not be deprived of the right to pursue their education and training during the process of evaluation or appeal, unless the physical or emotional safety of the student and/or their client(s) is involved. If a student is to be suspended from participation in training, they must be notified in writing. The letter must state the time frames and limits of the temporary suspension, and its rationale. A copy of the letter is to be maintained in the student's permanent file.

Possible Remedial or Disciplinary Action:
1. Individual, marital, or family therapy
2. Additional supervision time and assignments  
3. Written assignments  
4. Reduction of client contact at practicum site  
5. Transfer to another practicum site  
6. Suspension of practicum until other conditions are met  
7. Leave of absence from the practicum and/or degree program  
8. Dismissal from the degree program

Failure to comply with any prescribed remedial action may result in disciplinary action, including dismissal from the degree program.

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Clinical Practicum Plan

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I. The Supervision Process

Supervision is a process that is designed to assist the intern in improving clinical skills, overseeing the quality of clinical service imparted to the client, and promoting professional growth of the intern. The supervision process is based on professional accountability and will be conducted in an environment that is supportive and respectful. Timely feedback will focus on client assessments, hypotheses, goals, interventions and evaluations based on client notes, and video tapes of sessions. Supervisees will be active participants in the supervision sessions and are expected to complete client summaries and other written assignments prior to scheduled sessions and review counseling notes and tapes so that supervision time will be productive and meaningful. Supervision sessions will include client discussions based on session notes and audio/video tapes as well as key segments of these tapes that highlight certain clinical assessments and interventions. Discussions will include clinical, professional and ethical questions and concerns as well as personal issues related to the client-therapist relationship.

The supervision process involves six major steps:  
(1) observation of the supervisee in session with the client(s);  
(2) identification of a skill the supervisee is in need of developing related to the client;  
(3) formation of hypotheses designed to assist the supervisee in developing this skill;  
(4) intervention by supervisor designed to help promote the identified skill for the supervisee;  
(5) evaluation of the effectiveness of the skill development of the supervisee;  
(6) identification of the next skill the supervisee needs to develop for effective clinical work.

The supervision process will provide possible benefits for the student. These benefits include improved clinical skills-particularly client assessment; formation of a treatment plan that includes modality of treatment, treatment goals, frequency of sessions, interventions and evaluation criteria; determination of appropriate interventions; delivery of appropriate interventions; and evaluation focused on the effectiveness of both the treatment plan and the client's progress. In addition, through the supervision process, students may develop a stronger sense of professional identity and professional conduct. Several risks are also inherent in the supervision process. These risks include possible discomfort in developing greater expertise in clinical knowledge and skills as well as discomfort related to transference and countertransference issues that may originate from the client-therapist relationship and other discomforts (McCarthy et. al., 1995).

II. The Conditions and Expectations for Supervision

Specific techniques and treatment programs to be expected  
Supervisees will be assisted in developing increasing expertise in the following areas:  
• developing a therapeutic relationship with clients  
• conceptualization of systemic problem assessment  
• developing effective and appropriate treatment plans that lead to a therapeutic contract  
• selecting and utilizing appropriate interventions that support the treatment plan  
• evaluating client progress  
• terminating clients within the guidelines of the national and state code of ethics for couples and family therapists  
• evaluating client impact on the therapist on issues related to transference and counter-transference (Moursund, 1993).  
• Clinical Development Goals & Student Self-Evaluation of Clinical Development Goals (form) will be based on the level of therapist preparation and specific recommendations made by the CFT faculty supervisor and the on-site supervisor. The student will focus on specific goals and developmental needs for each term.
• The student must demonstrate professionalism, appropriate interpersonal behaviors/interactions, and the ability to maintain collegial relationships with peers, supervisors, colleagues, and faculty.

Number and types of clients to be expected:

Students involved in the couples and family therapy program will be required to accrue 400 client contact hours with a minimum of 200 of those client contact hours being “relational” (i.e. with couples or families). No less than an average of 5 client contact hours must be accrued per week, with the understanding that an average of 10 or more hours may be expected at each practicum site to insure completion of the clinical hour requirements. At the end of each of each term students are expected to have logged sufficient hours to ensure they will complete the 400 hours by the end of their last term in the program (terms include summer, fall, winter, and spring). A total of 400 clinical experience hours (50% with couples and families) are required for the clinical practicum to be completed.

Nature and frequency of site visits:

A faculty supervisor will communicate with the on-site supervisor three times during the academic year (minimally). The first contact will be during the first term of the practicum and will continue once each term during the academic year. In addition, meetings between the CFT faculty supervisor and/or CFT program clinical director, the on-site agency supervisor and/or director, and the students may take place at any time throughout the practicum experience. Each CFT faculty supervisor and on-site supervisor will fill out written evaluation forms regarding the professional performance of each practicum student at the end of each term. These evaluation forms become a part of each student’s permanent file.

III. Procedures to Observe the (student) Therapist Delivering Clinical Treatment

A. Methods of observation

Students are required to accrue over 40 hours of “raw data” supervision (i.e. live, video, or audio). Observation of the practicum student’s clinical work will be undertaken using the following modalities.

1) Live Supervision involves the supervisor observing a clinical session as it is occurring. This can be via observation from behind the mirror, or with the supervisor in the therapy room during the session.

2) Digitally recorded sessions will be viewed in supervision to provide an accurate view of the therapeutic process and facilitate precise feedback regarding clinical skills, treatment hypotheses, goals, interventions and evaluation. This method of observation is required for all supervisees due to its accurate presentation of the therapy session. This method of observation does not allow for immediate feedback during the session; however, it does allow for thoughtful analysis and reflection of the clinical hour; therefore, it is the method of choice for our program at this time (Breunlin, Karrer, McGuire & Cimmarusti, 1988).

3) Audio tapes of the counseling sessions are used to supplement video taped sessions and are used for observation purposes in supervision. The fidelity of both process and content within the therapy session is weaker than in video taped presentations; therefore, this modality may be used in addition to, but not in replacement of the requirement to use videotape in the clinical supervision process.

4) Client notes from therapy sessions are an additional modality of observation used in supervision sessions. This method requires that the supervisee review the client and present pertinent data that facilitate the supervision process. This method of observation does not provide the accuracy available from video taped or audio taped sessions due to the translation of events into written notes and then the recall of those events for presentation in the session (Hess, 1980). For this reason, this modality will be used only as a supplement to the video taped observations.

B. Expected preparations for supervision meetings

Students are expected to review their own client notes and video/audio tapes in preparation for supervision meetings. This review includes the following components:

-Completion of an hourly log form that records client contact hours and clinical practicum hours--this form must be signed by your CFT individual faculty supervisor on a monthly basis for logging purposes.

-Review of client progress notes, assigned client assessments and evaluation notes, etc. for each session that was conducted during the week. These forms will be kept in your client files. The purpose of completing these forms is
threefold:

a) To assist the student therapist in evaluating the session and preparing for your next session with the client(s),
b) To facilitate client presentation during supervision,
c) To meet ethical and legal regulations.
- Evaluation of the video/audio tape and cueing the tape to the area of the session that was deemed as crucial to the therapy hour as a means of facilitating the supervision process.

C. Expected paperwork procedures for all students. All practicum students are responsible to submit all paperwork to their faculty supervisor in a timely and professional manner -- meeting all deadlines set forth by the program. All students are expected to keep copies of all documents.

D. Confidentiality of all client information. All practicum students are required to insure that the confidentiality of each client is maintained at all times. All students are required to transport all client material utilized in supervision in a locked briefclient -- this includes client lists, client progress notes, written assignments based on client material, and all video and audio tapes. All client material should be secured in a triple-locked environment at all other times.

Professional and Ethical Conduct

I. The AAMFT Code of Ethics
All CFT students will conduct themselves in accordance with the AAMFT Code of Ethics. In so doing, each student will uphold the Code in management of clinical clients. All client material (progress notes, client records, client assessments, etc.) must be handled with strictest measures to insure confidentiality of the client is upheld. All client material should be held within a triple-locked environment, with the transportation of any and all documents in a securely locked briefclient.

II. Professional Conduct
All CFT students are expected to exhibit professional attributes identified as vital to professional counselors. Couples and Family Therapy is a profession that requires a strong theoretical basis for clinical work as well as professional attributes that contribute to the helping functions of a therapist.

FORMAL CLIENT PRESENTATION

Introduction:
The Formal Client Presentation is designed to enable second-year practicum students to demonstrate the ability to grasp and apply systems theory, communication theory, and core practice competencies. This presentation is two-fold. First there is a comprehensive written document completed by the student that contains pertinent client information. Second, there is an oral presentation made by the student to the CFT faculty. Students must have their model and selected client system approved by their individual faculty supervisor prior to use in the Formal Client Presentation. Two copies of the written document are handed in one week prior to the oral presentation to allow the faculty to carefully review the material. The formal client presentations will be held in April or May.

The Formal Client Presentation requires that the service plan is based on a clearly articulated and well-integrated model of couples and family therapy.

General Instructions:
1. Select a client system where you have been the primary therapist and that has included more than six couple/family sessions. You must have recorded all sessions (a minimum of six sessions) and have those recordings available for review by the CFT faculty evaluators.

2. Prepare 2-3 digital clips (10 minutes total) with one of the clips selected from sessions 1-5 and one clip from session five or beyond. All clips must reflect a relational client system and include in the frame the clients and the therapists (any requests for exceptions to this policy must be discussed with your faculty supervisor at least one term prior to the
3. Complete the written document and session reviews and submit two copies to the CFT Academic Secretary one week prior to your presentation date. Given the potential for a breach of confidentiality, be certain the Academic Secretary directly receives your documents (he/she will then place them in a locked location). Papers will not be accepted if turned in at any point in time after the announced deadline. In this client, the student will be placed on remediation status and will be required to complete the FCP no sooner than the following term.

4. Make a formal presentation during your assigned 45 minute time slot. The student portion of the presentation is 25 minutes. The presentation should include:
   - five minutes overview
   - ten minutes video clips
   - ten minutes questions by faculty evaluators
   - ten minute faculty evaluators’ conference (student excused)
   - five minutes faculty evaluators’ feedback to student
   - five minute buffer

5. You will receive written feedback regarding your formal presentation within 10 business days. You will be awarded one of the following grades:

   **Pass with Distinction**
   An exceptional paper, oral presentation and video clips. A small percentage of students earn a pass with distinction.

   **Pass**
   Complete and thorough work at a moderate to high level of overall competence. A student who receives a pass may be required to revise portions of the paper or, in some other way (e.g. reflection paper, submission of new video clips), address certain questions raised by the faculty evaluators. If revisions are required, the task(s) will be specifically outlined within two business days of the presentation, provided to the student, and due back to the facility within one week. This work will be evaluated by two or more CFT faculty evaluators. Students will then either receive a final pass or will be required to provide additional revisions. Students will be required to revise and resubmit their work to the faculty evaluators until they earn a final pass. Students must earn a passing evaluation to graduate from the program. This process mirrors customary academic peer review, i.e., revisions are common in even very high quality doctoral dissertations and peer-reviewed manuscript submissions.

   **No-Pass**
   Students must reschedule the formal presentation with a revised manuscript and perhaps additional video clips. This retake must be scheduled within two weeks of receiving the feedback. It is the responsibility of the student to coordinate the schedules of two or more CFT faculty evaluators for the second presentation. The revised written manuscript will be due one week prior to the second presentation, with deduction of 10 points a day for each day it is tardy. Following the second presentation the student will receive either a Pass or a No-Pass. A passing evaluation is required for clearance to graduate. Students who fail to earn a passing grade on the retake of the formal presentation will be dismissed from the program.

The Written Document:
The document for the client presentation must include the Client Overview and Session Reviews. Be sure you adhere to the APA format for all material. Supply two copies of your written material containing the following information one week prior to your formal client presentation day. As mentioned earlier, give the copies directly to the CFT Program Administrative Assistant. Please use the following outline in organizing your document.

**Client Overview:**
1. What is the context of the referral? (1/2-3/4 page)
2. What is the context of the family? (Make sure to incorporate Couples and Family Therapy literature in your response.) (4 pages, excluding genogram)
   a) Complete, descriptive genogram (include as attachment)
   b) Pertinent diversity considerations (e.g., ethnicity, gender, SES, sexual orientation)
   c) Identify the family members & other parties involved in the immediate problem or symptom(s).

3. What is the “problem?” (2 ½ pages)
   a) What is the problem according to the agency/agent that made the referral?
   b) What is the problem according to each individual family member?
   c) What is the problem according to any other pertinent parties?

4. What has the family done in order to solve the presenting problem on their own? What resulted? (1 page)

5. Theory & Practice (20 pages total for this section)

   Note: This section describes your theoretical orientation in light of the professional literature. Liberally cite the literature in the section. Demonstrate a clear and sophisticated command of your core assumptions, described succinctly. This section should provide evidence of your integration of core theoretical constructs.

   a. Describe the core systemic and communication theory assumptions, central to systemic therapies which guide your practice. Cite the literature in your response. Include the family therapy model(s) of your choice and its (their) core assumptions in this section. Note: This section is designed to be a comprehensive, though concise summary that intelligently integrates systems theory, communication theory and your model(s) of choice. (8 pages)

   b. Describe the factors associated with effective therapy (common factors) and tie this literature to your systemic framework. Later, in appropriate sections in this paper, describe how you applied your knowledge of the common factors in your work with this client system. Be specific, cite the literature, and give examples. (3 pages)

   c. Summarize the “motivational readiness” literature and tie this to your systemic framework. Later, in appropriate sections in this paper, describe how you applied your knowledge of the motivation readiness literature in your work with this client system. Be specific, cite the literature, and give examples. (3 pages)

   d. Many family therapy models have historically de-emphasized emotion, insight and previous life experience/past events. How do you incorporate each of these variables in your practice? Describe your logic and how you apply this in practice. Later, in appropriate sections of the paper, describe how you applied this with this client system. (3 pages)

   e. The majority of empirically supported therapies and techniques are not directly tied to the systemic literature. Describe your process for incorporating EST’s/EVT’s/best practices literature in your work. Further, describe which of your practices are commensurate with the best current knowledge of effectiveness (tie common factors and EVT/Best practices literature). Later, in the intervention section (section 9), connect at least 2 of your interventions to the empirically supported literature. Describe the foundation that allows your work to be coherent (i.e., consistent in its theory) even as you bring together bodies of work that are not typically paired. (3 pages)

6. Systemic diagnosis. (4 pages)
Describe your systemic diagnosis (or description) based on client data and your theoretical model. In this section, describe central interactional process (micro process, drawn from communication theory) and macro context. This section can be thought of as a vivid description of (a) classic process, (b) context, i.e., the environmental factors associated with classic process, and (c) their relationship to the presenting concern(s)/issue(s).

This section demands a great deal of thoughtfulness and is designed to capture the full fund of your knowledge of central curriculum content – as it applies to this client system. In effect, it is a vivid description
of your impression of the client(s) in light of your orientation and the professional literature.

7. DSM-IV TR Diagnosis. (1-2 pages; set in DSM block format with brief additional narrative as is pertinent) Provide a multi-axial diagnosis commensurate with best practices for each client with whom you are working.

8. What are your fundamental treatment goals and what evaluation criteria will you use in assessing treatment success with the family (prioritize them and list the operationalized objectives for each goal)? You can think of this in 2 parts. First, the goals are the hoped-for broad outcomes. That is, a goal is a measurable marker that captures desired change. Second, for each goal, detail the associated objectives. The objectives are the “as evidenced by” indicators of success. (2 pages)

9. What interventions have you used in order to reach those treatment goals? Be detailed and tie this to the professional literature. Demonstrate your understanding of the common factors and empirically-supported outcome literature. (5 pages)

10. How were your interventions received by the family? What were the results? How did you respond? In this section, demonstrate your thinking and ability to respond and intelligently adapt to client feedback. How do you adjust? Give examples associated with this client system. (2 pages)

Session Reviews: (2-2 ½ pages per review)
Include three separate session reviews for this client. One session review from the beginning of treatment, one from the middle stages of treatment and one from your most current session or end of treatment.

For each session review, clearly describe the following information:

a. Client(s) present for session – first name and role in family (e.g. mother, oldest son, etc.).
b. Time and place the session was held
c. The presenting problem for the client and the problem addressed for this session
d. Session goal(s)
e. Session Summary
f. Therapeutic interventions (linked to goals)
g. Client reception to therapeutic interventions
h. Therapist hypothesis of session
Purpose of Externship Agreement
This agreement is established between the Couples and Family Therapy Program, the above named externship/practicum site, the site supervisor, and the above named trainee in cooperation in providing the above named trainee his/her education. Since no financial obligation is involved, the scope of the agreement is focused on the general activities planned and the assignment of responsibilities between parties. It is further agreed and understood that the above trainee will remain in said site for the specified period of time (typically 9-12 months) with extension for completion of duties to be discussed and mutually agreed upon if necessary.

Site Agreement
It is agreed and understood that this practicum site will serve as a clinical facility for selected couples and family practicum students as they acquire the required 400 client contact hours (50% with couples and families), with duties to include:

- Provision of clinical experience that includes exposure to culturally diverse populations, assessment instruments, and emphasis on couples and family therapy.
- Provision of supervision that meets criteria under supervisor agreement (a minimum of 1 hour of supervision per week)
- Agreement to allow video or audio taping of therapy sessions in support of the training process and in line with the agency policy and client’s informed consent.
- Provision of orientation to agency’s policies and procedures with an orientation meeting scheduled within the first two weeks of the student(s) being onsite.
- Familiarity with and conformity to the CFT clinical program and training requirements.
- Participation in meetings when offered.
- Provide term supervision evaluation reports of student’s work.
- Agreement to the University contract.

Supervisor Agreement
The supervision to be provided shall be determined by mutual agreement of the said parties and governed by the following responsibilities:

- Provision of supervision by an AAMFT Approved Supervisor, an AAMFT supervisor-in-training or a supervisor meeting the following standards:

  1. at least two years experience supervising other therapists in clinical practice.
  2. a graduate degree in counseling, MFT, or a related discipline.
  3. accrual of 2000 hours of client contact and clinical practice of five years or more.
• If not already on file with the CFT program, please submit a copy of your resume/vita to the CFT program.
• One hour of weekly supervision is required for trainees at your agency.
• Completion and signing of necessary documentation including trainee’s monthly report of hours and regular evaluations. The UO faculty group supervisor will sign the student’s monthly log form of hours.
• Regular interaction with the CFT faculty supervisor assigned to this trainee, and contact with the CFT program clinical director as needed.
• Knowledge of and adherence to the AAMFT Code of Ethics, and all state laws regulating the clinical practice.

Term of Externship: Beginning Date: ___________________ End Date: ___________________
Minimum number of client contact hours per week at this site (average): ________________
Total number of hours per week (average) the student is expected to work at this site: ________________

I, the undersigned, do pledge myself to the fulfillment of the responsibilities listed above to the best of my ability.

__________ ____________ ____________ ____________ ____________ ____________ ____________
On-site Supervisor Phone email

CFT Program Clinical Director License or Certification Number Expiration Date

□ Vita on File

Student Agreement
I agree to participate in meetings between the on-site supervisor(s), Site Director, CFT supervisors, and program clinical director as needed. I agree to complete and turn in all paperwork related to the completion of the externship. Further, I agree to maintain an open and collegial relationship with the on-site supervisor, fellow students, and on-site staff. I agree to share any problem or relevant questions related to clinical practice with all supervisors responsible for my work in a timely manner.

Finally, I agree to abide by the AAMFT Code of Ethics, state law, and the policies and procedures of:

____________________________________________ (Agency name)

I, the undersigned, do pledge myself to the fulfillment of these responsibilities and those delineated in the section of the Clinical Practicum Personnel Responsibilities to the best of my abilities.

In addition, I have completed the following tasks and submitted verification to the CFT program Administrative Assistant (please mark).

□ Criminal background check □ Professional liability insurance

_________________________ ___________________
Practicum Student Date

{Revised 5/10/11 Intern ➔ Ind. Sup. ➔ Practicum & Contracts Coordinator ➔ Academic Secretary}
MONTHLY CLIENT CONTACT REPORTING FORM
(to be turned in to your faculty supervisor at the end of each month)

FOR THE MONTH OF: __________________________ YEAR: ____________

STUDENT NAME: ___________________________ AAMFT ID: ____________ DATE YOU ENTERED THE PROGRAM: ____________

YOUR YEAR IN THE PROGRAM (1st, 2nd, 3rd): ____________

Site Name | Modality | Individual | Couple | Family | Relational (add couple and family hours. Need 200 to graduate) | Total Hrs (400 hrs required for graduation) | Client Report Hours | Live (raw data) | Video (raw data) | Audio (raw data) | Direct Observation (add audio, video, and live hours. Must be over 40 to graduate) | Total Supervision Hours this month (80 hrs. required to graduate)
---|---|---|---|---|---|---|---|---|---|---|---|---|---
1st site name | Individual | x | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; |
 | Group | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; |
 | Alternative | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; |
2nd site name | Individual | x | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; |
 | Group | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; |
 | Alternative | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; |
3rd site name | Individual | x | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; |
 | Group | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; |
 | Alternative | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; |

Current Month Totals (add all hours at all sites listed above) | x Ind | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; |
 | y Grp | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; |

Previous Month's Cumulative Practicum Totals | x Ind | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; |
 | y Grp | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; |

Cumulative Pract Total (add above two rows - all practicum hours completed to date) | dd | aa | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; |
 | cc | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; |
 | bb | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; | &nbsp; |

Notes: Only log supervision hours accrued with faculty supervisors unless the on-site supervisor is an AAMFT Approved Supervisor, SIT or Equivalent Status.
To qualify for graduation: aa must be over 400; bb must be over 80; cc must be over 40; and, dd must be over 200.

RATIO OF SUPERVISION TO CLIENT CONTACT (1:5) = BB/AA : _______ (should be .2 or greater)

Cumulative Totals for All Sites

| CLIENT CONTACT | SUPERVISION (AAMFT Approved/Faculty Supervision Only) |
|---|---|---|---|---|---|---|---|
| Individual | Couple | Family | Total Alternative Hours | Client Rept | Live | Video | Audio |
| Intern Signature: | | | | | | | |
| Individual Faculty Supervisor Signature: | | | | | | | 

Date: ________________ Date: ________________
**INSTRUCTIONS FOR COMPLETING THE CLIENT CONTACT AND SUPERVISION HOUR REPORTING FORM**

**SITE NAME:** List the name of the site.

**MODALITY:** This indicates the mode in which client contact and supervision hours were earned.

- **INDIVIDUAL:** Individual mode for client contact occurs when the student sees one individual, one couple, or one family in the therapy room. Individual mode for supervision occurs when 1-2 students work with the supervision.

- **GROUP:** Group mode for client contact occurs when the student sees a group of individuals, a group of couples, or a group of families in the therapy room. Group mode for supervision occurs when 3-6 students work with supervisor.

- **ALTERNATIVE:** Alternative mode client contact occurs when the student engages in any direct client contact as defined in standard 151.01. No more than 100 hours of alternative direct client contact may be counted toward the total client contact hours, only 75 of which may be relational.

**CLIENT CONTACT HOURS:** List the number of face-to-face contact hours earned by each student in each category, and in each modality.

- **INDIVIDUAL:** When a student sees one individual in the therapy room. This should be logged in the INDIVIDUAL row when a student sees one individual, and in the GROUP row when a student sees a group of individuals.

- **COUPLE:** When a student sees one couple in the therapy room. This should be logged in the INDIVIDUAL row when a student sees one couple and in the GROUP row when a student sees a group of couples.

- **FAMILY:** When a student sees one family in the therapy room. This should be logged in the INDIVIDUAL row when a student sees one family and in the GROUP row when a student sees a group of families.

- **RELATIONAL:** Add the COUPLE and FAMILY columns together (numbers in the INDV GRP cell should **NOT** be counted as relational client contact).

**TOTAL CLIENT HOURS:** Add the INDIVIDUAL, COUPLE, and FAMILY columns.

**SUPERVISION HOURS:** List the number of supervision hours earned by each student in each category and modality.

- **CLIENT REPORT:** All forms of supervision **NOT** based on raw data. See definition of raw data below.

- **LIVE:** The supervisors live observes a student conducting therapy through a one-way mirror, TV monitor, or other observation device.

- **VIDEO:** The supervisor observed a videotape of the student conducting therapy.

- **AUDIO:** The supervisor listened to an audiotape of the student conducting therapy.

**DIRECT OBSERVATION:** Sum of LIVE, VIDEO, and AUDIO columns.

**TOTAL SUPERVISION:** Sum of CLIENT REPORT, LIVE, VIDEO and AUDIO columns.

**CURRENT MONTH'S TOTALS:** Total each student's client contact and supervision hours in each column, adding all hours earned at different sites together.

**PREVIOUS MONTH'S CUMULATIVE CONTACT (1:5):** Record hours from Cumulative Total row from previous month's log.

**CUMULATIVE CUMULATIVE TOTALS:** Add Totals row and Previous Month's Cumulative Totals row to get student's practicum hours completed to date.

**CUMULATIVE TOTALS FOR ALL SITES:** Total each student's client contact and supervision hours in each column, recording the totals separately for Individual, Group and Alternative hours. Break down hours by Individual, Couple, and Family categories.
This form will be completed each term by your faculty group supervisor and your off-site supervisor. Your overall course grade will be informed by this evaluation. Items are not evenly weighted (i.e., the client presentations are heavily weighted and must be of very high quality to complete the class.). Overall, this evaluation is designed to give you feedback regarding your strengths and growth areas related to the essential components of clinical work. This form, completed by your off-site supervisor, is due the 10th week of the course.

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<th>AREA OF EVALUATION</th>
<th>1 (Low)</th>
<th>2</th>
<th>3 (Adequate)</th>
<th>4</th>
<th>5 (Excellent)</th>
<th>N/A</th>
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<tr>
<td>COURSE ASSIGNMENTS (this section filled out by U of O faculty supervisor only)</td>
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<td>Attendance and Participation</td>
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<td>Client Presentation Quality (i.e., relevant information presented, presentation completed within parameters, etc.)</td>
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<td>File Management and Paperwork (including Client Contact Logs)</td>
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<td>Goal Setting and Self Evaluation</td>
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| ON SITE PERFORMANCE AND ISSUES OF PROFESSIONALISM                                  |         |   |              |   |               |     |
| Demonstrate knowledge of agency policy and procedure                              |         |   |              |   |               |     |
| Develop a good working relationship with site director, on-site supervisor, faculty supervisor and CFT Clinical Director |         |   |              |   |               |     |
| Professionalism including performance with clients and with colleagues and supervisors |         |   |              |   |               |     |
| Developed a cooperative relationship with supervision groups on-site and at the University |         |   |              |   |               |     |
| Demonstrate an openness to direct observation and taping of counseling sessions    |         |   |              |   |               |     |
| Demonstrate a willingness to accept and use feedback related to professional conduct and counseling skills |         |   |              |   |               |     |

| ISSUES IN CLINICAL PRACTICE                                                        |         |   |              |   |               |     |
| Demonstration of an ability to develop a therapeutic relationship with clients     |         |   |              |   |               |     |
| Ability to articulate theoretical and conceptual issues related to clients presented including systemic problem assessment |         |   |              |   |               |     |
| Demonstration of ability to develop effective and appropriate treatment plans that lead to a therapeutic contract |         |   |              |   |               |     |
| Demonstration of ability to select and utilize appropriate interventions that support the treatment plan |         |   |              |   |               |     |
| Demonstration of ability to effectively evaluate client progress                   |         |   |              |   |               |     |
| Demonstrate competence in client management issues (e.g., managing information, missed appointments, crisis management, referrals, termination, etc.) |         |   |              |   |               |     |
| Demonstration of ability to evaluate client impact on the therapist involving issues related to transference and counter-transference |         |   |              |   |               |     |

Recommendations, areas to address in future, learning edge items/challenge:
The practicum student’s evaluation is vital to the development and improvement of the CFT training program. The quality of supervision provided is the important component of this evaluation. Please respond to each item below by circling the appropriate letter.

Student Name: ___________________________ Site ___________________________

Name of Supervisor: ___________________________ Date: __________

A Exceptional  B Good  C Acceptable  D Low  U Unsatisfactory

Supervisor’s Relationship Skills:

1. **Humor:** Allows student to use his/her natural sense of humor in therapy, and also uses own sense of humor in the supervisory relations.
   
   A B C D U
   
   Comments:

2. **Sensitivity:** Shows awareness of student’s struggles to learn a new approach.
   
   A B C D U
   
   Comments:

3. **Communication:** Expresses ideas and concerns clearly and directly.
   
   A B C D U
   
   Comments:

4. **Respect:** Builds on student’s past professional and personal experience.
   
   A B C D U
   
   Comments:
5. **Challenge:** Provides feedback concerning problematic aspects student's therapeutic style.

   A       B       C       D       U

   Comments:

6. **Enthusiasm:** Shows an excitement about therapy and teaching.

   A       B       C       D       U

   Comments:

**Supervisory feedback:**

1. Regularly provides direct and clear feedback to student on in-session behaviors, responses to supervision, interpersonal style, and conceptual abilities.

   A       B       C       D       U

   Comments:

**Supervisor's conceptualization ability:**

1. Conceptualizes the client in a suitably complex, but clear and concrete way in a variety of teaching contexts (e.g., live client consultation, video review, in individual and group supervision).

   A       B       C       D       U

   Comments:

**Supervisor as a role model:**

1. Functions as a professional role model to student.

   A       B       C       D       U

   Comments:

**Supervisor provides:**

1. Structure in training and supervision (e.g. tasks given to students, directed readings, phone-in's and tape analyses).

   A       B       C       D       U

   Comments:
2. Help in making the therapy model become concrete and personally replicable.
A B C D U
Comments:

3. A context where one’s approach to conducting therapy can be modified and refined.
A B C D U
Comments:

4. Suggestions that match the student’s level of experience and skills.
A B C D U
Comments:

5. Guidance in translating student’s assessment of his or her own strengths and limitations into realistic goals for skill development.
A B C D U
Comments:

6. Ongoing feedback about student’s progress and development as a therapist.
A B C D U
Comments:

7. Support through availability to consult on clients outside of the training program hours.
A B C D U
Comments:


{Revised 4/8/2010: Intern → Clin Dir → Acad. Sec.}
ACKNOWLEDGMENT OF RECEIPT OF CLINICAL PRACTICUM MANUAL

TO BE COMPLETED BY THE PRACTICUM STUDENT AND RETURNED TO THE PROGRAM CLINICAL DIRECTOR

My signature below acknowledges that I have received the Couples and Family Therapy Program Clinical Practicum Manual as of this date. I have read the entire manual and have had all of my questions answered. I agree that I will fully understand the Manual before I begin my practicum. If I have any questions I agree that I will contact my advisor or the program clinical director and have my questions answered before taking any action. I further agree to return this form to by be filed before beginning my practicum.

_________________________________________________________________
Student’s Printed Name                      Student ID#
_________________________________________________________________
Phone                                      Email
_________________________________________________________________
Student Signature                          Date