



Graduate Program Handbook

Fall 2013

Marriage and Family Therapy Program

Brigham Young University

Welcome to the Marriage and Family Therapy Program

Welcome to one of the premier Marriage and Family Therapy (MFT) graduate programs in the United States! You have been selected by the faculty with great care and with the full expectation that you will progress through the program to completion. We welcome you as students, friends, and colleagues joining us in the development of our profession!

The MFT Program at BYU began in 1967 and is among one of the first academic institutions in the United States to train marriage and family therapists. Currently, we are one of the few universities offering both the master and doctoral degree in MFT. Utah passed legislation to license MFTs in 1971, making it among one of the first states to do so. BYU MFT graduates are in clinical and academic positions throughout the United States, Canada and the world.

While you are here you will gain the knowledge and skills necessary to enter your field of study and future profession with confidence. This *Graduate Program Handbook* has been developed to assist you as you begin and progress through your studies. Specifically, this *Handbook* has the following goals:

- To describe policies and procedures unique to the Marriage and Family Therapy Graduate Program.
- To help you understand the expectations and procedures related to the academic curriculum.
- To help you understand the resources available to you at BYU including faculty, staff, library, computer resources, and financial aid, etc.

We wish you the best and look forward to your participation in, and contribution to, the Marriage and Family Therapy Program at Brigham Young University.

Roy A. Bean, PhD
Associate Professor & MFT Program Director
258 TLRB 422-2349

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Chapter 1

Introduction

The MFT Program

The mission of the Marriage and Family Therapy Program is to develop a student's professional identity as a marriage/couple and family therapist. This is accomplished by providing a quality education including prevention and intervention which promotes quality family living across generations. At the doctoral level, students are expected to expand their professional identity to include scholar, supervisor, and educator. To develop these areas of expertise, the program is committed to providing opportunities in clinical, academic, and research arenas. This is done in an environment that is committed to respect, and support of multiculturalism and diversity.

Accreditation for Marriage and Family Therapy: The MFT Program is accredited by the Commission of Accreditation for Marriage and Family Therapy Education (COAMFTE). The MFT program is designed to be consistent with guidelines and core clinical competencies mandated in the COAMFTE standards for accreditation.

Description of Degrees

Marriage and Family Therapy—Master Degree: The MS program in MFT trains persons who will be outstanding clinicians, prepared to function in a wide variety of marriage and family therapy settings (e.g. mental health centers, private treatment programs, hospitals, private practice, etc.). The curriculum is based on the licensure requirements of most states and is accredited by the Commission on Accreditation for Marriage and Family Therapy Education. The master degree is the basic credential for independent practice in marriage and family therapy.

Marriage and Family Therapy—Doctoral Degree: The PhD program in MFT has three interrelated emphases--clinical practice, teaching/supervision, and research. BYU offers three options for the PhD degree in MFT.

- 1) Students who already have an MFT master degree from an accredited institution should complete the program in approximately three years.
- 2) Post-baccalaureate PhD student's follow the MS program during the first two years. After completing the master's program and thesis requirement, the student may apply to the PhD program. Upon being admitted to the doctoral program, the student may complete the PhD program which requires an additional three years.
- 3) Students who have a clinical, but non-MFT master degree program, such as Social Work should complete the program in approximately four years. The master's curriculum is followed until MFT master degree curriculum not present in a student's previous clinical program has been completed. When all requirements for licensure in MFT are completed, the student then begins the PhD curriculum.

Meet the Faculty

Roy A. Bean, PhD Brigham Young University, 1997, Associate Professor

Research Interests: Parent-adolescent relationships in ethnically diverse families, culturally competent therapy for Hispanics/Latinos

Angela Bradford, Ph.D. Auburn University, 2012, Assistant Professor

Research Interests: Predictors and mechanisms (i.e., mediators and moderators) of change in primary and secondary couple interventions

Mark H. Butler, PhD Texas Tech University, 1996, Professor

Research Interests: Mediation process and structure in healing relationships; Recovery from addictive desire and behavior; Attachment-focused healing from marital infidelity

D. Russell Crane, PhD Brigham Young University, 1979, Professor

Research Interests: Influence of marital and family therapy on decreasing health care costs

James M. Harper, PhD University of Minnesota, 1979, Professor

Research Interests: Marital and family process; Systems approach to sibling position; Shame and family process; Aging marriages and family relationship; Assessing family rules; Therapy process research

Lee Johnson, PhD Kansas State University, 1998 Associate Professor

Research Interests: Process research; MFT outcome research; use of physical exercise in therapy to improve marital relations

Jeffry H. Larson, PhD Texas Tech University, 1980, Professor

Research Interests: Preparation for marriage; Premarital predictors of marital satisfaction; Marital and family interaction patterns; At-risk couples; Family of origin influences on young adults.

Richard B. Miller, PhD University of Southern California, 1989, Professor

Research Interests: Mental health services; Marital relationships over the life course; Aging families; Multi-cultural families.

Jonathan G. Sandberg, PhD Kansas State University, 1998, Associate Professor

Research Interests: Couples and Health; Medical Family Therapy; MFT Outcome Research; Emotionally Focused Couples Therapy.

Chapter 2 Getting Started

Sources of Information

The BYU Graduate Studies Catalog is published yearly and describes the university policies and procedures for graduate study. **The Graduate Studies Catalog is the first and most important source of information about policies and procedures for earning your degree** and is available at the bookstore or online at www.byu.edu/gradstudies

The university provides a class schedule each semester. It is a source of information regarding registration, class timetable, tuition and fees, honor code, exam schedule, etc. The class schedule is available online: <http://saas.byu.edu/classSchedule/>

The MFT Program web site, <http://mft.byu.edu> details current information about the program, students, faculty, Graduate Handbook, and provides links to other important sites. Forms which will need to be completed during a student's tenure in the program are available on the Graduate Studies website: <http://www.byu.edu/gradstudies/forms/forms.php>

Beginning the Program

Role of Committee Chair/Faculty Academic Advisor--When students are admitted to the program, they are assigned an advisory chair for their graduate committee. This MFT faculty member is the student's major advisor and mentor. Students will require a considerable amount of their advisory chair's time and effort. It is most helpful to students if **meetings between a student and his/her advisory chair occur regularly (as often as once a week). Meeting regularly facilitates consistent review of the student's progress in the program. The scheduling of these meetings is usually initiated by the student and is something the student will want to do sooner rather than later.** The advisory chair will advise the student about course work and consult with the student in designing and carrying out his/her thesis or dissertation. Topics worthy of regular review with an advisory chair include:

- Class schedules and academic progress
- Progress towards completion of clinical hours
- Progress towards completion of thesis or dissertation
- Progress on timeline towards completion of degree
- Additional topics of pertinence to the student or advisory chair

Students should keep their advisory chair informed about their professional goals and unique needs that are or are not being met in the program, and professional activities. Students have the primary responsibility for developing their **Program of Study** and for designing the thesis or dissertation research project.

A student's advisory chair is a significant resource to students in finding opportunities for professional involvement. Professional involvement includes: presenting papers at professional meetings, acquiring student offices in professional associations, and having a variety of teaching, research, and intervention experiences. The advisory chair will also assist students in finding their first professional position upon graduation. This involves writing letters of recommendation, being alert for the type of positions for which the student would be suited, and making personal contacts where appropriate.

The MFT Office and Graduate Secretary

The MFT office and graduate secretary are located in room 274 TLRB. The Graduate Secretary is responsible for keeping the student records. It is important that students check to make sure their records are in order. Students need to inform the graduate secretary about changes to their mailing address, email address or telephone number.

Students are expected to check their boxes in the MFT office, 274 TLRB, REGULARLY for messages, mail, and other information. This is important to facilitate communication between advisors, faculty and students.

Orientation

At the beginning of Fall semester a "Student Orientation" is held. The orientation is a time for new and continuing students to become acquainted with each other and the faculty. The purpose of the meeting is to provide information concerning the MFT program and relevant policies and procedures. It is a time to learn about ongoing research, being presenters at professional conventions, and the expectation of being authors on papers submitted for publication. Information vital for the success in the program such as deadlines, the role of the graduate student committee, the annual evaluation process, the role of the Graduate Secretary, the importance of retaining balance in one's life during graduate school, etc., are also discussed.

Student Representatives

Each year, two students (one MS student and one PhD student) are nominated by fellow students to serve as student representatives. A primary responsibility for the student representatives is to attend the weekly faculty meetings in order to represent student views and input into meeting content. They function as a communication link between the faculty and students and also may represent the MFT Program on college and graduate studies committees. The student representatives likewise serve to coordinate and facilitate student wishes for socials including the Spring MFT Student-Faculty Banquet, guest speakers, etc.

Student Representatives for 2013-2014 are:

Josh Novak, Ph.D. 219-798-7642 josh.novak740@gmail.com

Julie Malloy, M.S. 614-9400231 voisin82@gmail.com

MFT Dress and Grooming Standards

It is expected the students adhere to the following standards when seeing clients (when not seeing clients, students are expected to adhere to the BYU dress code):

For women: A reasonable length skirt or trousers of a non-jeans material combined with a top (such as a dress shirt, polo, or sweater set) is considered acceptable. An informal dress with appropriate skirt length is also acceptable.

For men: A combination of collared shirt (such as a dress shirt or polo shirt). Shirts (whether button-down or knit pullover) must have a collar. Cotton trousers (such as khakis or blue, green, brown, or black trousers) with a belt, and modest shoes (such as loafers) with socks is generally acceptable. A blazer or business jacket can optionally be added.

Unacceptable for either gender: rumpled or ripped clothing, T-shirts, miniskirts, Blue jeans, underwear as outerwear, inappropriately revealing attire such as bare midriffs, and flip-flops or very tight fitting clothing.

Full-time Commitment to Graduate Study and Financial Aid

The BYU Marriage and Family Therapy MS and PhD programs involve demanding full-time professional training as students complete courses, provide hundreds of hours of supervised individual, couple, and family therapy and write a thesis or dissertation. Although these responsibilities, opportunities, and experiences often take precedence in graduate student's lives, successful students also balance their busy graduate student life with appropriate personal and family time.

During their time of full-time study, it is strongly recommended that MFT students not be employed beyond the explained university financial support. The MFT Program currently funds all masters' students (MS degree) with a ½ tuition supplement. Students may apply for a 10 hour weekly Research Assistantship (RA) during their two years of study. Research hours will be paid for hours completed according to the Y-time system. All doctoral students (PhD degree) are supported financially with a full tuition supplement and 20 hour weekly RA during their two years of study prior to their internship year. This level of financial support has been provided over the years so students can devote full-time

to their graduate studies and clinical work to progress toward the completion of their graduate degree in a timely manner. The internship year experience is paid by the internship site.

Research assistantships (RA) are experiences where students are hired to work on research projects directed by the faculty. Assistantships can be quarter-time (10 hours per week) or half-time (20 hours per week) positions.

Four half-tuition scholarships are available specifically for MFT students, the Holmes Fellowship and the Stahmann Scholarship (two scholarships of each type are available). Other scholarships are available within the School of Family Life and University. We encourage students to apply for these additional resources. Students will be notified when these and other Scholarships become available.

Decisions about the allocation of assistantships and scholarships are generally made during May of each year for the next academic year. Students who are interested in financial assistance should complete an application and submit it each year. The MFT secretary will make available the appropriate information and forms to each student. Financial assistance is available for masters students for 2 years and doctoral students for the 2 on campus years prior to the internship year.

University guidelines stipulate that students must have full-time status during each semester they are working in order to hold an assistantship. If students drop below full-time hours, their assistantship contracts are terminated. Please note that **students must successfully complete their thesis proposal by the end of their second Fall semester or lose their assistantship support until it is completed.**

As students meet regularly with their advisory chair, they are encouraged to discuss individual financial and other personal circumstances which may impede progress with graduate studies. Together, possible solutions to individual situations may be determined. The advisory chair may also consult with the MFT Program Coordinator and/or the MFT faculty as warranted.

Graduate Committees

The MFT program and all graduate programs at BYU use a committee system to carry out the graduate education. There is a separate graduate committee for each student, and the role of the committee is to advise, guide and mentor each student and to provide feedback throughout the student's program. The committee also evaluates the thesis and dissertation.

A master's committee consists of three faculty members, and a PhD committee consists of five members. If you have a minor outside of Marriage and Family Therapy, a member of the graduate faculty in that department should be on your committee. All of the members of both master's and doctoral committees must be graduate faculty at BYU. Aside from the advisory chair, who is automatically a member of a student's committee, students are responsible for asking other faculty to serve on their committee. There are a variety of reasons that faculty may, on occasion, not be able to accommodate requests to serve on your committee. They may have a full load of committee assignments, be anticipating a leave, or be planning to emphasize other aspects of their professional career. One important factor students should consider in setting up their committee is working with faculty who have compatible scholarly interests.

Guidelines for selecting members of a committee include:

1. Choose people with whom your advisory chair is comfortable working.
2. Choose people with whom you think you will be comfortable working.
3. Look for those who will give you the best advice related to your research and writing.
4. Select a balanced committee in terms of experience, newness, gender, editorial type, etc.

Students occasionally wish to change the advisory chair of their graduate committee. This can be done if they obtain agreement with a new faculty member to serve as advisory chair and the consent of the MFT program chair. When students are thinking about changing the advisory chair of their graduate committee, they may want to consider the following:

1. Can a different person help you get through your program in an expedient manner? Does he/she get things done in a timely manner, and have the time to work with you? Is he/she willing to take the time with you that you need? Does he/she not have too many advisees already (no more than 3-4 students he/she is chairing and few other students planning to finish the same semester as you)?
2. Can this person help you in your post degree pursuit of a job or further education? Does he/she have good professional connections, write good reference letters, see her/his job as helping post degree and not just during the degree program?
3. Is this person doing research you can participate in? Can you do a thesis using some of his or her data? Is the faculty member willing to help you with your own research idea even if this is not his/her area of expertise or interest?

Students may also change committee members by securing the consent of the faculty they would like to have on their committee. The student should inform committee members who are being taken off of their committee. It is not a problem to make committee changes. Some of the reasons it may become desirable to change an advisory chair or members are: 1) if students become interested in a new area of scholarship or a research project, and would find it desirable to work with different faculty members; 2) when students find that their current advisory chair or members are not meeting their needs; 3) when students wish to make a substantial change in anticipated professional goals; and 4) when a faculty member's leave or other duties would interfere with continuing to serving on the committee.

As a master's student, the general rule should be that you attach yourself to your advisor's research and write a thesis from his/her research data. Only in the rarest of cases should you attempt to do your own independent research because of the extended time it takes to collect your own data. As a PhD student the same advice applies. However, if you are planning an academic career in a research university, the dissertation should be the first of many papers you will try to get published in the content area of your dissertation. In fact, what you do for your dissertation may be your main area of interest for the early years of your professional career. So choose it carefully and choose something you may be interested in staying with for at least 3-5 years. Some doctoral students take extended time to collect their own data. Your decision should be discussed with your advisory chair before planning your dissertation project.

Program of Study

It is important for students to develop a *Program of Study* as soon as possible after entering the program. This cannot, of course, be done until the student learns enough about the faculty to decide whom to ask to serve on their committee and their committee is established. **These preliminary tasks should be done during the first semester in residence.** Students who delay often find they have missed taking a course that is only offered on alternate years; or they neglected to take a prerequisite for an important course. The initial *Program of Study* is not a final, binding contract. Actually, it is quite easy to modify and may be altered as circumstances change.

In consultation with a student's advisory chair, each master's student should organize their committee and submit a Program of Study to the MFT secretary no later than the end of the first semester in residence.

The ***Program of Study*** is a carefully considered plan each student makes about how to fulfill degree requirements. Students should consult with their advisory chair for suggestion on the development of their *Program of Study*. Once a *Program of Study* has been developed, master's students should complete the *Program of Study Form* for master

degree students. A *Program of Study Form* is available on the Graduate Studies website: http://www.byu.edu/gradstudies/images/forms/ADV_Form_3.pdf.

Once a completed *Program of Study Form* has been downloaded and printed out a student will have it signed by his/her committee members and then **submit the completed Program of Study Form to the MFT secretary.**

Doctoral students should receive approval and submit their *Program of Study Form* during the first year of study (see page 35 for a sample *Program of Study Form*). A *Program of Study Form* is available for download on the Graduate Studies website http://www.byu.edu/gradstudies/images/forms/ADV_Form_3.pdf. Doctoral students will need to complete the form after consultation with their advisory chair to determine research classes and electives which most closely align with their interests and goals. When considering electives, thought should also be given to which classes will assist the student in the development of a clinical specialty (see Comprehensive Exams, page 42 for more information on a student's clinical specialty. Guidelines for required and elective courses may be found in the Graduate Catalog, in later sections of this Handbook, and in handouts available from the MFT secretary. The completed form will then be signed by all committee members and **submitted to the MFT secretary for recording.**

Students without a *Program of Study Form* recorded with the MFT secretary by the designated time will not be able to register for subsequent semesters

Progress Reports for Students

Graduate students may access their progress report through AIM on MyBYU, which can be found under the "school" tab. This report compares the student's Program of Study with the courses taken and summarizes the student's progress in a program: completed classes, current registration, classes still needed, and grade point average. In addition, the progress report alerts a student to possible problems with academic status, GPA, prerequisite degrees needed, minimum registration requirements, time limits, and missing courses.

MFT Graduate students must maintain a 3.0 GPA average for courses on their program of study. Any clinical course with a grade which falls below a B- must be repeated. No D credit may apply toward the graduate degree.

It is important to check the progress report regularly because the Office of Graduate Studies frequently updates and reports crucial information to the student's progress report.

Graduate Student Evaluation and Feedback

The MFT faculty evaluates the progress of students during semiannual reviews (both Fall and Winter semesters). At the conclusion of the review, a letter is sent to students which outlines the evaluation process and items reviewed including:

- Advisory committee selected, study list filed with the program secretary, thesis/dissertation topic selected, etc.
- Satisfactory progress (consistent and continual progress) in completing courses, appropriate grades, and progress towards completion of the degree within MFT program and university time limits.
- Thesis or dissertation prospectus meeting completed, prospectus approved by advisory committee, and the prospectus filed with the program secretary.
- Satisfactory progress on the completion of the thesis or dissertation.
- Satisfactory progress on completing required clinical hours.
- Evidence of adequate progress in clinical skill development including: appropriate intervention and interpersonal skills, respect for clients and their values, receiving feedback from faculty and students, following supervision recommendations, maintenance of confidentiality and of client records, appropriate number of clinical contact hours accumulated, etc.
- Adherence to the AAMFT Code of Ethics for Marriage and Family Therapists and the BYU Code of Honor.
- Demonstrates the requisite abilities necessary to perform the essential functions required in the clinical program as outlined in the Standards for Marriage and Family Therapy Students which was signed at the time of admission to the program including participation, communication, meeting ethical standards, professionalism and self-care.

Possible evaluations are “satisfactory”, “marginal”, and “unsatisfactory.” Fortunately, most students receive satisfactory evaluations as they progress in their program. Students who receive “marginal” or “unsatisfactory” evaluations are given specific requirements for remedying the deficiency. **Students who receive more than one consecutive unsatisfactory or marginal evaluation will be dismissed from the Program.**

Termination of Graduate Status

Termination of graduate status may result if a student:

1. Fails to fulfill the university's minimum registration requirement.
2. Requests to withdraw (with the intent to pursue a degree at another university, for personal reasons, or in response to program recommendation).
3. Receives a marginal or unsatisfactory rating in a periodic review by the academic program and is unable or unwilling to comply with conditions for continuance outlined by the program.
4. Receives two consecutive unsatisfactory ratings in a periodic review by the faculty.
5. Fails to make what the program or the university deem to be satisfactory progress toward a graduate degree.
6. Fails the program's comprehensive examination (for PhD students).
7. Fails the final oral examination (defense of dissertation, thesis, or project).
8. Violates the university's standards of conduct as outlined in the BYU Honor Code.

Appeal of Termination from Program

A student dismissed or facing dismissal may respond to or appeal that termination or impending termination. Such responses or appeals should be directed, in writing, to the MFT Program Chair. A student who wishes further consideration may appeal to the Director of the School of Family Life. Ultimately, a final appeal may be made to the university Graduate Dean who, if circumstances warrant it, may appoint a committee of impartial faculty members to adjudicate the matter.

Time Limits for Completion of Degree

The university has set time limits for the completion of graduate degrees and the MFT program encourages students to complete their degree in a timely manner. Master's students are expected to complete all courses and clinical hours in two years. Doctoral students are expected to complete all courses in two years and to complete clinical hours and dissertation research during a third internship year. Financial assistance from the MFT program is offered only during the two years outlined above. It is assumed that the doctoral

student internship is paid, thus MFT Program financial assistance during the third year is not necessary nor provided.

Student Academic Grievances Policy

The university has an established procedure for handling student academic grievances as outlined on page 19 in the Graduate Studies Catalog. If consulting with the teacher or the graduate advisory chair does not resolve a grievance, a graduate student should describe the problem to the MFT Program Chair. If difficulties persist, the student may ask the Director of the School of Family Life and finally the Graduate Dean for review.

Academic Resources

Library Resources. The university has excellent library facilities. The main library is the Harold B. Lee Library (HBLL), and it is open Monday-Friday from 7:00 a.m. to midnight and Saturday 8:00 a.m. to midnight during Fall and Winter Semesters. Hours may vary during Spring/Summer terms, vacations, and holidays (check hours at lib.byu.edu). Various services within the library (interlibrary loan, copy services) may have different hours. Many of the books/periodicals needed for research in MFT will be found on Level 1 in the Social Sciences Library.

A number of services are provided to help students unfamiliar with the library.

1. A 35-minute taped tour which introduces library facilities and services can be obtained in the LRC (Level 4) with your current ID.
2. Instruction booklets on using library catalogs and indexes are available in the HBLL Reserve Library (Level 3).
3. The library also produces a variety of free guides and bibliographies to its computer systems, collections, and services which are located on display racks on or near the reference area on each floor.
4. For books unavailable at the HBLL, an interlibrary loan service is available. The Interlibrary Loan office is located in Room 3421 in the southwest wing on Level 3. Materials requested from Utah libraries are usually received in 5-7 days. Materials from out-of-state libraries take 10-14 days (rush request service is available for a charge of \$3.00 per request). These can often be delivered electronically. Generally no charge is assessed on borrowed books, dissertations, or microfilm.

5. The HBLL also offers Graduate Delivery Services. This service includes:

- Paging Books from the stacks to be picked up and checked out at the circulation desk as a hold item.
- Retrieval and Electronic Delivery of periodicals and book chapters under 100 pages.
- Initiation of Interlibrary Loan requests.

For instructions on how to submit a request or further information visit:
<http://lib.byu.edu/sites/ill/document-delivery-services/>

6. The Social Sciences librarian is Barbaraella Frazier, (801) 422-6346, b_frazier@byu.edu. She may be contacted with research questions and to acquire a schedule of training classes on the use of various databases for research in marriage and family therapy.

Computer Facilities.

The university, college, and program have a variety of computer facilities that can assist students. The following information summarizes these facilities:

Taylor Building Computing Lab - Comprehensive Clinic: For students enrolled in the MFT program, the computing lab in the Taylor Building is located in Room 176 (422-7746). All software in this lab is Windows-based and includes: Microsoft Office (Word, Excel, Power Point, Publisher, Access) Media Player, Adobe, Mozilla Firefox, Internet Explorer, AMOS, Stata and SPSS. There is a charge for printing (through the Pharos printing system).

General University Facilities: The CougarNet basic account provides students with E-mail, Internet service, World Wide Web access and software applications has just expanded its services to aid students to set up personal Web pages. CougarNet provides information for those interested in setting up Web pages as well as information about Hyper Text Markup Language (HTML), with Netscape. Call the Student Computing Support Center at 378-3699 or go to 156 TMCB.

Students with access to the Internet can access information about setting up a CougarNet account at <http://www.byu.edu/cougarnet>, where they can receive a BYU account number. For start-up, students must present their BYU I.D. card at 156 TMCB or downstairs in the IAS Lab.

Statistical Consultation. Statistical consultation is available for research assistants and students working on theses and dissertations. Certain services are available free of charge. Contact Joseph Olsen (801 422-6296).

Writing Consultation: The FHSS (Family, Home, and Social Sciences) Writing Lab is available to help students with a variety of writing aspects such as, organization, development, thesis construction, structure, transition statements, grammar, focus, tone, and documentation style (APA format). The lab is located in 1051 of the JFSB where you can meet on-on-one with a peer advisor. To prepare for a tutorial, a student should take, (1) a copy of the assignment, (2) a hard copy of you draft, whatever stage it may be in, and (3) a list of questions and concern you have about your paper. You may drop in or make an appointment: Monday through Friday 9:00 am – 5:00 pm, closed Tuesday from 11:00 AM – 12:00 PM (for devotional) and Thursday from 3:00 pm – 5:00 pm (for staff meeting). For more information, go to <http://fhsswriting.byu.edu> or email: fhss-writinglab@byu.edu. Phone: (801) 422-4454.

Chapter 3

BYU Comprehensive Clinic

Students conduct their supervised therapy experience (practicum) in the BYU Comprehensive Clinic. The clinic has policies and procedures which, when followed, ensure high quality therapy services to clients, and an optimal practicum experience for students. Important policies and procedure will be outlined here as well as in the Fall orientation meeting. Students should review this information and consult with their practicum supervisor concerning any questions or concerns.

Comprehensive Clinic Student Trainees Contractual Agreement

The Comprehensive Clinic located at Brigham Young University meets and/or exceeds all criteria required for accredited institutions of higher education. This includes having published policies for handling grievances and prohibiting discrimination on the basis of race, ethnicity, religion, and gender. This contract for student trainees will cover the entire period of your clinical training in the Clinic, and will identify the expectations on the part of each of the participants.

Qualifications: The trainee is currently a student in an accredited program at Brigham Young University which is housed in the Comprehensive Clinic (i.e. audiology, clinical psychology, marriage and family therapy, social work, or speech-language pathology), is currently enrolled as a student at Brigham Young University, and has documentation of current liability insurance which is valid for the period of the contract.

The Trainee Agrees To The Following Responsibilities: The trainee agrees to meet the requirements outlined by their program areas in their Quality Assurance Documents. This includes completion of the appropriate records and forms (including intake histories, medication records, treatment plans, case notes, diagnostic formulations, terminations, summaries, assessments, referral statements, and other appropriate records) on all clients who are seen in the clinic. A record of this information is required to be entered into the MIS Computer Record System. In addition, it is expected that the trainee will meet with their individual faculty advisor for case supervision as outlined by their area, have all case notes and records co-signed by the faculty supervisor, and coordinate all transfers of cases through the Clinic staffing Committee. The trainee agrees to return all client records at the end of each day to the Records/Materials Center.

Only cases assigned and seen under the supervision of an approved supervisor may be seen in the Comprehensive Clinic. It is the trainee's responsibility to make arrangements to provide client coverage and have adequate individual supervision during holidays and Brigham Young University break periods (test week, Christmas break, spring break, etc.)

The Comprehensive Clinic Agrees To The Following Responsibilities: The clinic will be responsive to requirements of the individual training areas to meet the programs' needs for specific types of clients and experiences. The clinic will provide student progress reports to the Program Directors during each semester of training. If the student trainee's clinical and/or professional performance proves to be unsatisfactory to the Comprehensive Clinic, consultation with the trainee and the program director will occur. If no resolution of the problem is reached, this contract can be terminated with 15 days of written notice. If termination of the contract occurs, the student trainee will no longer be allowed to see clients at the clinic and must immediately transfer all cases through the Clinic Staffing Committee. If the trainee disagrees with the action of the Clinic, the trainee has the right to initiate a review of their situation through the grievance policy.

The Comprehensive Clinic agrees to adhere to all criteria listed in the individual program accreditation requirements as outlined in the Quality Assurance Documents. Clinical performance will be monitored including client records according to the Quality Assurance Policy and Procedures of the Comprehensive Clinic. The clinic requires all trainees to maintain the established confidentiality and other ethical guidelines outlined by their professional organizations.

Important Places in the Clinic and Why

- Records and Materials Center (Room 156) - client files are stored here and can be checked out by student therapists. The center also houses class readings, assessment instruments, SPSS manuals, and assorted toys and supplies for child and family therapy, all of which are available for checkout by students.
- Audio/Visual Office (Room 173) – Recordings of sessions are stored here and can be checked out by student therapists. Headphones and tape recorders can also be checked out for use. VHS tapes are provided, and students can purchase DVDs and bring them to the AV office if desired.
- Audio/Visual Storage Room - (Room 281) - VCR and TV combos are stored here. These can be used for supervision when viewing your sessions on tape.
- Student Computer Lab (Room 176) - computers are available on a "first come/first serve" basis for writing case notes, e-mailing and using the INTERNET, word processing, library database searches, etc. Printing can be paid for by adding money to your signature card on your route-y account.

- Break room (Room 253) - has a TV that students can watch, a refrigerator for lunch storage, beverage and snack machine, and a microwave. Please clean up after yourself so we can keep this for student usage.
- MFT Program Office (Room 274) - houses students' and professors' boxes for mail and messages. The MFT office will make photocopies for students when they pertain to clients and when faculty members specifically request that photocopies be paid for out of their accounts. All other photocopying expenses related to papers, class projects and presentations, theses, etc., are to be paid by the student with their own copy code.
- Clinic Part-Time Secretary's Office (Room 241) - provides assistance with copier and fax machine found in room 243. Also they are ones to contact to get assigned a study carrel in room 156 and a code for the copy machine.
- Intake Officer and Quality Assurance Officer Carrels Room 243 - it will probably not be necessary to speak to the intake officer unless there are questions about his/her intake notes. The quality assurance officer is available for questions regarding adding clients to a case, reactivating cases, etc.
- MFT Student Office (Room 233) - An area for personal belongings. Student-therapists can wait here for the receptionist to call about their clients. Some of the more commonly used assessment instruments can be found in the file cabinets.

Case Management Information

Family Therapy is based on the belief that there are systemic factors which impact any therapy case. Family therapy is often seen as a unique perspective which allows observation of and intervention in the interactional dynamics which are occurring within a family unit. From this perspective, it is important that cases are managed by a primary therapist who is aware of all the dynamics and determines appropriate treatment goals, interventions, and monitors the outcome of therapy. It is assumed that families and couples will be seen together unless there is supervisor approved clinical rationale which suggests that other types of intervention would be more appropriate.

To help students coordinate and facilitate couple and family therapy, the following guidelines have been developed for use in the MFT program:

- One therapist will be assigned as the primary therapist for each family (even when presenting as an individual or couple case).
- The case file for the family will include all notes written on any member of the family seen. If the case is concurrently assigned to a co-therapist for some part of the therapy, a copy of the individual (adolescent, spouse, or child) notes will be added to the family file by the primary therapist. There are certain instances where students will be asked to keep the cases separate if the family members are being seen for different reasons.
- The primary therapist, through consultation with the supervisor, will be responsible to coordinate treatment of *all* family members, review and update data in the file, and coordinate other therapy received by members of the family including groups (parenting, assertiveness training etc.)
- A decision made by a primary therapist to include a co-therapist must be approved by the supervisor of the primary therapist. When a co-therapist is involved in the case, the primary therapist is responsible to meet with the other therapist at least weekly to coordinate the treatment plan, review case notes, and add new case notes to the file. These notes can be added under a separate tab in the file titled "Correspondence".
- The co-therapist can be added to the case (with access to that case through CMS, after they have been added to the CMS system, as in groups, but has no responsibility for the audit. The audit responsibility rests with the primary therapist alone).
- It is the responsibility of the primary therapist to write a treatment plan that outlines each of the areas of treatment being received by each family member, rationale, and the goals of actions prescribed (including use of a co-therapist for individual therapy not conducted by the primary family therapist such as in some cases of play therapy or a separate therapist for each of two divorcing spouses).

- If one individual terminates therapy with the primary therapist (as in divorcing spouses) a termination is filed for that individual by the primary therapist and the therapist who is seeing that individual is no longer considered a co-therapist. The file becomes an individual case with no shared information. The same would be true for an adolescent client (who has reached the age of 18) and wishes to have an individual therapist.
- The primary therapist must write a referral for treatment to the new therapist for their file. This referral letter (note, memo) identifies the specific reasons for the referral and the goals for treatment the primary therapist hopes will occur while the family member(s) is/are seeing the treatment therapist.
- The primary therapist is responsible to his/her supervisor for case management and supervision. The co-therapists may consult with their supervisor on the case and consult with the primary therapist and/or supervisor if changes in treatment are needed.

Factors which **may encourage** working with parents and children, or adolescents **together** include such things as:

- Child is uneasy being alone with the therapist (such as immature, shy, fearful). After trust is established the therapist may see them alone when necessary.
- Parents are able to handle their own anxiety and are able to focus on their child when appropriate.
- Attachment between the parent and child has been broken (illness, separation, divorce, death).
- Acting out is primary way the child gets attention.
- Multi-generational themes are present for child.
- Parent will not participate in any other kind of therapy.

Factors which **may discourage** working with parents and children together or spouses together **initially** until some of the individual issues are resolved include such things as:

- Parent's emotional issues are too intense and they are not able to focus on their children enough to be accessible to them during therapy.
- The parents are not healthy enough to contain information or experiences that occur during treatment requiring the children to bear the burdens of therapy for their parents.
- Parents are not able to interact with children and are unwilling to learn.
- The parent's early childhood was very dysfunctional and they are not able to move beyond their pain to engage with their children in a therapeutic manner.
- The child or adolescent needs privacy and a separate space to deal with issues of abuse or trauma.

- Either parents or children are too reactive to be together even in play.
- One or both partners report violence in the relationship which requires interviewing each spouse separately before proceeding with conjoint treatment.

In the above cases, concurrent individual therapy may be appropriate for parents and children when approved by the supervisor; however, it is important that the family unit meet together for some experiences that encourage bonding among members. It is important that all parents who have children in “play therapy” receive individual or couple or parental therapy concurrently with the child’s individual therapy.

Prior to the conclusion of treatment, family members need to work together in family therapy including all possible members of the family. This is critical when issues of shame, attachment, security, belonging, and connection exist. The treatment may include filial therapy and/or family therapy.

Legal issues about release of information: Unless all members sign a form to release the file, the file is not required to be released. Files are only released under Court order, attorney subpoena is not sufficient to require the release of files. All individuals over the age of 18 who are part of the case must sign a release prior to the release of the notes. For active cases, the primary therapist and supervisors handle release of information requests. For terminated cases, either Adam Moore or Dean Barley handles them.

Client Management System (CMS)

Client Management System (CMS) is an easy to use web based application that manages all of your client information. With this software you will be able to document client contact, session notes, treatment plans, and treatment summaries. Prior to seeing your first client, Clinic staff will train you how to use CMS.

It is prudent to write case notes as soon as possible (usually within 24 hours) after seeing a client, couple, or family. Paper work is a necessary part of managing a case in a professional manner. All files are audited every two weeks. If a student receives an alert concerning a file, it is important to address the identified concern in as timely a manner as possible.

Contacting a New Referral

You will be notified via email when you have been assigned a new client. It is best practice to contact new clients as soon as possible, preferably within 24 hours of the case assignment. It is important to document all contact and attempted contacts in the “client contact” portion of the client file. When scheduling the first appointment, it is

important to indicate on the scheduler that the individual, couple, or family are new clients in order for the receptionist to have the necessary paper work ready for client review and signature. Any needed assessment protocols should be indicated at this time. Further information as to when and how to schedule both clinic paperwork and assessments will be review in your beginning practicum class. Samples of the intake paperwork are provided in Appendix C.

Treatment Plans for MFT

Treatment plans are an important part of therapy both here in the Comprehensive Clinic and in almost all mental health settings. In the Comprehensive Clinic, treatment plans must be submitted after the third session (or sooner). Treatment plans can be modified any time during treatment and should be if the new symptoms or patterns are discovered, if the goals or modality for therapy change. This is learned in practicum with the student's supervisor.

Please include all of the following categories in a treatment plan:

A. Presenting Problem: This is what the client system describes as the reason for coming to therapy. It may be different than the diagnosis.

B. Diagnosis: Using the DSM, students should identify a diagnosis for at least one person, or possibly more people if the case is a couple or family.

C. Individual Symptoms: This should be a list of symptoms of the identified patient and perhaps others if a couple or family. The symptoms should be consistent with the diagnosis but may go beyond DSM symptoms.

D. System Patterns: If the client is an individual, this part might include information about patterns of relationships in family, extended family, or even social support system. If the client is a couple or family, this should include brief descriptions of the patterns (interpersonal dynamics) you have identified during the first three sessions.

E. Goals for Therapy for Individual/s: This should include a list of what the client and the therapist hope to accomplish in therapy. These goals should guide treatment and their accomplishment will help both the client and therapist recognize progress and determine when therapy should be concluded.

F. Goals for Therapy for System: This should include a list of goals for changes in the client (couple or family) system

G. Therapy Modality: This should include the type of therapy approach/model the therapist intends to use as well as an estimated number of sessions the therapist thinks the case will need.

Correspondence with a Client

Students will type any letters or correspondence for clients and have the MFT secretary print it on letterhead. The student AND the supervisor should sign the letter. The MFT secretary will make a copy of the letter that must be added to the client's file. **It is crucial for ethical clinical practice that any client or other confidential letters must not have any identification from the clinic or BYU.** The envelopes that are used for such correspondence must be blank on which the following return address is typed:

{Student *therapist's name*}
1190 North 900 East
Provo, UT 84604

The MFT secretary (in 274 TLRB) will supply a stamp for the letter since it cannot be metered. **For client confidentiality, please do not use BYU return address envelopes of any kind.**

Terminating a Case

Client case terminations should be completed in a timely manner. On those occasions when clients do not follow through with appointments, therapist should make every effort to contact the client to either set up a new appointment or close the file if the client does not intend on returning. The file should not be kept open without documentation of some type of client contact for more than two weeks.

Chapter 4

Master of Science Degree in MFT

The Marriage and Family Therapy Master of Science (MS) degree program is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the American Association for Marriage and Family Therapy. Nine full-time faculty have primary instructional responsibility for the graduate program with support from the School of Family Life faculty. Major courses and clinical practica are conducted in the Comprehensive Clinic Building (TLRB) which also houses graduate programs in clinical psychology, language disorders, audiology, and social work. Additional practicum experience is also available in various inpatient and outpatient medical and mental health facilities in the community.

Students are encouraged to meet regularly with their advisory chair to review progress in academic and clinical requirements. Students are notified via university email when it is time to register for classes for the upcoming semester. This is an excellent time to discuss with a student's advisory chair the upcoming class schedule, clinical case loads, and other opportunities which may be available.

Academic and Coursework Information

To assist students in meeting curriculum requirements and to facilitate progress in the program, the following are presented on subsequent pages:

- The Master Degree curriculum requirements
- A template including Master's Program Courses and Course Sequencing
- A **Program of Study Form** may be downloaded from the Graduate Studies website: http://www.byu.edu/gradstudies/images/forms/ADV_Form_3.pdf
- A timeline suggesting when important tasks and events should be considered and/or completed

It is recommended that each student reviews each of these pages with his/her advisory chair and discuss any questions the student or advisory chair may have with regards to the student's plans and progress.

MASTER DEGREE CURRICULUM REQUIREMENTS
 (“Areas” of study refer to COAMFTE required areas of study.)

AREA I:	Theoretical Foundations	Credit hours
Course title		
MFT 630	Theoretical Foundations of Family Systems	3
MFT 650	Theoretical Foundations of Marital and Family Therapy	3

AREA II:	Clinical Practice	Credit hours
Course title		
MFT 645	Analysis and Treatment of Human Sexual Development	3
MFT 649	Addictions and Violence in Families	3
MFT 651	Psychopathology and Assessment in Marriage and Family Therapy	3
MFT 652	Marital and Individual Psychotherapy	3
MFT 653	Family and Multigenerational Psychotherapy	3

AREA III:	Individual Development and Family Relations	Credit hours
Course title		
MFT 654	Issues of Gender and Ethnicity in Marriage and Family Therapy	3
MFHD 663	The Individual and Family Over the Life Course	3

AREA IV:	Professional Identity and Ethics	Credit hours
Course title		
MFT 656	Ethical and Professional Issues for Family Therapists	3
MFT 670R	Group Process Interaction	4

AREA V:	Research	Credit hours
Course title		
MFT 600	Family Therapy Research Methodology	3
MFT 605	Advanced Statistics in Family Studies	3
MFT 699R	Master’s Thesis	6

AREA VI:	Additional Learning	Credit hours
Course title		
MFT 655R	Intermediate Practicum in Marriage and Family Therapy	16
	Optional Electives —as determined in consultation with advisory chair For example:	
	MFT 695R Play Therapy- Young Children and Families	4
	MFHD 566 Family Life Education in the University	3

TOTAL CREDIT HOURS FOR MASTER'S DEGREE **Minimum 61**

Plus 500 clinical hours

Master's Program Courses and Course Sequencing

FIRST YEAR (Beginning Fall 2013)

FALL

MFT 655R	Intermediate Practicum in MFT	3
MFT 630	Theoretical Foundations of Family Systems	3
MFT 600	Research Methods of MFT	3
MFT 652	Marital and Individual Psychotherapy	3
MFT 670R	Group Interaction Process	2
MFT 699R	Master's Thesis	1

SPRING

MFT 655R	Intermediate Practicum in MFT	2
MFT 650	Theoretical Foundations of MFT	3
MFT 699R	Master's Thesis	1

WINTER

MFT 655R	Intermediate Practicum in MFT	3
MFT 651	Psychopathology & Assessment in MFT	3
MFT 605	Advanced Statistics in Family Studies	3
MFT 656	Ethical & Professional Issues	3
MFT 670R	Group Process Interaction	2
MFT 699R	Master's Thesis	1

SUMMER

MFT 655R	Intermediate Practicum in MFT	2
MFT 695R	Play Therapy/Sum Seminar (optional)	2
MFT 699R	Master's Thesis	1

SECOND YEAR

FALL

MFT 654	Issues of Gender & Ethnicity	3
MFT 655R	Intermediate Practicum in MFT	3
MFT 649	Addictions & Violence	3
MFT 645	Analysis & Treatment of Human Sexual Dev.	3
MFT 699R	Master's Thesis	1

SPRING

MFT 655R	*Intermediate Practicum in MFT	2
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WINTER

MFT 653	Family and Multigenerational Psychotherapy	3
MFT 655R	Intermediate Practicum in MFT	3
MFHD 663	The Individual and Family Over Life Course	3
MFT 699R	Master's Thesis	1

SUMMER

MFT 655R	*Intermediate Practicum in MFT	2
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*Only if needed to reach 500 hours.

V = Variable

INSTRUCTIONS FOR COMPLETING *PROGRAM OF STUDY FORM*
Master Degree

1. To begin, go to the Graduate Studies website:
http://www.byu.edu/gradstudies/images/forms/ADV_Form_3.pdf,
2. Complete the requested information then download and print out the form.

The following information is provided for instances in which a student needs more space for additional electives or if a student has taken previous classes which have been approved by his/her advisory chair for credit towards the master degree.

Using the following abbreviations, identify the requirement type (in the Reqt type column) that each course fills:

PRQ for prerequisite courses

MAJ for major courses

MIN for minor courses (but only if you have declared a minor)

ELC for elective courses

THS for thesis courses

PRJ for project course

Using the abbreviations below, identify (in the Pre-program type column) those pre-program courses you plan to count as part of your master degree (the total of transfer [TRN], senior [SEN], and non-degree [NDG] credit cannot exceed 10 hours).

TRN for any transfer courses from other schools that will apply to the BYU master degree

SEN for any courses you took before you received your bachelor's degree and which you wish to count as part of your master degree. Check with your undergraduate advisement center to be certain there is not double application credit.

NDG for any courses you took after you receive your bachelor's degree but before you were admitted to your master's program

3. Obtain signatures of the faculty who will serve as your advisory committee. If you have received approval to declare a minor, one of the committee members must be from the minor department.
4. **After completing the *Program of Study Form* and obtaining the required signatures, take the form to Linda Kader so she can officially record your Program of Study with Graduate Studies. When the *Program of Study* is approved and recorded, you will receive a verifying progress report.**

SAMPLE PROGRAM OF STUDY FOR MASTER DEGREE STUDENTS

Name _____ BYU ID _____ Date _____

Local Address _____

Major Marriage and Family Therapy Degree sought MS

Program Type (THS, PRJ, NON) THS Minimum hours required 61

Coursework

Req type	Dept	Course number	Hours	Pre-prog. type	Course description
MAJ	MFT	655R	16		Practicum in MFT
MAJ	MFT	630	3		Theoretical Foundations of Family Systems
MAJ	MFT	651	3		Psychopathology & Assessment
MAJ	MFT	652	3		Marital & Individual Psychotherapy
MAJ	MFT	670R	4		Group Interaction Process
MAJ	MFT	650	3		Theoretical Foundations of MFT
MAJ	MFT	600	3		Research Methods for MFT
MAJ	MFT	656	3		Ethical & Professional Issues
MAJ	MFT	653	3		Family & Multigenerational Psychotherapy
MAJ	MFT	645	3		Analysis & Treat. of Human Sexual Develop.
MAJ	MFT	649	3		Addictions & Violence
MAJ	MFT	654	3		Issues of Gender & Ethnicity in MFT
MAJ	MFHD	663	3		The Individual & Family over the Life Course
MAJ	MFT	605	3		Advanced Statistics in Family Studies
THS	MFT	699R	6		Master's Thesis
ELC	MFT	695R	2		Play Therapy – Young Children (Optional)
ELC	MFT	695R	2		Play Therapy – Children and Families (Optional)

Minimum Total Hours 61

Signature of committee chair: _____ Date: _____

Signature of member: _____ Date: _____

Signature of member: _____ Date: _____

Signature of graduate coordinator: _____ Date: _____

Marriage and Family Therapy Master Degree Timeline for August Graduation--First Year

The information presented below is given as a general guideline. Individual circumstance will vary.

The important part is to keep in constant communication with your advisory chair about your progress in the program.

April graduation would necessitate accruing hours and completing a thesis sooner.

	Fall	Winter	Spring/Summer
Classes	MFT 655R Intermediate Practicum in MFT MFT 630 Theoretical Found. Family Systems MFT 600 Research Methods of MFT MFT 652 Marital and Individual Psych MFT 670R Group Interaction Process MFT 699R Master's Thesis	MFT 655R Intermediate Practicum in MFT MFT 651 Psychopathology & Assessment MFT 656 Ethical & Professional Issues MFT 605 Adv Statistics in Family Studies MFT 670R Group Process Interaction MFT 699R Master's Thesis	MFT 655R Intermediate Practicum in MFT MFT 650 Theoretical Foundations of MFT MFT 695R Play Therapy/Sum Seminar (elective) MFT 699R Master's Thesis
Clinical Hours	Discuss with practicum instructor how to log hours as well as expected number to accrue this semester. The first half of this semester will be spent observing other therapists and then co-therapy experiences will be provided. Usually students gradually build a caseload. A typical case load averages 10-15 hours per week. Projected completed hours (50)	Most students are seeing clients for 10-15 hours per week. Review with advisory chair your progress. Projected completed hours this semester (100) for a cumulative total of 150.	Most students are seeing clients for 10-15 hours per week. Because Spring/Summer has a lighter academic load, many students see more clients during this time. Review with advisory chair your progress. Projected completed hours this semester (100) for a cumulative total of 250.
Thesis	Discuss with your advisory chair possible thesis topics. Most master's students use their advisory chair's data. Begin to do a literature review on your thesis topic	Decide on a thesis topic. Have thesis topic and problem statement approved by advisory chair and all committee members. Complete review of literature	Continue work on thesis and begin to prepare a proposal to present Fall semester. Have prospectus approved by advisory chair.*Consult page 66-68 of this handbook for more information.
Tasks	<p><u>Submit Program of Study Form to MFT Secretary</u></p> Log of clinical hours will be due at the end of the semester Register for classes for Winter (consult with advisory chair)	Log of clinical hours will be due at the end of the semester Register for classes for spring & summer (consult with advisory chair) Review progress to date with advisory chair	Log of clinical hours will be due at the end of the semester Register for classes for Fall (consult with advisory chair) Review progress to date with advisory chair Check with secretary about time line for thesis proposal.

Marriage and Family Therapy Master Degree Timeline for August Graduation--Second Year

The information presented below is given as a general guideline. Individual circumstance will vary.

The important part is to keep in constant communication with your advisory chair about your progress in the program.

April graduation would necessitate accruing hours and completing a thesis sooner.

	Fall	Winter	Spring/Summer
Classes	MFT 655R Intermediate Practicum in MFT MFT 654 Issues of Gender & Ethnicity MFT 645 Analysis & Treat. Human Sex. Dev. MFT 649 Addictions & Violence MFT 699R Master's Thesis	MFT 653 Fam. & Multigen. Psychotherapy MFT 655R Intermediate Practicum in MFT MFHD 663 The Individual and Family over Life Course MFT 699R Master's Thesis	MFT 655R Intermediate Practicum in MFT
Clinical Hours	Most students are seeing clients for 10-15 hours per week. Review with advisory chair your progress. Projected completed hours this semester (100) for a cumulative total of 350.	Most students are seeing clients for 10-15 hours per week. Review with advisory chair your progress. Projected completed hours this semester (100) for a cumulative total of 450.	Most students are seeing clients for 10-15 hours per week. Review with advisory chair your progress. Projected completed hours this semester (50) for a cumulative total of 500. You will be terminating and referring clients to other therapist because you will have reached your 500 hours.
Thesis	Continue work on thesis and defend proposal early this semester. Have prospectus approved by other committee members. Consult with advisory chair and graduate MFT secretary about how to schedule a thesis proposal. Meeting date must be scheduled at least two weeks in advance. Give committee members final copy of prospectus two weeks before meeting. Consult page 76-79 of this handbook for more information	Collect and analyze data and write thesis. Advisory chair approves thesis for defense. Receive approval from other committee members and schedule thesis defense. Contact the MFT Secretary to schedule your final oral defense. Defense date must be scheduled at least two weeks in advance Supply copies of your thesis to committee two weeks before the defense date. Your defense must be completed by the date outlined by the graduate school each year. It is the student's responsibility to meet this deadline.	Normally, a defense should not be planned for Spring or Summer terms since most faculty will be unavailable. However, if you have not defended your thesis yet, consult with your advisory chair about a spring/summer defense.
Tasks	Log of clinical hours will be due at the end of the semester Register for classes for Winter (consult with advisory chair) Review progress to date with advisory chair Check the current graduate school calendar for deadline dates related to thesis completion and graduation dates.	Log of clinical hours will be due at the end of the semester. Register for classes for Spring/Summer (consult with advisory chair). Review progress to date with advisory chair Review graduation timeline available from MFT secretary or contact office of graduate studies	Log of clinical hours will be due at the end of the semester Review progress to date with advisory chair Review graduation timeline available from MFT secretary or contact office of graduate studies GRADUATE—YEA!!!

Clinical Experience and Practicum Information

Most clinical practica is conducted in the Comprehensive Clinic Building (TLRB). Specific information outlining the policies and procedures of the Comprehensive Clinic as well as clinical practica are reviewed in Chapter 3.

In the MFT 655R Pre-practicum course (first semester) students learn the basic attitudes and skills required by the program before students may begin doing therapy with clients in a practicum setting. Specifically, students will learn how to:

- 1) Gather information to assess and determine the clients' complaints and goals.
- 2) Use that information to formulate treatment plans.
- 3) Carry out the planned treatment.
- 4) Evaluate treatment delivery and treatment impact.
- 5) Terminate treatment.

Student readiness to see clinical cases is determined by meeting the following requirements:

- 1) Observe 25 hours of couple and family therapy and submit log of observation to supervisor.
- 2) Pass case conceptualization paper of an ongoing case they have observed.
- 3) Pass exam on ethical principals in beginning practicum.
- 4) Pass exam on comprehensive clinic procedures in beginning practicum.
- 5) Successfully demonstrate role played skills to supervisor.

The evaluation criteria for the aforementioned requirements and the *Log of Observation Hours* form are included in Appendix B.

Most students achieve readiness to see clinical cases by the middle of the first semester at which time they begin seeing clients as a co-therapist with a second year master's student or doctoral student. As students continue to demonstrate increasing therapy skills they are assigned their own clients and are involved in direct clinical work with couples and families. Direct client contact is defined as face-to-face (therapist and client) therapeutic intervention. Students usually see client for approximately 15 hours per week. Students will continue to see clients for the balance of the student's academic program until a minimum of 500 hours of direct client contact is accrued

An accounting of the number of therapy hours which have been provided is also due at the end of each semester. Students should keep track of the minutes of each therapy session over the course of a semester or term. At the end of the semester or term, they should total the minutes and divide by 50 (a 50 minute hour) to calculate the number of hours they have spent doing therapy. This number must then be reported to

the student's supervisor and to the MFT program secretary on the appropriate form. Student should consult with their supervisor and/or advisory chair for instruction on how to complete this form.

At the conclusion of each semester, students and practicum supervisors evaluate the student's progress with reference to the core competencies in which the student's are expected to become competent while in the MFT program. Students also evaluate the effectiveness of the supervision provided by the supervisor. Completed forms are place in the student's file at the end of each practicum experience.

Examples of these forms are located in Appendix C. In the case of the Semester Clinical Experience Summary, this form will be placed in student's boxes at the end of each semester. It is expected that student's will complete the form and return it to the MFT secretary. The core competency evaluation form will be given to the students by his/her supervisor

Chapter 5

Post- MFT Master's Doctoral Degree in MFT

Brigham Young University offers the Doctor of Philosophy (PhD) with a major in Marriage and Family Therapy. Administratively this degree is housed in the School of Family Life. The PhD degree program is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the American Association for Marriage and Family Therapy. Nine full-time faculty have primary instructional responsibility for the graduate program with support from the Marriage Family and Human Development faculty. Major courses and clinical practica are conducted in the new Comprehensive Clinic Building which houses in addition to the marriage and family therapy program, the graduate programs in clinical psychology, speech and language disorders, audiology, and social work. Additional practicum experience is also available in various inpatient and outpatient medical and mental health facilities in the community.

Students are encouraged to meet regularly with their advisory chair to review progress in academic and clinical requirements. Students are notified via university email when it is time to register for classes for the upcoming semester. This is an excellent time to discuss with a student's advisory chair the upcoming class schedule, clinical case loads, and other opportunities which may be available.

Academic and Coursework Information

To assist students in meeting curriculum requirements and to facilitate progress in the program, the following are presented on subsequent pages:

- The Doctoral Degree curriculum requirements
- A description of the Doctoral Program Courses and Course Sequencing
- A list of possible electives to use in developing a clinical specialty
- A sample of a completed *Program of Study Form* (this form may be downloaded from the MFT program website: <http://mft.byu.edu>).
- Instructions for filling out the form if a student chooses not to download a copy from the website.
- A timeline suggesting when important tasks and events should be considered and/or completed

It is recommended that each student reviews each of these pages with his/her advisory chair and discuss any questions the student or advisory chair may have with regards to the student's plans and progress

BYU DOCTORAL CURRICULUM REQUIREMENTS*
(Areas of study refer to COAMFTE required areas of study.)

Prerequisite	MFHD 605 Advanced Statistical Analysis or equivalent (3 credit hours)	
AREA VII	Theory	
Course title		Credit hours
MFT 751	Advanced Theory in Marriage and Family Therapy	3
<hr/>		
AREA VIII	Clinical	
Course title		Credit hours
MFT 753	Advanced Clinical Specialization in Marriage and Family Therapy	3
MFT 754	Family Therapy for Children & Adolescents	3
<hr/>		
AREA IX	Individual Development and Family Relations	
Course title		Credit hours
One course such as: MFHD 611 Advances in Human Development; MFHD 511 Familial influences on Social Development; MFT 695R Special Topics, MFT 693R Special Topics		3
Students are advised to consult the graduate studies catalogue for classes of interest. Class is chosen in consultation with advisory chair.		
<hr/>		
AREA X	Clinical Supervision	
Course title		Credit hours
MFT 750	Supervising Marriage and Family Therapy	3
MFT 760R	Supervision of Supervision in MFT (Elective)	
<hr/>		
AREA XI	Research	
Course title		Credit hours
MFT 700	Advanced Research in MFT Methodology	3
MFT 793R	Research Seminar in Marriage and Family Therapy	3
MFT 603R	Research Practicum (3 semester credits)	3
MFHD 706	Advanced Statistical Methods II (SEM)	3
One course	MFHD 702 Experimental Design (elective); SOC 604 Ethnography (elective); PMGT 628 Program Evaluation (elective); SOC 706 Dyadic (elective); MFHD 602, Experimental Design (elective); MFT 603R (an additional elective credit)	3
<hr/>		
AREA XII	Additional Courses	Credit hours
PhD students are required to take any 3 semester hours of electives offered at the University		3
Electives are chosen in consultation with their graduate advisory committee. The purpose of these courses is to help each student build a unique specialization as part of their doctoral program. Courses may be chosen from coursework offered in a variety of disciplines which may include university teaching, family life, human development, family sociology, psychology, education and social work. The following are recommended MFT 695R (only one), MFHD 566 (Teaching), MFT 760 Supervision Practicum.		
<hr/>		
Additional BYU Requirements		
Course title		Credit hours
MFT 655R	Intermediate Practicum in MFT (6 semester credits)	6
MFT 755R	Advanced Practicum in MFT (2 semester credits)	3
MFT 770R	Clinical Internship (4 semester credits; 9-12 months)	3
MFT 799R	Doctoral Dissertation (18 semester credits)	18
MINIMUM CREDIT HOURS		63

**DOCTORAL PROGRAM COURSE SEQUENCING (POST-MS)
FIRST YEAR
FALL**

Courses	Credit	Name of Course
MFT 751 or MFT 754	3	Advanced Theories in MFT Family Therapy for Children and Adolescents
MFT 793	3	Research Seminar in MFT
MFT 655	3	Practicum in MFT
	3	PhD Elective* or Research Elective**

WINTER

Courses	Credits	Name of Course
MFT 603	3	Research Practicum
MFHD 706/605	3	Advanced Statistical Methods SEM
MFT 655 or MFT 755	3	Practicum in MFT or Advanced Practicum in MFT – after 200 hours of client contact
	3	PhD Elective* or Research Elective**

**SPRING AND SUMMER
(REGISTERED FOR EACH COURSE EACH TERM)**

Courses	Credit	Name of Course
MFT 799R	3	Doctoral Dissertation
MFT 655 or MFT 755	3	Practicum in MFT Advanced Practicum in MFT – after 200 hours of client contact
	3	PhD Elective* or Research Elective**

*PhD Electives must choose 6 hours from MFT 695R (only one), MFHD 566 (Teaching), and MFT 760R Supervision Mentoring (prerequisite MFT 750)

PhD Research Electives must choose **one of the following: SOC 604 (Ethnography), PMGT 628 (Program Evaluation), SOC 605/606 (**). An introductory statistics course is often required as a prerequisite for these courses. If you need to take one, consult with your advisor and be aware that the introductory course cannot be applied towards the doctoral program requirements.

**DOCTORAL PROGRAM COURSE SEQUENCING (POST-MS)
SECOND YEAR
FALL**

Courses	Credits	Name of Course
MFT 751 or MFT 754	3	Advanced Theories in MFT or Family Therapy for Children and Adolescents
MFT 700	3	Advanced Marriage and Family Research Methods
MFT 655 or MFT 755	3	Practicum in MFT or Advanced Practicum – after 200 hours of client contact
	3	PhD Elective* or Research Elective**

WINTER

Courses	Credits	Name of Course
MFT 753	3	Advanced Clinical Specialization
MFT 750	3	Supervision in MFT
MFT 655 or MFT 755	3	Practicum in MFT or Advanced Practicum in MFT – after 200 hours of client contact
SOC 706	3	Multi-level Modeling
MFT 799R	1	Doctoral Dissertation

**SPRING AND SUMMER
(REGISTERED FOR EACH COURSE EACH TERM)**

Courses	Credits	Name of Course
MFT 655 or MFT 755	3	Practicum in MFT or Advanced Practicum in MFT – after 200 hours of client contact
MFT 799	3	Doctoral Dissertation
	3	PhD Elective* or Research Elective*

Your timeline for completing the program requirements should be worked out with your advisor but it is recommended that, by the end of the 2nd year, you have both articles submitted (as part of your doctoral portfolio) and you have your clinical presentation scheduled.

**DOCTORAL PROGRAM COURSE SEQUENCING (POST-MS)
THIRD YEAR
FALL**

Courses	Credits	Name of Course
MFT 755 or MFT 770	3 Varied	Advanced Practicum in MFT – after 200 hours of client contact INTERNSHIP***
MFT 799R	3	Doctoral Dissertation
	3	PhD Elective* or Research Elective**

WINTER

Courses	Credits	Name of Course
MFT 755 or MFT 770	3 Varied	Advanced Practicum in MFT – after 200 hours of client contact INTERNSHIP***
	3	PhD Elective* or Research Elective**
MFT 799R	1	Doctoral Dissertation

***Internship credit hours must total at least three credit hours. The internship structure and your specific goals are developed in association with your advisor (and committee members, if needed). It should aid you in completing the required 500 therapy hours and any other professional development goals that you formulate with your advisor.

INSTRUCTIONS FOR COMPLETING *PROGRAM OF STUDY FORM*
Post Master's Doctoral Degree

1. To begin, go to the Graduate Studies website:
http://www.byu.edu/gradstudies/images/forms/ADV_Form_3.pdf
and download the *Program of Study Form*
2. Complete the requested information and review the classes listed. Blank lines are provided to enter research class choices and elective classes.
3. A minor must be approved by both the major and the minor departments.

The following information is provided for instances in which a student needs more space for additional electives or if a student has taken previous classes which have been approved by his/her advisory chair for credit towards the master degree.

- a) Download the form from the Graduate Studies website:
http://www.byu.edu/gradstudies/images/forms/ADV_Form_3.pdf
- b) Using the following abbreviations, identify the requirement type (in the Req't type column) that each course fills:
 - PRQ for prerequisite courses
 - MAJ for major courses
 - MIN for minor courses (but only if you have declared a minor)
 - ELC for elective courses
 - THS for thesis courses
 - PRJ for project course
- c) Using the abbreviations below, identify (in the Pre-program type column) those pre-program courses you plan to count as part of your master degree (the total of transfer [TRN], senior [SEN], and non-degree [NDG] credit cannot exceed 10 hours).
 - TRN for any transfer courses from other schools that will apply to the BYU master degree
 - SEN for any courses you took before you received your bachelor's degree and which you wish to count as part of your master degree. Check with your undergraduate advisement center to be certain there is not double application credit.
 - NDG for any courses you took after you receive your bachelor's degree but before you were admitted to your master's program
4. Obtain signatures of the faculty who will serve as your advisory committee. If you have received approval to declare a minor, one of the committee members must be from the minor department.
5. After completing the *Program of Study Form*, give it to your department for approval and computer entry. When the *Program of Study* is approved, you will receive a verifying progress report.

Sample PROGRAM OF STUDY FOR DOCTORAL DEGREE STUDENTS

Name: _____ BYU ID: _____ Date: _____

Local address: _____

Major: Marriage and Family Therapy Degree sought: PhD Program Type: THS

Minimum hours required: 63 Master's hours allowed: _____

Minor (if you have received approval): _____

Coursework

Req't type	Dept	Course number	Hours	Pre-program type	Course description
MAJ	MFT	655R	6		Practicum in MFT
MAJ	MFT	755R	3		Advanced Practicum in MFT
THS	MFT	799R	18		Doctoral Dissertation
MAJ	MFT	750	3		Supervision in MFT
MAJ	MFT	751	3		Advanced Theory in MFT
MAJ	MFT	754	3		Fam. Therapy - Chld & Adoles
MAJ	MFT	753	3		Advanced Clinical Specialization
MAJ	MFT	793R	3		Research Seminar in MFT
MAJ	MFT	770R	3		Clinical Internship
MAJ	MFT	603R	3		Research Practicum
MAJ	MFT	700	3		Advanced Research in MFT Methods
MAJ	MFHD	706	3		Advanced Statistical Analysis (SEM)
MAJ	SOC 604 (Ethnography) or another Statistics class		3		(The name of the chosen course must be listed.)
MAJ	STAT or SOC	STAT 512 or SOC 606 (Choose one)	3		(The name of the chosen course must be listed.)
MAJ	MFHD 511	(for example)	3		(The name of the approved course from Area IX must be listed.)
ELC					(Each approved Elective course must be listed separately) [Area XII req.]

Total hours = 63 (must total at least the minimum required for the degree minus the number allowed from the master's, and include only major, minor, elective, and thesis courses)

Signature of Committee chair: _____

Date: _____

Signature of member: _____

Date: _____

Signature of graduate coordinator: _____

Date: _____

Marriage and Family Therapy Doctoral Degree Timeline --First Year

The information presented below is given as a general guideline. Individual circumstance will vary.

The important part is to keep in constant communication with your advisory chair about your progress in the program.

	Fall	Winter	Spring/Summer
Classes	MFT 655 Practicum in MFT Therapy MFT 793 Adv. Research in MFT Method. MFT 751 Adv. Theory In MFT Or MFT 754 Family Therapy for Child. & Adol. PhD Elective or Research Elective	MFT 655 Practicum in MFT Therapy Or MFT 755 Advanced Practicum in MFT MFHD 605 Advanced Statistical Methods SEM MFT 603 Research Practicum	MFT 655R Practicum in MFT Therapy Or MFT 755 Advanced Practicum MFT 799R Doctoral Dissertation PhD Electives—Consider which electives will assist in the development of a clinical specialty.
Clinical Hours	Discuss with practicum instructor how to log hours as well as expected number to accrue this semester. A total of 200 hours is required while in the program.	Discuss with practicum instructor expected number to accrue this semester. A total of 200 hours is required while in the program.	Discuss with practicum instructor expected number to accrue this semester. A total of 200 hours is required while in the program.
Dissertation	Discuss with your advisory chair possible dissertation topics. Begin a review of literature on topic selected. Consult page 66-68 of this handbook for more information	Decide on a dissertation topic. Have topic and problem statement approved by advisory chair and all committee members. Complete review of literature	Continue work on dissertation and begin to prepare a proposal to present Fall semester. Have prospectus approved by advisory chair.
Comprehensive Exam	Because course sequencing in some classes alternate from year to year, it is important for students to review the various components of the comprehensive exams and sequence completions of the component with the associated class. It is also important for students to discuss with their advisory chair projected completion dates of the various components. The completion dates for each component will be unique to each student.		
Tasks	Submit <i>Program of Study</i> Form to MFT secretary Log of clinical hours will be due at the end of the semester Register for classes for Winter (consult with advisory chair)	Log of clinical hours will be due at the end of the semester Register for classes for spring & summer (consult with advisory chair) Review progress to date with advisory chair Consult with advisory chair about a possible clinical specialty	Log of clinical hours will be due at the end of the semester Register for classes for Fall (consult with advisory chair) Review progress to date with advisory chair

Marriage and Family Therapy Doctoral Degree Timeline--Second Year

The information presented below is given as a general guideline. Individual circumstance will vary.
The important part is to keep in constant communication with your advisory chair about your progress in the program.

	Fall	Winter	Spring/Summer
Classes	MFT 655 Practicum in MFT Or MFT 755 Advanced Practicum MFT 700 Adv. Marr. and Fam. Res. Methods MFT 751 Adv. Theory In MFT Or MFT 754 Family Therapy for Child. & Adol.	MFT 755R Advanced Practicum Or MFT 655 Practicum in MFT MFT 750 Supervision in MFT MFT 753 Advanced Clinical Specialization MFT 799R Doctoral Dissertation	MFT 755R Adv. Practicum in MFT Therapy Or MFT 655 Practicum in MFT MFT 799R Doctoral Dissertation Phd Electives—Consider which electives will assist in the development of a clinical specialty
Clinical Hours	Discuss with practicum instructor expected number to accrue this semester. A total of 200 hours is required while in the program	Discuss with practicum instructor expected number to accrue this semester. A total of 200 hours is required while in the program	Discuss with practicum instructor expected number to accrue this semester. A total of 200 hours is required while in the program
Dissertation	Have prospectus approved by other committee members. Consult with advisory chair and graduate MFT secretary about how to schedule a prospectus meeting. Meeting date must be scheduled at least two weeks in advance. Give committee members final copy of prospectus two weeks before meeting. Complete prospectus meeting. Make revisions and give a copy of approved prospectus to MFT secretary.	If you did not a prospectus meeting in the Fall, do so during Winter Semester. Students are encouraged to complete their dissertation before beginning their internship. However in most cases the dissertation is completed during the internship (3 rd) year. Consult page 76-79 of this handbook for more information	Normally, a defense should not be planned for Spring or Summer terms since most faculty will be unavailable. However, if you have not defended your thesis yet, consult with your advisory chair about a spring/summer defense.
Comprehensive Exam	Because course sequencing in some classes alternate from year to year, it is important for students to review the various components of the comprehensive exams and sequence completions of the component with the associated class. It is also important for students to discuss with their advisory chair projected completion dates of the various components. The completion dates for each component will be unique to each student.		
Tasks	Log of clinical hours will be due at the end of the semester Register for classes for Winter (consult with advisory chair) Review progress to date with advisory chair	Log of clinical hours will be due at the end of the semester. Register for classes for Spring/Summer (consult with advisory chair). Review progress to date with advisory chair	Log of clinical hours will be due at the end of the semester Review progress to date with advisory chair

Marriage and Family Therapy Doctoral Degree Timeline--Third Year

The information presented below is given as a general guideline. Individual circumstance will vary.
The important part is to keep in constant communication with your advisory chair about your progress in the program.

	Fall	Winter	Spring/Summer
Classes	MFT 770R Clinical Internship Or MFT 755 Adv. Practicum MFT 799R Doctoral Dissertation University requirements are that a student must be enrolled for at least 2 credits each semester in order to maintain full times status.	MFT 770R Clinical Internship Or MFT 755 Adv. Practicum MFT 799R Doctoral Dissertation University requirements are that a student must be enrolled for at least 2 credits each semester in order to maintain full-time status.	MFT 770R Clinical Internship MFT 799R Doctoral Dissertation University requirements are that a student must be enrolled for at least 2 credits each semester in order to maintain full times status.
Internship	Progress towards completing internship goals. Have periodic reviews with advisory chair to assess internship experience and to ascertain progress towards goals.		
Dissertation	Continue to work on dissertation. Check the current graduate school calendar for deadline dates related to your anticipated dissertation completion and anticipated graduation date. Complete dissertation and meet with advisory chair every 1-2 weeks to assess your progress. Advisory chair approves dissertation for defense. Receive approval from other committee members. When committee members approve your dissertation, contact the MFT Secretary to schedule your final oral defense. This defense date must be scheduled at least two weeks in advance. (Normally, a defense should not be planned for Spring or Summer terms since most faculty will be unavailable.) Supply copies of dissertation to each committee member two weeks before the defense date. <u>Note:</u> Your defense must be completed by the date provided by the graduate school each year. It is the student's responsibility to meet this deadline. Make final corrections to the dissertation submit and electronic copy of dissertation to the library. Consult page 66-68 of this handbook for more information		
Comprehensive Exam	Comprehensive Exam Portfolio will have been completed prior to starting the internship year.		
Tasks	Review progress to date with advisory chair Obtain a graduation timeline calendar from the graduate studies office. This calendar references important dates of which a student needs to be aware in order to comply with graduation requirements.	Review progress to date with advisory chair Review graduation timeline calendar. Be aware of important dates.	Review progress to date with advisory chair Review graduation timeline calendar. Be aware of important dates.

Clinical Experience and Practicum Information

An accounting of the number of therapy hours which have been provided is also due at the end of each semester. Students should keep track of the minutes of each therapy session over the course of a semester or term. At the end of the semester or term, they should total the minutes and divide by 50 (a 50 minute hour) to calculate the number of hours they have spent doing therapy. This number must then be reported to the student's supervisor and to the MFT program secretary on the appropriate form. Each student should consult with his/her supervisor and/or advisory chair for instructions on how to complete this form.

At the conclusion of each semester, students and practicum supervisors evaluate the student's progress with reference to the core competencies in which the students are expected to become competent while in the MFT program. Students also evaluate the effectiveness of the supervision provided by the supervisor. Completed forms are placed in the student's file at the end of each practicum experience.

Examples of these forms are located in Appendix C. In the case of the Semester Clinical Experience Summary, this form will be placed in student boxes at the end of each semester. It is expected that each student will complete the form and return it to the MFT secretary. The core competency evaluation form will be given to the students by his/her supervisor.

MFT DOCTORAL COMPREHENSIVE EXAMINATION GUIDELINES

As faculty in the Marriage and Family Therapy program, we believe that a doctor of philosophy degree (PhD) requires the student to demonstrate scholarly competence, engage in self-directed inquiry, and demonstrate the ability to conduct and report research. We therefore require a comprehensive examination where students are able to demonstrate their ability to integrate and synthesize ideas learned from program coursework.

A set of procedures and standards have been set up to evaluate student proficiency in the areas of knowledge, scholarship, research, supervision, and clinical practice. Scholarship can be demonstrated through accomplishments in publishing and presenting research, teaching, and outreach. Additionally, Marriage and Family Therapy is a clinical degree which implies that doctoral candidates are outstanding clinicians with both clinical skills and expertise in the art and science of marriage and family therapy.

As a method of determining that students have demonstrated excellence in their chosen discipline, it has been determined that a portfolio of specific papers, presentations and other accomplishments will be required for students. This portfolio serves as a partial fulfillment for the doctoral degree in Marriage and Family Therapy and will constitute the Comprehensive Examination. A complete copy of the portfolio will be retained in the MFT office for review.

Expected accomplishments and documentation requirements are outlined below. This portfolio will be available for students to send to potential employers or other interested individuals as requested. The evaluations and grades connected to these materials will not be available in the portfolio but will be included in the students' permanent file and be used in the review process. **Timely progress in fulfilling these benchmarks will be evaluated in the student reviews held in the Fall and Winter semesters.** Since many of the required papers and presentations are connected to courses, appropriate feedback and guidance will occur within that context. Failure to accomplish the expected outcomes connected to those courses will be noted and reviewed by the advisory chair in consultation with the appropriate faculty member. If the required scholarly paper(s) required do not meet or exceed expectations, the paper(s) must be rewritten and resubmitted as outlined below or the student will receive an unsatisfactory evaluation.

All portions of the Portfolio are expected to be completed, reviewed and approved prior to application for internship with the exception of final submission of scholarly publications. All portions of the Portfolio must be completed prior to scheduling the student's final dissertation defense. The MFT DOCTORAL PORTFOLIO CHECKLIST must be signed and submitted to the MFT office. (See the attached form.) Any exceptions to this policy require the consent of both the MFT faculty and the student's supervisory committee.

The Portfolio will contain the following materials:

CURRICULUM VITAE: A résumé of educational, employment, professional and personal accomplishments will be submitted. Required documentation includes:

- ◆ Education
- ◆ Work Experience
- ◆ Areas of Specialization – clinical and research
- ◆ Professional Service and/or Accomplishments (e.g., board memberships, abstract reviewer)
- ◆ Scholarly Publications
- ◆ Scholarly Presentations
- ◆ Community Outreach
- ◆ Personal Accomplishments – awards, commendations, scholarships, recognitions

PUBLICATIONS: A minimum of **two (2) articles will be submitted to peer-reviewed journals**. It is expected that the doctoral student will be the first, second, and/or equal author of these submissions. The student's dissertation cannot be used as one of these manuscripts. Required documentation includes:

- ◆ Complete citations of all publications
- ◆ Recent manuscripts (submitted, revised for resubmission, accepted for publication, or positive review with recommendation to submit elsewhere)
- ◆ All correspondence with journal including editorial feedback
- ◆ Documentation that the journals are peer-reviewed.
- ◆ A brief statement as to the quality and quantity of contribution made by the student

PRESENTATIONS: A minimum of two (2) presentations (lecture, workshop, or poster) are expected to be submitted, accepted and completed at PROFESSIONAL meetings of national/international or regional/state academic/professional organizations. Single author or first author status is expected for at least one of these presentations. Required documentation includes:

- ◆ Citations of all presentations
- ◆ A copy of acceptance letters
- ◆ A copy of presented power point, overheads, graphs, handouts or other media used in the presentation.
- ◆ A copy of the program outline or overview for the conference indicating the presentation.

PROFESSIONAL PAPERS RELATED TO THEORY AND PHILOSOPHY OF MARRIAGE AND FAMILY THERAPY:

Five professional papers are required to be included in this section of the portfolio. These papers are outcome products for courses and evaluated according to specific rubrics provided by the primary professor for the course. These papers are included in the portfolio only after having been completed and reviewed by the major professor for the course. They may be included following his approval. Appendix A outlines the evaluation rubric used to review all papers is outlined on page 56. Papers should be presented in a PDF format.

These scholarly papers must meet or exceed the criteria outlined in the rubrics for acceptable papers. In the event that a paper does not meet the criteria for inclusion into the portfolio during the related course, the student will have until the end of the following semester to resubmit the paper to the professor. This revised paper will be reviewed by the professor, student's chair, and one other member of the student's advisory committee. If the paper is accepted, it will be included into the portfolio. If it is still unacceptable, the paper is considered to have failed a portion of the comprehensive examination. The student will be given an unsatisfactory evaluation for that semester. Further progress on the paper will be outlined by the committee convened for the second rewrite. If the paper(s) are not included in the portfolio, it is assumed that the student has failed their comprehensive examination and they will be terminated from the program.

SCHOLARLY PAPERS: Required to be submitted to the Portfolio include:

- ◆ Personal Philosophy of Therapy/Theory of Change
- ◆ Philosophy of Supervision
- ◆ Treatment of a Specific Problem in MFT Selected as an Area of Clinical Specialization
- ◆ Treatment/Research of a Specific Issue in Child or Adolescence
- ◆ Approved Dissertation Prospectus

TEACHING AND/OR COMMUNITY OUTREACH EDUCATION:

OUTREACH: A minimum of two professional level outreach/teaching activities are required to be completed. Teaching university or college classes can be used to meet this requirement. Document that two community outreach/teaching programs have been presented.

- ◆ Citation of document
- ◆ Append most recent copy of power point slides, handouts, materials, questionnaires, etc.
- ◆ Append peer and/or audience evaluations

TEACHING: While teaching university courses is not a required area of the Comprehensive Exam, it is an area which may be added to a student's portfolio so that it is available for examination by interested potential employers or other individuals doctoral candidates wish to have access to their portfolio. To be included in this portfolio, the following documentation should be provided:

- ◆ Completed course(s) in Teaching Methods
- ◆ Course syllabus
- ◆ Student Evaluations with both numerical evaluations and written comments
- ◆ Supervisor evaluation of effectiveness of teaching.

CLINICAL CASE PRESENTATION: A written and an oral presentation of clinical work will be presented by each student to demonstrate their clinical expertise. Students and faculty in the MFT program will be invited to attend. **It is expected that the student has completed a minimum of 200 hours on site (meaning the BYU Comprehensive Clinic) prior to preparing the clinical case presentation.**

Evaluation of the case presentation will be the responsibility of a minimum of three MFT faculty members including one faculty member who was involved in supervision of the presented case. Generally the individuals acting as evaluators will be members of the student's advisory committee. In cases where there are too few MFT faculty members on the advisory committee, the advisory chair will request participation by other MFT faculty members.

The written materials associated with the presentation should be given to the MFT faculty at least two weeks before the oral presentation. A sixty (60) minute presentation is expected.

There are two parts to the Clinical Presentation; (1) a Written Case Presentation paper and (2) the Oral Presentation of the Case. See pages 56-60 for the rubrics/guidelines used to evaluate the successful completion of this presentation.

Written Case Presentation (fewer than 20 pages) will be included in the student's portfolio and should include the following:

- ◆ Introduction of the case with evidence of release of information and willingness on the part of the clients to be presented to faculty as part of the Comprehensive Examination.
- ◆ One supervisor of the case has stipulated that the student conducted the therapy under supervision and that the student was effective in treatment of the case including case management requirements.
- ◆ Written presentation of theory underlying treatment of the case which includes elements unique to the theoretical approach being used. This might include information such as
 - Treatment modality with brief outline of theory. No need to explain basic tenets of the model unless it is one with which you believe the committee to be unfamiliar.

- Treatment plan including presenting problems and/or symptoms, goals for individual and system, diagnosis, and interventions
 - Genogram and system patterns variables
 - Five axis diagnosis for all involved in the case
 - Assessment and outcome measures such as the OQ and RDAS or other criteria used in treatment or to measure change variables
 - Summary of the process and outcomes of therapy. This should be a brief description of the course of therapy.
 - Criteria for termination.
- ◆ Make sure that the written material (that will be uploaded as part of your doctoral portfolio) is worded so as to protect the confidentiality of your clients.
 - ◆ The rubric outlined on page 56 will be used to evaluate this paper.

Oral Presentation of clinical expertise should include discussions of the above noted topics and be integrated with evidence of clinical competencies. The rubric outlined in Appendix B will be used to evaluate this presentation.

While it is impossible to adequately deal with all issues presented in a case in 60 minutes, it is expected that the most important elements will be addressed and presented in such a way as to demonstrate the therapeutic expertise of the presenter.

- ◆ Presentation may include details related to the:
 - Relationship between the presenting problems and the treatment plan formulation—including how the presenting problems affects other family members
 - Description of the goals for each phase of treatment – beginning, middle, and end
 - Identification of factors that facilitate and inhibit change including strengths and limitations of the individuals
 - Relationship of selected techniques to theory including detailed explanation of how the technique is carried out in a therapeutic manner
 - Discussion of the importance of “self of the therapist” in this case
- ◆ Videotape/DVD segments or clips
 - Provide documentation that the client has signed a Release of Information so that this information can be shared within the Clinic. If needed, a form for Release of Information for the Presentation is found in Appendix C.
 - Provide a brief explanation of each clip. These should be edited so that they are contained on one DVD or incorporated into a Power Point Presentation rather than attempting to use the original tapes and DVD recordings.

- The segments should demonstrate the progression of the case from beginning to end (e.g., joining, interventions, confrontation, enactments, homework assignments, termination), as well as the student's ability to intervene, engage successfully with clients or system, and appropriately confront clients.

INITIATION OF INTERNSHIP WILL NOT BE APPROVED UNTIL ALL PORTFOLIO COMPONENTS HAVE BEEN COMPLETED SUCCESSFULLY. ANY EXCEPTION TO THIS POLICY REQUIRES PETITION TO AND CONSENT OF THE MFT FACULTY.

FINAL DISSERTATION DEFENSE CANNOT BE SCHEDULED WITHOUT SUCCESSFUL COMPLETION OF ALL REQUIRED PORTFOLIO COMPONENTS.

DOCUMENTATION OF COMPREHENSIVE EXAMINATION COMPLETION

All portions of the Portfolio are expected to be completed, reviewed and approved prior to application for internship. Any exception to this policy requires a petition to and consent of the MFT faculty. All portions of the Portfolio must be completed prior to the final dissertation defense.

The process of documenting that the comprehensive examination has been completed for MFT students is as follows:

- ◆ Completion of the Portfolio will occur in conjunction with the advisory chair as course components are completed and requirements are completed, papers are submitted, and presentations are offered to the community.
 - The professor who has responsibility to evaluate papers or presentations will rate them according to the rubrics outlined on page 50. For papers or presentations not associated with specific courses, the advisory chair will be the responsible faculty.
 - If the papers or presentations are rated as Excellent or Acceptable, the student will be authorized to have the Graduate Secretary include them in their portfolio.
 - If papers or presentations have received an inadequate rating requiring them to be revised and resubmitted, they cannot be included in their portfolio until they have been re evaluated as acceptable.
- ◆ The Clinical Presentation component of the Comprehensive Exam
 - Doctoral students will need to fill out the MFT Comprehensive Examination Clinical Presentation Request Form.
 - This form is available from the Graduate Secretary in 274 TLRB.
 - After the form is submitted and reviewed by the Graduate Secretary (form must have all required signatures) it will be forwarded to the students Advisory Chair
 - Once it has been approved by the Doctoral student's Advisory Chair and returned to the Graduate Secretary, the Graduate Secretary will schedule a time for the presentation.
 - When the presentation has been scheduled, the time and place will be posted and MFT students and faculty will be invited to attend.
 - Three clinical faculty members (one of whom supervised this case or one additional faculty member who supervised this case) will be present at the presentation..

- Generally the three faculty members responsible for evaluation of the presentation will be members of the student's supervisory committee.
- **Two weeks prior to the presentation, the written portion of the presentation must be given to the evaluation committee – three clinical faculty members including a supervisor of the case being presented.**
- The clinical presentation is expected to be completed in 60 minutes.
- The written presentation submitted by the student and approved by their Advisory Chair as directed by the Advisory Committee will be included in the portfolio. If the committee requires the paper be revised and resubmitted, it can be included in the portfolio only after the committee has determined it is acceptable. The acceptance of the paper portion of the presentation will be communicated to the doctoral student by their Advisory Chair.
- ◆ **When a student submits a request to begin their internship, the MFT Graduate Secretary will review their portfolio to determine if all required components are complete. She will send a notice to both the student and Advisory Chair indicating the student's status.**
- ◆ **When a student submits a request to schedule their Dissertation Defense, the MFT Graduate Secretary will review their portfolio to determine if all required components are complete. She will send a notice to both the student and Advisory Chair indicating that the student's portfolio is complete and they are eligible to defend their dissertation.**

MFT Comprehensive Examination Clinical Presentation Request Form

Students must submit request for Clinical Case Presentation at least one month prior to desired date. The secretary will coordinate times with responsible faculty and determine the date of the Clinical Presentation. The written portion of the presentation is due to the review committee TWO WEEKS prior to the presentation.

NAME _____ YEAR IN PH. D. PROGRAM _____

Applying to make Clinical Case Presentation (preferred date(s)) _____

Prerequisites for Clinical Presentation

_____ I have completed a minimum of 200 clinical hours in my doctoral program.

_____ I will have completed all but the following required coursework before the date of the exam:

_____ I have submitted and had approved the following portions of my Comprehensive Exam Portfolio:

_____ I have completed my program of study. It has been signed by my committee and submitted to the graduate school.

Signature of Doctoral Student

Date

Signature of a Faculty Member who has Supervised the Case

Date

Signature of Graduate Secretary

Date

TO BE COMPLETED BY APPLICANT'S CHAIR:

I have reviewed the applicant's academic progress reports and recommend to the MFT faculty that this applicant:

_____ Be approved to make the Clinical Case Presentation as requested.

_____ Complete the following before the date of the exam.

Signature of Advisory Chair

Date

Appendix A.

Student Name: _____ Rater: _____ Date: _____

Rubric for Evaluation of Papers and Presentations

Adapted from rubrics developed by the following MFT Programs: Alliant University, Brigham Young University, Kansas State University, Loma Linda University, Texas Tech University, and University of Georgia

Conceptualization of Therapy	Excellent	Adequate	Incomplete
Philosophical & epistemological orientations for conducting therapy			
Ideas grounded in professional marriage and family therapy literature			
Integration of systemic /relational perspectives, practices			
Integration of theory, practice, and/or research			
Theoretical constructs are presented in a sophisticated manner including discussion of development of dysfunction, problem resolution, and theoretical inconsistencies and deficiencies.			
Issues of diversity, gender, and power and ethics are addressed			
Practice of Therapy	Excellent	Adequate	Incomplete
How change occurs			
Address behavior in a social context			
Actual practices used in conducting therapy			
Use of self in therapy			
Style	Excellent	Adequate	Incomplete
Organization			
Grammar and spelling			
Cites relevant primary source literature as well as recent and classic literature			
Use of APA style			
Total for each row			

Required Components of Rating:

Excellent

Idea or concept is fully explored and integrated throughout the paper or presentation. Discrepancies among theories and ideas are explained in a logical manner. Information presented is adequately and appropriately referenced. Student provides an original/creative response that synthesizes existing information. In terms of style, the paper or presentation is very easy to follow and there is a logical flow throughout. When reading the

paper or listening to the presentation, ideas are understood with almost no re-reading or clarification questions. Grammar and spelling error are very minimal. APA style is followed.

Acceptable

Idea or concept is explored and integrated throughout the paper or presentation. Discrepancies among theories and ideas are explained in a logical manner. Information presented is adequately and appropriate referenced. In terms of style, the paper or presentation is well organized.

Incomplete – Requires Revise and Resubmit to be Acceptable

Ideas and concepts are inadequately explored or integrated and simply listed and defined throughout the paper or presentation. Discrepancies among theories and ideas are minimally explained with no rationale provided, or discrepancies are ignored. Information presented is inadequately referenced and some key citations are omitted. In terms of style, the organization of the paper is inadequate. Ideas and concepts are difficult to understand and not presented with a clear logical flow. There are errors in grammar and spelling. There are APA style errors.

Oral Clinical Case Presentation Rubric (60 Minutes)

Part of the MFT Doctoral Comprehensive Exam

Adapted from related rubrics developed by MFT Programs at Brigham Young University, Alliant University, East Carolina University, Texas Tech University, and University of Connecticut

Student _____ Rater _____ Date _____

Written presentation submitted to evaluation committee two weeks before presentation.

Oral Presentation expected to be approximately 60 minutes in length.

I. Procedural

1.	Student presented in a professional manner and demeanor (planning in order to complete presentation in timely fashion, dress, language, mannerisms, voice inflections/tone, and effectively responds to questions)	Yes	No
2.	Student presented an edited videotape of his/her work with a couple or family case	Yes	FAIL*
3.	Student submitted the written consent from clients for videotaping and demonstrated respect for client confidentiality	Yes	FAIL*
4.	Student submitted supervisor signature of approval to proceed	Yes	No
5.	Student provided a written outline/description of the case being presented	Yes	FAIL*
6.	Student provided a brief written description of the focus of each of the video segments	Yes	FAIL*
7.	video recording showed the therapeutic interaction between the client and the therapist.	Yes	FAIL*

- If any of the items above receive a “fail”, the student will automatically fail this presentation and they will be required to revise and resubmit their presentation.

Comments

II. Style and Presentation Issues

1.	Handouts were appropriate	Yes	No
2.	No typographical errors	Yes	No
3.	References were cited correctly	Yes	No
4.	Any written materials follow APA guidelines	Yes	No

Comments:

III. Client Tape Presentation*

1. Student used a relational/systemic approach to treatment	Yes	No
2. Student provided interventions consistent with the treatment plan. Videotaped segments were carefully selected to demonstrate effective treatment and change	Yes	No
3. Student demonstrated interventions consistent with theoretical model	Yes	No
4. When questioned, student described possible alternative clinical interventions for the clinical situation	Yes	No
5. Student showed flexibility in clinical techniques	Yes	No
6. Student demonstrated ability to establish rapport with the clients	Yes	No
7. Student integrated assessment information into treatment	Yes	No
8. Student assessed for and identified ethical/legal/professional issues	Yes	No
9. Student provided appropriate ethical/legal/professional interventions	Yes	No
10. As appropriate to case demonstrated attention and sensitivity to cultural and gender issues	Yes	No
11. As appropriate to case, identified, reinforced, or utilized client strengths	Yes	No

*Some or all of these are appropriate to the specific case. Some will be presented in the written case presentation and others will be presented during the oral presentation and discussed.

Comments:

IV. Discussion of Case*

1. Student clearly articulates the relationship between the presenting problems and the treatment plan formulation	Yes	No
2. Student is able to clearly describe the goals for each phase of treatment – beginning, middle, and end	Yes	No
3. Student clearly identifies factors that facilitate and inhibit change	Yes	No
4. Student is able to articulate the relationship of selected techniques to theory.	Yes	No
5. Therapeutic techniques are explained in detail	Yes	No
6. Recognizes the importance of the self of the therapist and is able to articulate how the therapist's background and values has influenced style of interaction.	Yes	No

*Some or all of these are appropriate to the specific case. Some will be presented in the written case presentation and others will be presented during the oral presentation and discussed.

Comments:

Committee Summary Evaluation of Clinical Presentation

After discussion and deliberation, the Doctoral Advisory Committee has unanimously agreed that the clinical presentation will be rated as follows:

Written Presentation: Pass _____ **Revise and Resubmit** _____
Oral Presentation: Pass _____ **Revise and Represent** _____

If a student receives an evaluation requiring them to revise and resubmit, the student will be required to revise their paper and/or set up another meeting to re-present the materials. Attached to the second submission should be a written response to each recommendation made by members of the committee. As appropriate, this information should be included in the second presentation.

Student Strengths:

Recommendations for Improvement of Presentation:

Other Comments:

Examination Committee Signatures:

Signature of Advisory Chair

Date

Signature of Supervisor of Presented Case

Date

Signature of Graduate Advisory Committee Member

Date

Signature of Graduate Advisory Committee Member

Date

Written Case Presentation Accepted for Inclusion as part of the Comprehensive Doctoral Portfolio

Signature of Advisory Chair

Date

Permission to use Video Recordings

The use of video recordings for the purpose of student therapist evaluation at the Brigham Young University Comprehensive Clinic requires *a signed release from the clients and the therapist*. All identifying information will be changed to protect client identity.

I, _____ (clients' names), hereby give permission for _____ (therapist's name) to show selected clips from videotaped therapeutic sessions dated _____ (MM/DD/YYYY) _____ (MM/DD/YYYY) in which I appear. The clips may be shown only to other mental health professionals and students for educational and/or training purposes.

Date

Client signature

Date

Therapist signature



MFT DOCTORAL PORTFOLIO CHECKLIST

The following papers and presentations must be completed and submitted to MFT Graduate Secretary prior to applying for an internship.

Publications (2 articles must be submitted and/or accepted)

- Article accepted/published or submitted with positive reviews in a peer-reviewed journal – first or second author
- Second article accepted/published or submitted with positive reviews in a peer-reviewed journal first or second author
- At least one article is single, first or equal authored
- Documentation for article is complete – letters of submission, reviews, and acceptance revise-resubmit, recommendations for submission to another journal, etc.

Presentations (2 professional level presentations):

- Presentation at a meeting for national or state/regional professional organization.
- Presentation at a meeting for national or state/regional professional organization.
- Single, first or equal author of professional presentation (1st presentation)
- Single, first or equal author of professional presentation (2nd presentation)
- Complete documentation for both presentations.

Teaching and/or Outreach (Document one of the following)

- Full responsibility for one university class with supporting documentation.
- Full responsibility for at least two clinical/work/outreach presentations in community service agency with supporting documentation.

Professional Papers – (The following papers must be submitted and accepted using MFT rubrics)

- Personal Philosophy of Therapy/Theory of Change
- Philosophy of Supervision
- Treatment of an MFT Problem Selected as an Area of Clinical Specialization
- Treatment/Research of a Specific Issue in Child or Adolescence
- Approved Dissertation Prospectus

Case Presentation

- Passed Written Presentation
- Passed Oral Presentation

BYU Professional Development Internship Requirement for PhD Program

The Professional Development Internship should offer doctoral students the opportunity to pursue a range of activities which will facilitate the accomplishment of individually determined goals for professional development.

The Professional Development Internship will be integrated over the course of the doctoral program and will require successful completion of specific learning outcomes and experiences reflected in a Professional Development Plan completed by each doctoral student. While internship experiences may occur primarily during the third year of the program, activities related to the internship may begin earlier. In other words, internship activities may run concurrently while the student is completing the course work requirements.

The *Doctoral Portfolio* identifies specific required student outcomes including papers, presentations, teaching, and research. The *Professional Development Internship Plan* will set forth additional individually determined goals each doctoral student identifies as important to their professional development.

The student and her/his advisory chair should meet and review the student's interests and needs to be accomplished through the professional development internship. Goals set by each student and approved by their chair determine the type of experiences for the internship.

Most doctoral students will work in settings where they will be required to be competent in a number of areas. For the Professional Development Internship, doctoral students will be required to demonstrate their competence in at least three areas:

- Research and scholarly activity
- Program Development and Evaluation
- MFT licensure
- Specialized Clinical Expertise
- Teaching
- Administration
- MFT Supervision
- Grant Writing
- Other to be determined by student and advisory chair

Professional Development Plan for the Internship

1. The student and advisor will complete the Professional Development Internship Plan . The proposal must be approved by the student's advisor, signed by the program director and filed with the MFT graduate secretary.
2. The plan must identify (a) how the student will obtain the experience necessary to demonstrate specified program competencies (see Expected Development Outcomes on page 2); (b) how

evidence for the specified competencies will be measured; and (c) who will supervise and evaluate the work.

3. Students will enroll in the MFT770R (Professional Development Internship for 1 credit for each of the individual goal areas – total of 3 credits. The grade for MFT770R will be a T grade until all requirements in the plan are completed when the grade will change to a letter grade.
4. There must be an agreement signed between the Program Director and any site where the internship activities will occur. Regular feedback from the supervisor(s) at the internship to the Program Director is required, as is feedback from the student regarding the internship experiences. Interviews and/or supervision will take place in personal visits, by telephone or over the Internet (e.g., SKYPE or another system) as needed.

Professional Development Internship Included as Part of the Ph D Portfolio.

Students will post evidence of successful completion of Professional Development Internship Plan in their PhD Portfolio file in the MFT Graduate Office.

Expected Professional Development Internship Outcomes

1. MFT PhD students will demonstrate competence in at least three of the following:
 - a. Research and Scholarly Activity: Application of qualitative or quantitative research and writing skills to produce publications beyond the requirement for the portfolio.
 - b. Program Development and Evaluation: Apply principles from program development course in a supervised work setting. The program needs to be fully prepared for implementation and evaluation. Then conduct planned evaluation of the program.
 - c. MFT Licensure: Complete all requirements to become a professionally licensed marriage and family therapist.
 - d. Specialized Clinical Expertise: Develop expertise in working with a particular clinical population or with a particular treatment approach under an AAMFT approved supervisor or equivalent.
 - e. Teaching: Take major responsibility for teaching undergraduate or graduate students in courses related to the field of Marriage and Family Therapy. Document teaching responsibilities, student and supervisor's evaluation of teaching excellence
 - f. Administration: Assume oversight of a clinical program or service component in a supervised work setting. Student must document successful completion of job description through a supervisor's evaluation and in their own written report.

- g. MFT Supervision: Supervise trainees and receive supervision mentoring to become an AAMFT approved supervisor. Completion of requirements to become an AAMFT supervisor is one way of documenting the outcome.
- h. Grant Writing: Take major responsibility for writing a service delivery grant in a supervised work setting. Student must post the final application.
- i. Other

2. Professional Development Internship Plan and Evaluation Form. A student must complete the first four columns of the Professional Development Internship Plan and Evaluation form for each competency. They should submit the form to their chair for approval, and when they have received their chair's signature, they should submit the form to the program secretary to get the program director's approval. A copy of the approved plan will be kept in the student's portfolio, and a copy will be returned to the student. Over the course of the internship, the student is responsible to get the supervisor/s evaluation of progress each semester. These evaluations should be submitted to the program secretary to be placed in the student's portfolio.

3. Approval and Progress Review

- a. Students submit the Professional Development Internship Plan to their chair for approval
- b. After the Professional Development Internship Plan is approved, it is used each semester to document progress.
- c. It is the student's responsibility to obtain the supervisor/mentor's evaluation each semester and to meet with their advisory chair to review progress

PROFESSIONAL DEVELOPMENT INTERNSHIP PLAN AND EVALUATION FORM

NAME: _____

DATE: _____

COMPETENCIES (Select 3)	ACTIVITIES	OUTCOME(S)	SUPERVISOR/ MENTOR

CHAIR APPROVAL: _____ **DATE:** _____

Advisory Chair Signature

PROGRAM APPROVAL: _____ **DATE:** _____

Program Director Signature

CLINICAL SITE

APPROVAL (If needed): _____ **DATE:** _____

Name, Position and Signature of Site Official

Required Components of Rating:

Excellent

Idea or concept is fully explored and integrated throughout the paper or presentation. Discrepancies among theories and ideas are explained in a logical manner. Information presented is adequately and appropriately referenced. Student provides an original/creative response that synthesizes existing information. In terms of style, the paper or presentation is very easy to follow and there is a logical flow throughout. When reading the paper or listening to the presentation, ideas are understood with almost no re-reading or clarification questions. Grammar and spelling errors are very minimal. APA style is followed.

Acceptable

Idea or concept is explored and integrated though out the paper or presentation. Discrepancies among theories and ideas are explained in a logical manner. Information presented is adequately and appropriately referenced. In terms of style, the paper or presentation is well organized.

Incomplete – Requires Revise and Resubmit to be Acceptable

Ideas and concepts are inadequately explored and integrated, but simply listed and defined throughout the paper or presentation. Discrepancies among theories and ideas are minimally explained with no rational provided, or discrepancies are ignored. Information presented is inadequately referenced and some key citations are omitted. In terms of style, the organization of the paper is inadequate. Ideas and concepts are difficult to understand and not presented with a clear logical flow. There are errors in grammar and spelling. There are APA style errors.

Chapter 6

Post-Baccalaureate Doctoral Program in MFT

And

Post Clinical, Non-MFT Master's Degree Doctoral Program in MFT

Post-Baccalaureate Doctoral Program in MFT

The post-baccalaureate doctoral program is the second of the doctoral degree programs offered at BYU. The PhD degree program is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the American Association for Marriage and Family Therapy. Nine full-time faculty have primary instructional responsibility for the graduate program with support from the Marriage Family and Human Development faculty. Major courses and clinical practica are conducted in the new Comprehensive Clinic Building which houses in addition to the marriage and family therapy program, the graduate programs in clinical psychology, speech and language disorders, audiology, and social work. Additional practicum experience is also available in various inpatient and outpatient medical and mental health facilities in the community.

Students are encouraged to meet regularly with their advisory chair to review progress in academic and clinical requirements. Students are notified via university email when it is time to register for classes for the upcoming semester. This is an excellent time to discuss with a student's advisory chair the upcoming class schedule, clinical case loads, and other opportunities which may be available.

Students who have been admitted to the post-baccalaureate doctoral program will first progress through the master's MFT program including completing a thesis and then transition to the doctoral program after applying and being admitted through the formal admissions process. Information concerning each of these programs is contained in Chapter 5 for the master's program and Chapter 6 for the doctoral program. Rather than repeat information already presented, students are referred to each of these chapters.

Non-MFT Master's Degree Doctoral Program in MFT

The non-MFT master's degree doctoral program is the third of the doctoral degree programs offered at BYU. As with the other programs, this too is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the American Association for Marriage and Family Therapy. Nine full-time faculty have primary instructional responsibility for the graduate program with support from the Marriage Family and Human Development faculty. Major courses and clinical practica are conducted in the new Comprehensive Clinic Building which houses in addition to the marriage and family therapy program, the graduate programs in

clinical psychology, speech and language disorders, audiology, and social work. Additional practicum experience is also available in various inpatient and outpatient medical and mental health facilities in the community.

Students are encouraged to meet regularly with their advisory chair to review progress in academic and clinical requirements. Students are notified via university email when it is time to register for classes for the upcoming semester. This is an excellent time to discuss with a student's advisory chair the upcoming class schedule, clinical case loads, and other opportunities which may be available.

Because students who have been admitted into the doctoral program as non-MFT master's doctoral students come from a variety of disciplines and backgrounds each student's circumstances will be unique. As such, it is critical that students meet with their advisory chair and carefully review the student's transcripts and past experience. Together the student and advisory chair will determine which classes from the master's curriculum will need to be taken before beginning the doctoral program. To assist in this process, the *Evaluation of non-accredited MFT or non-MFT Master Degree in Relationship to COAMFTE Standard Curriculum* form should be filled out and reviewed. A copy of this form is included in Appendix E. This form may also be downloaded from the MFT website: <http://mft.byu.edu>.

Non-MFT master's doctoral students typically complete needed master's level classes the first year and then transition into the doctoral classes the second year. Students should be familiar with the contents of both Chapter 5 and 6 and determine with their advisory chair the information which applies to their unique circumstance.

Chapter 7

Marriage and Family Therapy Program Policy and Procedures

BYU Honor Code

Brigham Young University exists to provide an education in an atmosphere consistent with the ideals and principles of The Church of Jesus Christ of Latter-day Saints. That atmosphere is created and preserved through commitment to conduct that reflects those ideals and principles. Members of the faculty, administration, staff, and student body at BYU are selected and retained from among those who voluntarily live the principles of the gospel of Jesus Christ. Observance of such is a specific condition of employment, admission, continued enrollment, and graduation. Those individuals who are not members of The Church of Jesus Christ of Latter-day Saints are also expected to maintain the same standards of conduct, except they are encouraged to attend the church of their choice. All who represent BYU are to maintain the highest standards of honor, integrity, morality, and consideration of others in personal behavior. By accepting appointment on the faculty, continuing in employment, or continuing class enrollment, individuals evidence their commitment to observe the Honor Code standards approved by the Board of Trustees (<http://honorcode.byu.edu>).

Plagiarism

Intentional plagiarism is a form of intellectual theft that violates widely recognized principles of academic integrity as well as the Honor Code. Such plagiarism may subject the student to appropriate disciplinary action administered through the university Honor Code Office, in addition to academic sanctions that may be applied by an instructor. Although no in violation of the Honor Code, students are also cautioned against inadvertent plagiarism. Plagiarism of any kind is completely contrary to the established practices of higher education, where all members of the university are expected to acknowledge the original intellectual work of others that is included in one's own work. In some cases, plagiarism may also involve violations of copyright law.

Preventing Sexual Harassment:

Title IX of the Education Amendments of 1972 prohibits sex discrimination against any participant in an educational program or activity that receives federal funds. The act is intended to eliminate sex discrimination in education. Title IX covers discrimination in programs, admissions, activities, and student-to-student sexual harassment. BYU's policy against sexual harassment extends not only to employees of the University, but to students as well. If you encounter unlawful sexual harassment or gender-based discrimination, please talk to your professor; contact the Equal Employment Office, 422-5895 or 367-5689 (24 hours); or the Honor Code Office at 422-2847.

Students with Disabilities:

Brigham Young University is committed to providing a working and learning atmosphere that reasonably accommodates qualified persons with disabilities. If you have any disability that may impair your ability to complete this course successfully, please contact the University Accessibility Center (422-2767). Reasonable academic accommodations are reviewed for all students who have qualified documented disabilities. Services are coordinated with the student and instructor by the UAC. If you need assistance or if you feel you have been unlawfully discriminated against on the basis of disability, you may seek resolution through established grievance policy.

The University Teaching Coursework and Practicum

Many students are interested in university or college teaching as part of their future career. A teaching practicum has been created to help these students enhance their teaching abilities and build their teaching credentials. All graduate students who wish to become student instructors at BYU in undergraduate courses must complete MFHD 566 and MFHD 567.

MFHD 566 (3 credits): This course will not be offered during 2013-2014

This course is focused on delivering family life education (FLE) in university settings. Students will be assigned to work with a faculty mentor and will observe, assist the mentor, make mini-presentations, and prepare a basic set of instructional materials. Students will meet in a weekly seminar to discuss readings and report progress. This course will help satisfy graduate NCFR-CFLE requirements for gaining competency in teaching methods.

MFHD 567R (1 credit); prerequisite: 566.

While teaching an undergraduate class during the semester following MFHD 566, students will participate in a weekly seminar with other student instructors. A faculty member will lead the seminar and supervise teaching. Course objectives include but are not limited to in-class supervision by an experienced faculty member, other graduate students, observers from the faculty center; video and audio-taped sessions of teaching episodes; regular individual and group analysis of teaching strengths and weaknesses.

Certified Family Life Educator-Professional Organization-An Academic Career

Information on becoming a Certified Family Life Educator, professional organizations, and a career in academia are available in Appendix A.

Transfer Credit

Always check the Graduate Catalog for the most recent policies. Currently, completed courses and credit taken at other accredited universities in the United States and Canada may, with program approval, count toward a graduate degree at BYU if the following conditions are met:

1. Any course to be transferred must be clearly graduate level.
2. The grade for any such course must be B or better (pass/fail courses are not transferable.)
3. Home study, correspondence, and extension courses are not transferrable.
4. Transfer credit in combination with non-degree and senior credit cannot total more than 10 hours.
5. Credit cannot have applied to another degree.

Credit from foreign universities can be considered for transfer only if certified by special examination.

Financial Support For Students Attending Conferences

Travel funding for graduate students-- The MFT program will fund round trip airfare tickets cost for **current students who are presenting (paper, poster, workshop) at an MFT related professional meeting.** Current students are those enrolled full-time during their two years of MS degree study and those PhD students who are enrolled full-time during their pre-internship study. **In order to receive MFT funding students must pre-arrange for airfare travel and ticketing following BYU travel policies and application procedures which are coordinated through the MFT program secretary. Master's Students may attend 2 conferences during their 2 years in the program.**

Professional meeting and travel funds for PhD students-- The MFT program will fund travel expenses of up to \$500 per year for current PhD students to attend MFT related professional meeting(s). Current students are those PhD students who are enrolled full-time during their two year pre-internship study. As noted above, PhD students may also receive additional funding for airfare ticket cost if they are presenting (paper, poster, and workshop) at an MFT related professional meeting. **In order to receive MFT funding, students must pre-arrange for airfare travel and ticketing and related expenses such as lodging, meals, conference registration, etc. by**

following BYU travel policies and application procedures which are coordinated through the MFT program secretary.

The MFT Program will not provide travel assistance for students who are presiding or are discussants at conference seminars, workshops, etc.

Monday Faculty Meetings

The MFT faculty meets each Monday at 11:00 in 227 TLRB. These meetings are the vehicle for regular contact and interaction regarding program administration, revision and evaluation. All faculty, two student representatives, and the MFT secretary attend. These meetings are open to all MFT students. When confidential matters are discussed the meeting moves into “executive session” and others are dismissed from the meeting.

Professional Liability Insurance

Current MFT students are covered by professional liability insurance for their clinical practice while enrolled as full-time students completing the MS or PhD degree. Students must concurrently enroll in the appropriate clinical practicum, MFT 655R, MFT 755R, or doctoral internship MFT 770R whenever they are seeing clients, in order to be covered by liability insurance and to have supervision hours count toward program clinical hour requirements. Student membership in AAMFT also provides some additional individual malpractice insurance protection. All students are required to be student or clinical members. Information will be provided in practicums.

Student Initiated Off-Campus Clinical Experiences

The COAMFTE/AAMFT Accreditation standards allow students the opportunity to gain a portion of their clinical experience off campus under appropriate supervision as part of their clinical training. The purpose of these policies and procedures is to outline the guidelines students must follow before pursuing off-campus (i.e. outside of the comprehensive clinic) clinical experience.

Application. Students should describe their proposed off-campus experience in a letter to the clinical faculty at the earliest possible date before beginning their experience. This letter should address:

1. Training site description and clientele served.
2. Nature of clinical experiences including projected number of hours conducting individual, group and relationship therapy per week and for the total experience.
3. Description of supervision. The supervision must follow the AAMFT and BYU program guidelines and the supervision must be approved by the clinical faculty. The supervisor must be an AAMFT approved supervisor or supervisor-in-training or have essentially the same credentials.

4. Expected salary or reimbursement, if any.
5. Starting and ending date.

A *MFT Externship Proposal* form must also be filled out and submitted with the letter. A sample form is included in Appendix D. An *Externship Proposal* form may be downloaded from the MFT website: <http://mft.byu.edu>.

The clinical faculty will approve, disapprove or return the proposal for revisions. A completed and signed MFT Off-Campus Practicum Contract must be submitted after faculty approval of the site and before beginning the program.

1. Off-campus practicum may begin during the Fall semester of a student's second year.
2. Maximum number of clinical hours a student may earn off-campus is 250.
3. The ratio of supervision hours to clinical hours must be in accordance with AAMFT guidelines for students in training: 1 hour of supervision per 5 clinical hours.
4. Live or video-audio tape formats should be used at least 50% of the time in supervision. Video tapes will be transferred by locked file box as applicable.
5. During the off-campus experience, the student must be concurrently enrolled in MFT 655R or MFT 755R in which they are receiving individual supervision and are registered for the appropriate number of credits and carrying the expected case load at the comprehensive clinic.

Thesis Proposal and Defense Meetings

Master's students are required to complete their thesis prospectus by the end of their second Fall Semester in order to continue Departmental Financial Assistance.

Doctoral students can defend their prospectus at anytime during their program. However, they cannot defend their dissertation until their course work, prospectus review and comprehensive portfolio are completed.

Thesis/dissertation policies, procedures, and forms:

- **Thesis/Dissertation Forms:** The ADV(Advisement) form you will need to schedule your thesis/dissertation (ADV form 8c) are available from the BYU Graduate Studies Website (<http://www.byu.edu/gradstudies/forms/forms.php?s=advforms>)
- **Thesis/Dissertation Deadlines for Graduation:** ADV Form 8 lists the thesis/dissertation deadlines for graduation. Review these deadlines early and plan your prospectus meeting and dissertation defense dates accordingly. Remember to leave time for unexpected problems.

- **Thesis/Dissertation Formatting:** ADV Form 11 provides university-wide formatting requirements. ADV Form 11b provides a front matter template for theses and ADV Form 11d provides a front matter template for dissertations. Contact Linda for the name of the College Associate Dean over thesis/dissertation approval. With the exception of the university-wide formatting requirements and the formatting for the front matter pages, you should follow APA publication manual guidelines. Because you will have to convert your thesis/dissertation into a pdf for submission to ETD (Electronic These & Dissertations), it is to your advantage to begin formatting your thesis/dissertation early. BYU frequently offers short trainings on formatting your thesis/dissertation for ETD submission. Instructions and a series of short training videos can be found online at <http://net.lib.byu.edu/courses/tutorials/pdf.php>. Linda will give you a packet of information to help guide you through the process of your ETD submission.
- **Prospectus Meeting Scheduling: Allow approximately 5 weeks for the scheduling of your prospectus meeting** (two weeks for committee members to review your dissertation, about a week to schedule the prospectus meeting, and up to two weeks for the actual defense meeting to be held)
- **Defense Scheduling: Allow approximately 5 weeks (two weeks for committee members to review your dissertation, about a week to schedule the defense and complete ADV Form 8c, and then ADV Form 8c must be submitted to Linda and she will schedule the exam in AIM [ADV08] at least two weeks prior to the scheduled dissertation defense).** Check with your chair regarding the specifics of the defense. It is typical to wait outside while the committee talks without you present (i.e., once at the beginning and once toward the end). Before your defense, discuss with your chair the possibility of getting the signatures of all committee members at the conclusion of the meeting if you pass so that you do not have to track them all down again. You will need everyone on the committee to sign 3 separate things: ADV Form 8d and ADV Form 9 (these two forms will be included in a packet) and the graduate committee approval page from your thesis/dissertation front matter
- **Signatures:** After you pass your oral examination (i.e., thesis/dissertation defense), you will need to make all requested changes. Once your chair agrees that you have made all requested changes and has reviewed your thesis/dissertation, then you have to obtain a host of signatures on ADV Form 8d, the graduate committee approval from your thesis/dissertation front matter, and the front matter page with your chair's signature, the department chair's signature, and the college associate dean's signature. Make sure the front matter pages are on 24-pound acid-free paper. Start

by getting your chair to sign everything (twice on ADV Form 8d and both front matter signature pages). Next, obtain all committee member signatures on ADV Form 8d and the graduate committee approval front matter page if you did not already do so at your defense. Then get signatures from the department chair (i.e., the Director of the School of Family Life; twice on ADV Form 8d and once on the front matter page). Next, show the form to the Graduate Secretary so passing of your oral examination is recorded. Finally, take a hardcopy of your thesis/dissertation, Form 8d, and the front matter page to the office of the college associate dean. Someone from the dean's office will contact you about whether or not your thesis/dissertation was approved. When you pick up your hardcopy and your forms, make sure the associate dean signed ADV Form 8d twice and the front matter page once

- **Thesis/Dissertation Submission:** ADV Form 12a for theses and ADV Form 12b for dissertations provide a checklist of things that must be completed in order for proper submission. Because the department requires ETD submission, follow the instructions for the *Electronic Submissions* and not for the *Paper Submissions*
 - **Electronic Theses & Dissertations (ETD) Submission:** You should have your paper document go through all approvals (committee, department, college dean) for content, then create the ETD once your content has been approved. An ETD checklist is available at <http://etd.byu.edu/start.html> and specific requirements for formatting the actual pdf for the ETD are available at <http://etd.lib.byu.edu>
 - . When you upload your ETD, be prepared to enter the title of your thesis/dissertation, the degree with which you will graduate (e.g., MS, PhD), the type of document (i.e., thesis, dissertation), the department, the college, your defense date, several key words to assist in identifying your thesis/dissertation in searches, and cut and paste in your abstract. Once you have uploaded your ETD, the department chair (i.e., Director of the School of Family Life) will have to approve your ETD, after which the college associate dean will have to approve your ETD. You may only take your thesis/dissertation to the library once your ETD status is "Library Offices." Turning in your thesis/dissertation to the library and then taking your validated ADV Form 8d and a copy of your title page to the Graduate Studies Office is a specific graduation deadline and therefore essential to complete on time for your desired graduation

- **Additional Information:** Additional thesis/dissertation information is available at <http://www.byu.edu/gradstudies/catalog/searchFAQ.php?topic=11>

Since the thesis proposal and defense meetings are considered professional meetings, students should not bring food or snacks to these meetings. In addition, students are not encouraged to invite spouses or family members to these meetings as their presence may distract or put additional stress on the student or his/her committee members.

Graduate Studies Policy: Student and Faculty Required to Attend Defense Meetings

The student and all committee members must to be present for the defense. Departments may request accommodations for committee members (not committee chairs or students) under the following circumstances:

1. A member of the graduate student's committee is employed at another university, and the student has worked in that professor's lab/studio during the graduate program. An accommodation may be requested for the committee member to participate in the defense via video conferencing.
2. A committee member has left the university during the student's program but has continued to work actively with the committee and the student. An accommodation may be requested for the committee member to participate in the defense via video conferencing.

Accommodations require the approval of the student's department, the college dean, and the graduate dean.

DOPL Policy

This is to clarify the policy of the Utah Division of Occupational & Professional Licensing (DOPL) concerning master's-level students who are all-but-thesis (ABT) and who wish to practice MFT off-campus under the supervision of an approved supervisor, after the completion of their 500 hours of clinical experience for the master degree. Such individuals are in violation of state law if they do practice. There are only 3 types of people who can legally practice MFT in Utah:

- 1) Licensed MFT's
- 2) Full-time or part-time students under supervision of a faculty member in an MFT program
- 3) Approved Associate MFTs

It is against the policy of the MFT program for a student to practice MFT outside of an approved practicum placement and practicums will not be approved for ABT (all-but-thesis) students. These policies exist to protect the public, the student, and our program. They also point to the importance of completion of the master's thesis as soon as possible. All doctoral students who have completed the required COAMFTE master's curriculum are required to become Certified Associate Marriage and Family Therapists in the State of Utah as soon as they have officially completed the curriculum.

Becoming Licensed In The State Of Utah

Students can receive all the necessary licensing forms and applications by calling the Utah Department of Occupational and Professional Licensing (DOPL) at 801-530-6628, and asking for the MFT licensing information packet. Basically, you can license when you do the following:

1. Complete 4,000 hours of supervised marriage and family therapy training, which includes a minimum of 1,000 hours of supervised therapy experience (with 500 hours being couple or family therapy) after receiving an AAMFT accredited master degree
2. Complete at least 100 hours of direct face to face supervision with a state approved or AAMFT approved supervisor.
3. Provide official transcripts of the earning of a master degree in marriage and family therapy from a COAMFTE accredited program, or provide documentation of the equivalent.
4. Provide DOPL with the necessary forms that document the therapy and supervision hours, as well as, a letter that documents a passing score on the Examination for Marital and Family Therapy (EMFT). The EMFT is offered three times a year, once in the spring, summer, and fall respectively. Specific details regarding this exam can be obtained by contacting the National Assessment Institute at (801) 355-5009.

Use Of MFT Interns' Office

Purpose. In order to maintain a professional program, insure that the needs of our clients are safeguarded and carry on the business of the Marriage and Family Therapy Program in an orderly manner, the following policy has been established by the students and faculty.

Policy. The Marriage and Family Therapy Interns' Office, Room 233, is designed for use of the Marriage and Family Interns to carry out their professional work, including reviewing case information, discussing confidential matters, waiting for clients to arrive for appointments, etc.

The Interns' Office should NOT be used for:

- A place to enter case notes.
- A student study or lounge.
- Placing personal phone calls since the phone must be available for the receptionist or others to phone the office.

MFT Office Procedures--274 TLRB

Copy Machine: The copy machine is located in room 243. To make personal copies you need to use your personal copy code. You can get this code from the Clinic Secretary in room 241. This code is yours alone and should not be shared. The charge is 4 cents per copy.

Message Boxes: Student--Message boxes are provided for students in the MFT office. These need to be checked and emptied **daily** as messages are placed in the boxes whenever a client calls or when colleagues need to contact each other. Please remember that these boxes are for messages and are not to be used as storage for texts, etc.

Faculty--The MFT office has a message box for each professor. If you need to leave something for a professor, put it directly in their box instead of handing it to the secretary.

Notices: Information is taped periodically near the message boxes. Please take time to read these important announcements.

- Telephone Calls:** The telephone in the MFT office is for office use only. Please use the telephone provided in the MFT intern's office (233 TLRB) when you need to make calls. The MFT secretaries can place a long distance call for you if you contact them and give them the number.
- Address Change:** Whenever there is an address or phone change, the MFT secretary should be informed. This keeps our directory current and the therapists accessible.
- Catalog:** The current Graduate Catalog and class schedule is online.
- Supplies:** If you need supplies from the MFT office, ask the secretary. The supplies in the supply closet are for the use of the secretaries and professors.
- MFT Office Computers:** The computers in the MFT office are for secretarial use only.
- Client Letters:** Client letters are to be created by interns in the TLRB computer room. When you are ready to print out the letter, bring the disk (or email a copy) to the MFT office and they will print it on official clinic letterhead, as well as provide a plain envelope (for confidentiality) and stamp for you. Remember to put a copy of the letter in the client file.
- Bulletin Board:** Check the bulletin board located in the hall outside the MFT office for conference notices, recent publications and other current information.
- Shredding:** A shredder is available in the MFT office as well as the MFT intern's office. **Students must destroy unnecessary documents that have client names appearing on them.**
- Kleenex:** Kleenex is available from the clinic receptionist for teary sessions.
- Jobs and Internships:** There is a clipboard in the MFT office that has information about job and internship opportunities. Feel free to look at these listings.
- File Cabinets:** The top two drawers of the left cabinet contain information and forms relevant to the program. Students are free to get material out of these drawers. The other drawers are locked and off limits to students.

Appendix A Professional Development

Certified Family Life Educator

Students who want to enhance their educational abilities are also encouraged to become Certified Family Life Educators (CFLE's). Often, this does not involve adding many courses to a master's or doctoral program. In fact, some undergraduate courses taken in family science, psychology, or sociology also may be used to qualify as a CFLE. But first, what are the advantages of qualifying as a CFLE?

The National Council on Family Relations (NCFR) sponsors the only national program to certify family life educators. The Certified Family Life Educator program encourages applications from all professionals with coursework and/or experience in family life education including formal teaching, community education, curriculum and resource development, health care, counseling, and the ministry.

The CFLE Standards and Criteria are well-recognized and respected in the family field. A number of universities and colleges have used the CFLE Standards when developing or evaluating their graduate and undergraduate curriculum and degree programs and/or include the application process in their course work.

There are several benefits that come from being a Certified Family Life Educator. Some of them are:

- Increased credibility by showing that you have met or exceeded the high standards and criteria needed to provide quality family life education.
- Validated experience and education.
- Added credibility to the field of Family Life Education by defining standards and criteria needed to provide quality family life education.
- Recognizes the broad, comprehensive range of issues which constitutes family life education and your expertise in that field.
- Acknowledges the preventive focus of family life education.
- Provides avenues for networking with other family life educators both locally and nationally. State and Regional Coordinators provide assistance and promote communication to potential and existing CFLEs.
- CFLEs receive a quarterly newsletter and a Directory of Certified Family Life Educators.
- CFLEs attending the NCFR Annual Conference have the opportunity to attend special CFLE meetings and events.

To become a CFLE, applicants must provide documentation of preparation in each of the following family life substance areas:

1. Families in Society
2. Internal Dynamics of Families
3. Human Growth & Development
4. Human Sexuality
5. Interpersonal Relationships
6. Family Resource Management
7. Parent Education and Guidance
8. Family Law and Public Policy
9. Ethics
10. Family Life Education Methodology

The CFLE program has pre-approved certain BYU courses as meeting the above guidelines. See the advisory chair of your committee for a list of these courses. Applications and packets orders can be submitted at any time. However, only two CFLE application reviews are held each year. Annual Application Deadlines are March and September.

Professional Organizations

Graduate students in the Marriage and Family Therapy Program are considered to be budding professionals. They are in an apprenticeship to become a contributing professional as an educator, practitioner, scholar, church and community member. To help in this process, students are encouraged to participate actively in appropriate national and regional professional organizations. Because of the multidisciplinary nature of the program, there are numerous professional organizations in which to participate. All these organizations hold regular (usually annual) conferences, and encourage students to present papers, workshops, etc. Talk to your faculty advisor about which organization(s) would be most appropriate for you. Below are brief descriptions of many, but not all, of the organizations in which graduate students may want to participate.

American Association for Marriage and Family Therapy (AAMFT): This national organization is an umbrella group for marriage and family therapists. ***MFT students are required to join as student members.*** Others may join as affiliate members.

American Education Research Association (AERA): This national organization includes special interest groups organized for those engaged in research in Early Childhood Education, Human Development, and Counseling Psychology.

American Family Therapy Association (AFTA): This national organization serves family therapists.

Association of Mormon Counselors and Psychotherapists (AMCAP): This organization serves the needs of LDS mental health practitioners in psychology, marriage and family therapy, social work, counseling, psychiatry, etc. AMCAP is an independent, professional organization not sponsored by the LDS church.

Gerontological Society of America (GSA): This national organization is a broad, multidisciplinary group of scholars, researchers, practitioners, educators, students, policy makers, and other professionals united by their interest in aging adults.

International Association of Marriage and Family Counseling (IAMFC): IAMFC is a division of the American Counseling Association.

International Family Therapy Association (IFTA): This international organization is committed to expanding family therapy and research worldwide.

National Council on Family Relations (NCFR): This national organization is a broad, multidisciplinary group of scholars, researchers, practitioners, educators, students, clergy, policy makers, and other professionals united by their interest in families. Membership can include subscription opportunities for two premier family journals: Journal of Marriage and the Family and Family Relations.

Society for Research in Child Development (SRCD): This national organization is a broad, multidisciplinary group of scholars, researchers, practitioners, educators, students, policy makers, and other professionals united by their interest in children's well-being.

Society for Research on Adolescence (SRA): This national organization is a broad, multidisciplinary group of scholars, researchers, practitioners, educators, students, policy makers, and other professionals united by their interest in adolescence.

Utah Association of Marriage and Family Therapists (UAMFT): This organization is the regional affiliate of AAMFT.

Utah Council on Family Relations (UCFR): This organization is the regional affiliate of NCFR.

A Career as a University Professor

Being a university professor is an exciting and challenging career. There are many appealing aspects to the profession. Foremost is the opportunity to work with bright and promising students in both teaching and scholarship producing settings. Exploring new ideas and moving the frontiers of knowledge forward with students and other professionals in a chosen field is an engaging and stimulating enterprise.

Professors are granted a large degree of autonomy in deciding how to best utilize their time in productive ways. They generally have input as to what courses they teach, how and when they will be taught (within certain parameters), decide what areas to do scholarship in, and find ways to be of service to humanity at large. It generally requires much more than the 40 hour work-week one is compensated for to keep up with the profession.

Successful professors find it difficult to separate teaching from scholarship. Most find that their program of scholarship provides a stimulus for teaching. Likewise, teaching and working with students and other faculty in and out of the classroom contributes to new and productive avenues for scholarship. It is important that students considering the profession find an area of scholarship about which they can be passionate.

Once an area of professional interest is selected and after one has carefully weighed market conditions (some specialties are more marketable than others), it is important for students to work with a mentor or mentors who are providing leadership in that specific area of scholarship. This mentored apprenticeship provides opportunities to learn the tools and protocols of the trade.

Most major institutions of higher learning evaluate professorial faculty in three areas: teaching, scholarship, and citizenship. University tenure and promotion committees look for evidence of quality teaching within the university setting (e.g., teaching evaluations), recognized leadership in one's area of scholarship (e.g., peer reviewed publications, creative work, grant writing), and service within and without the university community (e.g. editorial boards, departmental and college committees, community outreach, getting along with and supporting one's colleagues). In all, being a professor is a demanding, but rewarding career.

Name: _____

Evaluation of Case Conceptualization Paper-MFT 655r Beginning Practicum

Diagnosis—Good justification of diagnosis based on symptoms via DSM /5

Specific description of Dynamics of Case integrated with systems focus and concepts From MFT 630. (circularity and mutual influence, homeostasis and feedback loops) /15

Comprehensive use of concepts from **first** chosen model: /10

Quality of description of specific client system behaviors that fit model 1: /5

Comprehensive use of concepts from **second** chosen model: /10

Quality of description of specific client system behaviors that fit model 2: /5

Comprehensive use of concepts from **third** chosen model: /10

Quality of description of specific client system behaviors that fit model 3: /5

Quality of intervention from one of the models: /5

Organization and Style of Writing:

Clarity of Writing

1	3	5
Purpose:		
No clear sense of purpose in paper	Goals of paper stated, but achievement of purpose is weak	Strong Sense of Purpose; Goals of paper clearly stated
Organization:		
Organizing pattern is unclear; Paragraphs do not contain one main idea but many divergent ideas	Sense of beginning, middle, and end; Lack of main idea in some paragraphs	Clear organizing pattern; paragraphs are well organized
Transitions:		
Transitions are rough; does not read easily	Insufficient transitions in some places, but paper still is clear	Smooth transitions; paper reads very easily
Punctuation and Spelling		
Many mistakes in punctuation and spelling	Some mistake in punctuation and spelling	Excellent punctuation and spelling
Grammar		
Many grammatical errors that distract reader	Paper has some grammatical errors	Correct grammar is used consistently
Style		
Ineffective wording and referencing	Adequate word usage with some referencing problems	Excellent word choice; Sufficient referencing and support; Clear and consistent style of referencing

**Feedback and Grading Criteria for Taped Demonstration of Basic Skills
(Needs to receive adequate rating in every skill prior to seeing clients)**

Performance Scale

- 1=Unacceptable
- 2=Poor
- 3=Adequate
- 4=Very Good
- 5=Exceptional

Skills demonstrated on tape:

Skill	<i>f</i>	Performance Rating	Ways to improve
Basic demeanor (dress, posture, attentiveness)			
Restatement			
Reflection of Feeling			
Mirroring, RISSC			
Self Disclosure			
Circular Questions			
Challenge			
Immediacy			
Reframe			

Appendix C
Practicum Forms

Client Log

Therapist Name					Cumulative Hours of Supervision	
DATE	Client	Type of Therapy	Hours of Therapy	Hours of Supervision	Individual	Group
Cumulative Hours this Page						
Total Therapy Hours						

SEMESTER CLINICAL EXPERIENCE SUMMARY

DEFINITIONS:

Therapy:

- Individual -- One client.
- Couple -- Two clients in a therapy room where their relationship is the focus of treatment.
- Family -- Two or more family members in the therapy room.
- Group Individual -- Group therapy with the above definitions.
- Group Couple -- Group therapy with the above definitions.
- Group Family -- Group therapy with the above definitions.
- Team -- Supervised, ongoing, as defined by MFT faculty, April, 1991.
- Hour -- 50 minutes. Keep track of therapy minutes and at the end of the semester divide by 50.

Supervision:

- Individual Live -- Supervision of your cases by a supervisor directly observing your work.
- Individual Video -- Your case(s) being viewed by a supervisor using video tape play back with 1 or 2 supervisees present.
- Group Live -- You participate in the supervision of others' cases being directly observed by a supervisor.
- Group Video -- You observe the cases of others as they are being reviewed by a supervisor with 3 to 6 in the group.
- Individual and Group Case Report/Process Notes -- Discussion of cases with 1 or 2 supervisees present, without presentation of video, audio, or live case material.
- Team -- You observe and develop treatment interventions as part of a therapeutic team.

THERAPIST'S NAME

SEMESTER

SITE
(on site per summary)

Hours of Therapy

	MODE OF THERAPY	UNIT/SYSTEM IN THERAPY			
		Individual	Couple	Family	TOTAL
Beginning/ Ending Dates:	Individual				
	Group				
	Psychoeducation ²				
	Team ²				
	TOTAL				
	% of TOTAL				
	Relationship % of Total				
_____ Therapist's Signature					

For Office Use Only

Cumulative therapy hours in program

Individual¹ _____ Psych Ind² _____

Couple _____ Psych Couple² _____

Family _____ Psych Family² _____

Grp Ind⁴ _____ Team Ind^{1*} _____

Grp Couple _____ Team Couple² _____

Grp Family _____ Team Family² _____

TOTAL _____

% Relationship Therapy⁴ _____

Hours of Supervision

	MODE OF SUPERVISION	SUPERVISION			
		Live	Video	Case Report	TOTAL
Beginning/ Ending Dates:	Individual				
	Group				
	Team				
	TOTAL				
	% of TOTAL				
	Raw Data % of Total				
_____ Supervisor's Signature					

For Office Use Only

Cumulative supervision hours in program

Ind Live _____ Grp Video _____

Ind Video _____ Grp CR/PN _____

Ind CR/PN _____ Team Live _____

Grp Live _____

TOTAL _____

Raw Data %^{*} _____

Ratio of Supervision to Therapy^{**} 1: _____

- ¹ Ind, Grp Ind, Team Ind may total no more than 249
- ² Team/Psychoeducation hours may total no more than 100
- ³ Must be atleast 50%
- ⁴ Must be atleast 50%
- ^{**} Must be 1 hour of supervision to no more than 5 hours of therapy

Supervision Goals and Clinical Competency Evaluation

Student Name Semester/Term Year Supervisor Name

Semester/Terms in practicum (circle one): 1 2 3 4 5 6 7 8

Client /Supervision Hours For Semester

Client and Supervision Hours for Semester	Individual		Relational
Is percentage consistent with required totals and ratios? – Include percentage			
Number of client contact hours completed this semester/term			
Number supervision hours completed for this semester/term.	Live	Report	Group

Overall average competency evaluation based attached student evaluations.

7	6	5	4	3	2	1
Exceptional	Excellent	Very Good	Above Average	Adequate	Below Average	Deficient

Using the 7 point scale above, the average rating for domain was as follows:

(a) *Admission to Treatment* _____

(b) *Clinical Assessment and Diagnosis* _____

(c) *Treatment Planning and Case Management* _____

(d) *Therapeutic Interventions* _____

(e) *Legal Issues, Ethics, and Standards* _____

(f) *Research and Program Evaluation* _____

(g) *Supervision and Self of the Therapist* _____

MFT 655 Clinical Evaluation Form

Marriage and Family Therapy Core Competencies©

_____ Student
Name: _____ **Supervisors Name** _____ **Semester/Term** _____

The marriage and family therapy (MFT) core competencies were developed through a collaborative effort of the American Association for Marriage and Family Therapy (AAMFT) and interested stakeholders. In addition to defining the domains of knowledge and requisite skills in each domain that comprise the practice of marriage and family therapy, the ultimate goal of the core competencies is to improve the quality of services delivered by marriage and family therapists (MFTs). Consequently, the competencies described herein represent the minimum that MFTs licensed to practice independently must possess.

The core competencies are organized around 6 primary domains and 5 secondary domains. The primary domains are:

- 1) **Admission to Treatment** – All interactions between clients and therapist up to the point when a therapeutic contract is established.
- 2) **Clinical Assessment and Diagnosis** – Activities focused on the identification of the issues to be addressed in therapy.
- 3) **Treatment Planning and Case Management** – All activities focused on directing the course of therapy and extra-therapeutic activities.
- 4) **Therapeutic Interventions** – All activities designed to ameliorate the clinical issues identified.
- 5) **Legal Issues, Ethics, and Standards** – All aspects of therapy that involve statutes, regulations, principles, values, and mores of MFTs.
- 6) **Research and Program Evaluation** – All aspects of therapy that involve the systematic analysis of therapy and how it is conducted effectively.
- 7) **Supervision and Self of the Therapist** – Although this was not outlined by AAMFT, as a faculty we determined that it would be included along with the core competencies and have included it as well.

The subsidiary domains are focused on the types of skills or knowledge that MFTs must develop. These are: a) Conceptual, b) Perceptual, c) Executive, d) Evaluative, and e) Professional.

Although not expressly written for each competency, the stem “Marriage and family therapists...” should begin each. Additionally, the term “client” is used broadly and refers to the therapeutic system of the client/s served, which includes, but is not limited to individuals, couples, families, and others with a vested interest in helping clients change. Similarly, the term “family” is used generically to refer to all people identified by clients as part of their “family system,” this would include fictive kin and relationships of choice. Finally, the core competencies encompass behaviors, skills, attitudes, and policies that promote awareness, acceptance, and respect for differences, enhance services that meet the needs of diverse populations, and promote resiliency and recovery.

Using the following seven point scale, rate your clinical competence in each of the Domains/subdomains: (1) *Admission to Treatment*, (2) *Clinical Assessment and Diagnosis*, (3) *Treatment Planning and Case Management*, (4) *Therapeutic Interventions*, (5) *Legal Issues, Ethics, and Standards*, and (6) *Research and Program Evaluation* and (7) *Supervision and Self of the Therapist*.

Your supervisor will also rate you in these areas. You will have the opportunity to discuss these ratings. Your average rating in each domain will be recorded and retained as part of your student file.

ADMISSION TO TREATMENT

Student and supervisor ratings—Rate competencies on the scale provided below. Rate as NO to indicate Not Observed or No Opportunity to demonstrate this competency during the semester. Also note that some competencies are not expected to be observed during the semester and are generally seen post degree.

All interactions between clients and therapist up to the point when a therapeutic contract is established

Understand systems concepts, theories, and techniques; risks and benefits of therapy; behavioral health care delivery system; legal requirements and limitations for working with vulnerable populations. *Recognize* contextual and systemic dynamics; health status, mental status, and other systems involved in the clients' lives; issues that might suggest referral. *Review* intake information. *Determine* who should attend therapy. *Explain* practice setting rules, fees, rights, and responsibilities of each party, confidentiality policies, record keeping. *Obtain* consent to treatment. *Establish* therapeutic alliances. *Solicit* and *use* client feedback throughout the therapeutic process. *Manage* session interactions. *Evaluate* case for appropriateness for treatment within professional scope of practice and competence. *Complete* case documentation in a timely manner and in accordance with relevant laws and policies.

Domain 1: Admission to Treatment

		7	6	5	4	3	2	1			
		Exceptional	Excellent	Very Good	Above Average	Adequate	Below Average	Deficient			
Number	Subdomain	Competence						Stdnt	Sup		
1.1.1	Conceptual	Understand systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy									
1.1.2	Conceptual	Understand theories and techniques of individual, marital, couple, family, and group psychotherapy									
1.1.3	Conceptual	Understand the behavioral health care delivery system, its impact on the services provided, and the barriers and disparities in the system.								Post Degree	
1.1.4	Conceptual	Understand the risks and benefits of individual, marital, couple, family, and group psychotherapy.									
1.2.1	Perceptual	Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).									
1.2.2	Perceptual	Consider health status, mental status, other therapy, and other systems involved in the clients' lives (e.g., courts, social services).									
1.2.3	Perceptual	Recognize issues that might suggest referral for specialized evaluation, assessment, or care.									
1.3.1	Executive	Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors.									
1.3.2	Executive	Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extra-familial resources).									
1.3.3	Executive	Facilitate therapeutic involvement of all necessary participants in treatment.									
1.3.4	Executive	Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.									
1.3.5	Executive	Obtain consent to treatment from all responsible persons.									
1.3.6	Executive	Establish and maintain appropriate and productive therapeutic alliances with the clients.									

1.3.7	Executive	Solicit and use client feedback throughout the therapeutic process.		
1.3.8	Executive	Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care, and payers.	Post Degree	
1.3.9	Executive	Manage session interactions with individuals, couples, families, and groups.		
1.4.1	Evaluative	Evaluate case for treatment within professional scope of practice and competence.		
1.5.1	Professional	Understand the legal requirements and limitations for working with vulnerable populations (e.g., minors).		
1.5.2	Professional	Complete case documentation in a timely manner and in accordance with relevant laws and policies.		
1.5.3	Professional	Develop, establish, and maintain policies for fees, payment, record keeping, and confidentiality.		

2. Clinical Assessment and Diagnosis

Student and supervisor ratings— Rate competencies on the scale provided below. Rate as NO to indicate Not Observed or No Opportunity to demonstrate this competency during the semester. Also note that some competencies are not expected to be observed during the semester and are generally seen post degree.

Activities focused on directing the course of therapy and extra-therapeutic activities

Understand principles of human development, sexuality, gender, psychopathology, psychopharmacology, couple processes, context, family development and processes; behavioral health disorders (epidemiology, etiology, phenomenology, effective treatments, course, prognosis); clinical implications of comorbid disorders; issues and therapeutic processes systemically; presenting problem from the perspective of each member of the therapeutic system; individual and MFT assessment instruments; models for assessment and diagnosis and their strengths, limitations, reliability, and validity. **Assess** family history and dynamics using a genogram or other assessment instruments; biopsychosocial history; clients' strengths, resilience, resources, and engagement in the change process; by integrating client interactions, observations, appropriate assessments, relationship patterns, testing results, and other reports from other professionals, results from procedures, and with client to guide the assessment process; physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms; by administering and interpreting assessment instrument results. **Evaluate** assessment methods for relevance to clients' needs. **Develop** hypotheses; adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others. **Diagnose** behavioral and relational health problems systemically and contextually. **Apply** effective and systemic interviewing techniques and strategies. **Assess** the therapist-client agreement of therapeutic goals and diagnosis. **Utilize** consultation and supervision effectively.

Domain 2: Clinical Assessment and Diagnosis

		7	6	5	4	3	2	1			
		Exceptional	Excellent	Very Good	Above Average	Adequate	Below Average	Deficient			
Number	Subdomain	Competence						Stdnt	Sup		
2.1.1	Conceptual	Understand principles of human development; human sexuality; gender development; psychopathology; psychopharmacology; couple processes; and family development and processes (e.g., family, relational, and system dynamics).									
2.1.2	Conceptual	Understand the major behavioral health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course, and prognosis.						Post Degree			

2.1.3	Conceptual	Understand the clinical needs and implications of persons with comorbid disorders (e.g., substance abuse and mental health; heart disease and depression).		
2.1.4	Conceptual	Comprehend individual, marital, couple and family assessment instruments appropriate to presenting problem, practice setting, and cultural context.		
2.1.5	Conceptual	Understand the current models for assessment and diagnosis of mental health disorders, substance use disorders, and relational functioning.		
2.1.6	Conceptual	Understand the strengths and limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups.		
2.1.7	Conceptual	Understand the concepts of reliability and validity, their relationship to assessment instruments, and how they influence therapeutic decision making.		
2.2.1	Perceptual	Assess each client's engagement in the change process.		
2.2.2	Perceptual	Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process.		
2.2.3	Perceptual	Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.		
2.2.4	Perceptual	Consider the influence of treatment on extra-therapeutic relationships.		
2.2.5	Perceptual	Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms.		
2.3.1	Executive	Diagnose and assess client behavioral and relational health problems systemically and contextually.		
2.3.2	Executive	Provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, elders, and persons with special needs.		
2.3.3	Executive	Apply effective and systemic interviewing techniques and strategies.		
2.3.4	Executive	Administer and interpret results of assessment instruments.		
2.3.5	Executive	Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.		
2.3.6	Executive	Assess family history and dynamics using a genogram or other assessment instruments.		
2.3.7	Executive	Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems.		
2.3.8	Executive	Identify clients' strengths, resilience, and resources.		
2.3.9	Executive	Elucidate presenting problem from the perspective of each member of the therapeutic system.		Post Degree
2.4.1	Evaluative	Evaluate assessment methods for relevance to clients' needs.		

2.4.2	Evaluative	Assess ability to view issues and therapeutic processes systemically.		
2.4.3	Evaluative	Evaluate the accuracy and cultural relevance of behavioral health and relational diagnoses.		
2.4.4	Evaluative	Assess the therapist-client agreement of therapeutic goals and diagnosis.		
2.5.1	Professional	Utilize consultation and supervision effectively.		

3. TREATMENT PLANNING AND CASE MANAGEMENT

Supervisor and Student Ratings: Rate competencies on the scale provided below. Rate as **NO** to indicate **Not Observed** or **No Opportunity to demonstrate this competency during the semester**. Also note that some competencies are not expected to be observed during the semester and are generally seen post degree.

All activities focused on directing the course of therapy and extra-therapeutic activities

Understand which models and/or techniques are most effective for presenting problems; the diagnostic codes and liabilities incurred when billing third parties; the effects of psychotropic and other medications on clients and the treatment process; recovery-oriented behavioral health services; when treatment goals and plan require modification. **Integrate** client feedback, assessment, contextual information, and diagnosis with treatment goals and plan. **Develop** prioritized treatment goals, measurable outcomes, treatment goals, treatment plans, and termination/after-care plans with clients utilizing a systemic perspective with client input; a clear plan of how sessions will be conducted. **Structure** treatment to meet clients' needs and to facilitate systemic change. **Manage** progression of therapy toward treatment goals; risks, crises, and emergencies. **Collaborate** with family members and other significant people including professionals. **Assist** clients in obtaining quality care, appropriate resources, and services in their community. **Evaluate** progress of sessions toward treatment goals; level of risks, management of risks, crises, and emergencies; personal reactions to clients and treatment process; session process for compliance with policies and procedures of practice setting; treatment plans and other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws. **Participate** in case-related forensic and legal processes. **Utilize** time management skills in therapy sessions and other professional meetings.

Domain 3: Treatment Planning and Case Management

Number	Subdomain	Competence	Stdnt	Sup				
			7	6	5	4	3	2
		Exceptional	Excellent	Very Good	Above Average	Adequate	Below Average	Deficient
3.1.1	Conceptual	Know which models, modalities, and/or techniques are most effective for presenting problems.						
3.1.2	Conceptual	Understand the liabilities incurred when billing third parties, the codes necessary for reimbursement, and how to use them correctly.	Post Degree					
3.1.3	Conceptual	Understand the effects that psychotropic and other medications on clients and treatment process.	Post Degree					
3.1.4	Conceptual	Understand recovery-oriented behavioral health services (e.g., self-help groups, 12-step programs, peer-to-peer services, supported employment).	Post Degree					
3.2.1	Perceptual	Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.						

3.3.1	Executive	Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.		
3.3.2	Executive	Prioritize treatment goals.		
3.3.3	Executive	Develop a clear plan of how sessions will be conducted.		
3.3.4	Executive	Structure treatment to meet clients' needs and to facilitate systemic change.		
3.3.5	Executive	Manage progression of therapy toward treatment goals.		
3.3.6	Executive	Manage risks, crises, and emergencies.		
3.3.7	Executive	Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present.		
3.3.8	Executive	Assist clients in obtaining needed care while navigating complex systems of care.	Post Degree	
3.3.9	Executive	Develop termination and aftercare plans.		
3.4.1	Evaluative	Evaluate progress of sessions toward treatment goals.		
3.4.2	Evaluative	Recognize when treatment goals and plan require modification.		
3.4.3	Evaluative	Evaluate level of risks, management of risks, crises, and emergencies.		
3.4.4	Evaluative	Assess session process for compliance with policies and procedures of practice setting.		
3.4.5	Professional	Monitor personal reactions to clients and treatment process, especially in terms of therapeutic behavior, relationship with clients, process for explaining procedures, and outcomes.		
3.5.1	Professional	Advocate with clients in obtaining quality care, appropriate resources, and services in their community.	Post Degree	
3.5.2	Professional	Participate in case-related forensic and legal processes.	Post Degree	
3.5.3	Professional	Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.		
3.5.4	Professional	Utilize time management skills in therapy sessions and other professional meetings.		

4. THERAPEUTIC INTERVENTIONS

Supervisor and Student Ratings: Rate competencies on the scale provided below. Rate as **NO** to indicate **Not Observed** or **No Opportunity to demonstrate this competency during the semester**. Also note that some competencies are not expected to be observed during the semester and are generally seen post degree.

All activities designed to ameliorate the clinical issues identified **Understand** individual and systemic therapeutic models and their application, including evidence-based therapies and culturally sensitive approaches; strengths, limitations, and contraindications of specific therapy models, including risk of harm; how different techniques may impact the treatment process; differences between content and process issues. **Respect** multiple perspectives. **Establish** appropriate boundaries and develop collaborative working relationships. **Match** treatment models and techniques to clients' needs, goals, and values. **Intervene** in ways that are sensitive to special needs of clients. **Reframe** problems and recursive interaction patterns. **Generate** relational questions and reflexive comments. **Engage** each family member in the treatment process. **Facilitate** clients developing and integrating solutions to problems. **Manage** intense and chaotic situations to enhance safety. **Empower** clients to establish effective

relationships; issues of triangulation. **Provide** rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics; psychoeducation to families whose members have serious mental illness or other disorders. **Modify** interventions that are not working to better fit treatment goals. Terminate constructively when treatment goals have been accomplished. **Integrate** supervisor/team communications into treatment. **Evaluate** interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan; ability to deliver interventions effectively; treatment outcomes; clients' reactions or responses to interventions; clients' need to continue, refer, or terminate therapy; personal reactions to the treatment process (e.g., transference).

Domain 4: Therapeutic Interventions

Number	Subdomain	Competence	Stdnt	Sup						
			7	6	5	4	3	2	1	
		Exceptional	Excellent	Very Good	Above Average	Adequate	Below Average	Deficient		
4.1.1	Conceptual	Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies and culturally sensitive approaches.								
4.1.2	Conceptual	Recognize strengths, limitations, and contraindications of specific therapy models, including the risk of harm associated with models that incorporate assumptions of family dysfunction, pathogenesis, or cultural deficit.								
4.2.1	Perceptual	Recognize how different techniques may impact the treatment process.								
4.2.2	Perceptual	Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes.								
4.3.1	Executive	Match treatment modalities and techniques to clients' needs, goals, and values.								
4.3.2	Executive	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).								
4.3.3	Executive	Reframe problems and recursive interaction patterns.								
4.3.4	Executive	Generate relational questions and reflexive comments in the therapy room.								
4.3.5	Executive	Engage each family member in the treatment process as appropriate.								
4.3.6	Executive	Facilitate clients developing and integrating solutions to problems.								
4.3.7	Executive	Defuse intense and chaotic situations to enhance the safety of all participants.								
4.3.8	Executive	Empower clients and relational systems to establish effective relationships with each other and larger system								
4.3.9	Executive	Provide psychoeducation to families whose members have serious mental illness or other disorders.								Post Degree
4.3.10	Executive	Modify interventions that are not working to better fit treatment goals.								
4.3.11	Executive	Move to constructive termination when treatment goals have been accomplished.								
4.3.12	Executive	Integrate supervisor/team communications into treatment.								
4.4.1	Evaluative	Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan.								

4.4.2	Evaluative	Evaluate ability to deliver interventions effectively.		
4.4.3	Evaluative	Evaluate treatment outcomes as treatment progresses.		
4.4.4	Evaluative	Evaluate clients' reactions or responses to interventions.		
4.4.5	Evaluative	Evaluate clients' outcomes for the need to continue, refer, or terminate therapy.		
4.4.6	Evaluative	Evaluate reactions to the treatment process (e.g., transference, family of origin, current stress level, current life situation, cultural context) and their impact on effective intervention and clinical outcomes.		
4.5.1	Professional	Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case).		
4.5.2	Professional	Set appropriate boundaries, manage issues of triangulation, and develop collaborative working relationships.		
4.5.3	Professional	Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics.		

5. LEGAL ISSUES, ETHICS, AND STANDARDS

Student and Supervisor Ratings: Rate competencies on the scale provided below. Rate as NO to indicate Not Observed or No Opportunity to demonstrate this competency during the semester. Also note that some competencies are not expected to be observed during the semester and are generally seen post degree.

Understand relevant laws and regulations; ethics and standards of practice; policies and procedures of the practice setting; the process of ethical decision-making; advances and theory regarding effective clinical practice. Recognize situations in which ethics, laws, professional liability, and standards of practice apply; ethical dilemmas in practice setting; when clinical supervision and/or a legal consultation is necessary. Monitor issues related to ethics, laws, regulations, and professional standards; attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct. Develop and assess policies, procedures, and forms for consistency with standards of practice to protect client confidentiality and to comply with relevant laws and regulations. Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting. Develop safety plans for clients who present with potential self-harm, suicide, abuse, or violence. Demonstrate appropriate action when and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct. Develop and assess policies, procedures, and forms for consistency with standards of practice to protect client confidentiality and to comply with relevant laws and regulations. Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting. Develop safety plans for clients who present with potential self-harm, suicide, abuse, or violence. Demonstrate appropriate action when ethical and legal dilemmas emerge. Report information to appropriate authorities as required by law. Practice within defined scope of practice and competence. Obtain license(s) and specialty credentials. Implement a personal program to maintain professional competence (e.g., self-supervision, professional reading, continuing educational activities). Evaluate activities related to ethics, legal issues, and practice standards. Maintain client records with timely and accurate notes. Consult with supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work. Bill clients and third-party payers in accordance with professional ethics, relevant laws and policies, and seek reimbursement only for covered services.

Domain 5: Legal Issues, Ethics, and Standards

Number	Subdomain	Competence					Stdnt	Sup
		7	6	5	4	3	2	1
		Exceptional	Excellent	Very Good	Above Average	Adequate	Below Average	Deficient
5.1.1	Conceptual	Know state, federal, and provincial laws and regulations that apply to marriage and family therapy.						

5.1.2	Conceptual	Know professional ethics and standards of practice that apply to the practice of marriage and family therapy.		
5.1.3	Conceptual	Know policies and procedures of the practice setting.		
5.1.4	Conceptual	Understand the process of making an ethical decision.		
5.2.1	Perceptual	Recognize situations in which ethics, laws, professional liability, and standards of practice apply.		
5.2.2	Perceptual	Recognize ethical dilemmas in practice setting.		
5.2.3	Perceptual	Recognize when a legal consultation is necessary.	Post Degree	
5.2.4	Perceptual	Recognize when clinical supervision or consultation is necessary.		
5.3.1	Executive	Monitor issues related to ethics, laws, regulations, and professional standards.		
5.3.2	Executive	Develop and assess policies, procedures, and forms for consistency with standards of practice to protect client confidentiality and to comply with relevant laws and regulations.		
5.3.3	Executive	Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting.		
5.3.4	Executive	Develop safety plans for clients who present with potential self-harm, suicide, abuse, or violence.		
5.3.5	Executive	Take appropriate action when ethical and legal dilemmas emerge.		
5.3.6	Executive	Report information to appropriate authorities as required by law.		
5.3.7	Executive	Practice within defined scope of practice and competence.		
5.3.8	Executive	Obtain knowledge of advances and theory regarding effective clinical practice.		
5.3.9	Executive	Obtain license(s) and specialty credentials.	Post Degree	
5.3.10	Executive	Implement a personal program to maintain professional competence.	Post Degree	
5.4.1	Evaluative	Evaluate activities related to ethics, legal issues, and practice standards.		
5.4.2	Evaluative	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.		
5.5.1	Professional	Maintain client records with timely and accurate notes.		
5.5.2	Professional	Consult with peers and/or supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work.		
5.5.3	Professional	Pursue professional development through self-supervision, collegial consultation, professional reading, and continuing educational activities.	Post Degree	5.5.3
5.5.4	Professional	Bill clients and third-party payers in accordance with professional ethics, relevant laws and policies, and seek reimbursement only for covered services.	Post Degree	5.5.4

6. RESEARCH AND PROGRAM EVALUATION

Student and supervisor ratings—Rate competencies on the scale provided below. Rate as NO to indicate Not Observed or No Opportunity to demonstrate this competency during the semester. Also note that some competencies are not expected to be observed during the semester and are generally seen post degree.

All aspects of therapy that involve the systematic analysis of therapy and how it is conducted effectively

Know the extant MFT literature, research, and evidence-based practice. **Understand** research and program evaluation methodologies, both quantitative and qualitative, relevant to MFT and mental health services; the legal, ethical, and contextual issues involved in the conduct of clinical research and program evaluation. **Recognize** opportunities for therapists and clients to participate in clinical research. **Read** current MFT and other professional literature. **Use** current MFT and other research to inform clinical practice. **Critique** professional research and assess the quality of research studies and program evaluation in the literature. **Determine** the effectiveness of clinical practice and techniques. **Evaluate** knowledge of current clinical literature and its application. **Contribute** to the development of new knowledge.

Domain 6: Research and Program Evaluation

Number	Subdomain	Competence	Stdnt	Sup					
			7	6	5	4	3	2	1
			Exceptional	Excellent	Very Good	Above Average	Adequate	Below Average	Deficient
6.1.1	Conceptual	Know the extant MFT literature, research, and evidence-based practice.							Post Degree
6.1.2	Conceptual	Understand research and program evaluation methodologies, both quantitative and qualitative, relevant to MFT and mental health services.							Post Degree Classes
6.1.3	Conceptual	Understand legal, ethical, and contextual issues involved in the conduct of clinical research and program evaluation.							Post Degree Classes
6.2.1	Perceptual	Recognize opportunities for therapists and clients to participate in clinical research.							Post Degree
6.3.1	Executive	Read current MFT and other professional literature							Post Degree
6.3.2	Executive	Use current MFT and other research to inform clinical practice.							
6.3.3	Executive	Critique professional research and assess the quality of studies and program evaluation in the literature.							Post Degree
6.3.4	Executive	Determine the effectiveness of clinical practice and techniques.							
6.4.1	Evaluative	Evaluate knowledge of current clinical literature and its application.							Post Degree Classes
6.5.1	Professional	Contribute to the development of new knowledge.							Post Degree Thesis

SUPERVISION AND SELF OF THE THERAPIST

Student and supervisor ratings—Rate competencies on the scale provided below. Rate as NO to indicate Not Observed or No Opportunity to Demonstrate this competency during the semester. Also note that some competencies are not expected to be observed during the semester and are generally seen post degree.

Although not identified as a specific domain the in the core competencies, we have determined that the use of supervision and the development of the “self of the therapist” are critical components of training. For these reasons, we have included the section in the student evaluation. **Self of the Therapist:** Self of the therapist requires the therapist to look closely at personal development, strengths, and limitations. Most often, these are brought to awareness and/or discussed with the therapist’s supervisor. It is expected that supervision will include discussions of how the communication style of the therapist impacts therapy, how open to feedback the student appears to be in their initiation, curiosity, requests for information and other manifestations of desire to learn about self. **Supervision:** The student attends supervision meetings as scheduled and is prepared to discuss cases. The student is accepting and utilizes the information and expertise of the supervisor in a manner that is professional and appropriate. The student is able to articulate and understand the policies regarding ethics and safety was they impact clients, therapy, and legal issues. The student is able to take responsibility for own responsibilities and respond appropriately.

Domain 7: Use of Supervision and Self of the Therapist Skills

Number	Subdomain	Competence								Stdnt	Sup
			7	6	5	4	3	2	1		
			Exceptional	Excellent	Very Good	Above Average	Adequate	Below Average	Deficient		
7.1	Conceptual	Able to articulate to supervisor own preferred model of therapy and reasons for choice									
7.2	Conceptual	Aware of and/or willing to recognize how their own personal issues interact in therapy.									
7.3	Professional	Presents client cases for live or videotaped supervision each week and is able to discuss each case knowledgeably.									
7.4	Professional	Able to use information gained in supervision and apply it from the perspective of a personal style of therapy									
7.5	Professional	Able to recognize therapist’s personal issues that may be hindering the therapy process and seek counsel from supervisor, personal therapy, and peers as appropriate.									
7.6	Professional	Open to group and individual supervision. Seeks feedback from supervisor and peers.									
7.7	Professional	Contribute ideas and feedback during discussions in practicum and supervision									
7.8	Professional	Able to take risks to expand the use of a variety of theoretical models and techniques									
7.9	Professional	Maintains an active caseload with couples and families as well as individuals									
7.10	Professional	Able to articulate own strengths and limitations which affect therapy									

Number	Subdomain	Competence	Stdnt	Sup
7.11	Professional	The student works with the supervisor in an ongoing evaluation of therapy skills and strives to improve areas that require.		
7.12	Professional	Able to receive feedback without being unduly defensive and able to articulate a plan to handle identified issues and enhance own personal development as a marriage and family therapist		
7.13	Professional	Able to use information gained in supervision and apply it from the perspective of a personal style of therapy		
7.14	Professional	Able to identify personal and client boundary issues and respond to them in an appropriate manner		

Student's Evaluation of Supervisor

Supervisor's Name _____

Semester Rating _____

You may use this form or the survey at http://www.surveymonkey.com/s.aspx?sm=HBXmvNwCgxOaDijmWa546g_3d_3d.

If you choose to use this form, return the completed form to MFT office.

Please indicate your supervisor's competency in each of the following skills using the following rating system:

7	6	5	4	3	2	1
Exceptional	Excellent	Very Good	Above Average	Adequate	Below Average	Deficient

My supervisor this semester:

_____ 1. was approachable, made him/her self available to me when I had problems.

_____ 2. was knowledgeable of various models of family therapy and could communicate that knowledge in the supervision.

_____ 3. was respectful of me as a supervisee and as a person.

_____ 4. allowed me to disagree or have opinions different from his/hers. encouraged dialogue and experimentation.

_____ 5. was empathic; I felt heard and understood.

_____ 6. was attentive to the appropriateness and/or effectiveness of therapy.

_____ 7. facilitated my growth as a therapist.

_____ 8. was genuine - open and honest.

_____ 9. was responsible: met his/her obligations regarding meetings, time, etc.

_____ 10. was knowledgeable of community resources.

_____ 11. was calm in times of crisis.

_____ 12. was willing to "use self" in supervision.

_____ 13. helped me identify issues that were interfering with my functioning as a therapist.

_____ 14. was knowledgeable of recent research in family therapy and family helped me apply this knowledge to my cases.

- _____ 15. helped me conceptualize both the course of therapy and specific sessions.
- _____ 16. was knowledgeable of therapy techniques.
- _____ 17. was a good professional model.
- _____ 18. managed supervision time fairly.
- _____ 19. was supportive and encouraging.
- _____ 20. empowered me as a therapist; helped me feel confident.
- _____ 21. helped me develop effective treatment plans.
- _____ 22. facilitated my “use of self” in therapy.
- _____ 23. when necessary was able to give critical feedback in a supportive manner.
- _____ 24. helped me become more competent as a clinician.
- _____ 25. managed supervision time fairly.
- _____ 26. helped me identify, conduct, and interpret appropriate assessments.
- _____ 27. helped me determine appropriate diagnosis
- _____ 28. helped me develop effective treatment plans.
- _____ 29. was supportive and encouraging.
- _____ 30. empowered me as a therapist; helped me feel confident.
- _____ 31. helped me implement clinical interventions with clients.
- _____ 32. facilitated my “use of self” in therapy.
- _____ 33. was able to have an impact on my attitudes and behaviors as a therapist.
- _____ 34. helped me identify my strengths and increase my confidence as a therapist.
- _____ 35. helped me accept my limitations as a therapist.
- _____ 36. when necessary, was able to give critical feedback in a supportive manner.
- _____ 37. provided helpful feedback on my case notes and other case documentation.

_____38. helped me recognize, understand, and manage ethical and legal issues.

_____39. helped me become more competent as a clinician.

PLEASE ANSWER THE FOLLOWING THREE QUESTIONS.

What did I find to be the most helpful aspect of my supervision this semester?

What did I find to be the least helpful aspect of my supervision this semester?

What are my suggestions for change and/or improvement in supervision?

BRIGHAM YOUNG UNIVERSITY COMPREHENSIVE CLINIC

CLINICAL SERVICES AGREEMENT

Who We Are

Clinical services at the BYU Comprehensive Clinic are provided by graduate students in Marriage and Family Therapy, Clinical Psychology, and Social Work. These student-therapists are under the direct supervision of members of the University faculty. We provide individual, couple, family, and group therapy, along with psychological assessments. If you become aware that you have a community relationship with someone in the Clinic that may impact your services, please discuss this with your therapist or assessor. The supervisor for your case will be _____ of the _____ department and can be reached through the receptionist at 422-7759.

BYU Comprehensive Clinic Services are not connected with others in the building who also provide professional services such as LDS Family Services, the Communication Disorders Department, or BYU personnel who may provide clinical services privately.

Training Through Observation and Taping

For supervision and training, we require permission to use direct observation of client sessions and to audiotape and/or videotape sessions.

How Does Therapy Work?

Your participation in therapy is entirely voluntary, and regular attendance is vital for success. For therapy to be effective you will need to openly share your thoughts and feelings, to report on your behavior honestly, and to develop a working relationship of trust with your therapist. You must take an active part in therapy by collaborating with your therapist on tasks, goals and treatment planning. Your therapist will want to know about your experience in any prior therapy and may request records. S/he may invite you to try new things in therapy (such as role play, or learn a new skill). It is also helpful to try out new behaviors between sessions. Please discuss any questions or concerns about your services openly with your therapist or assessor.

Decision Making

The decisions you make concerning the course of your life (e.g. behavior changes, marital status, medications under the direction of a physician) are your responsibility. A therapist's job is to ensure that you use the best processes to make such decisions.

Risks and Benefits

Psychotherapy, although successful in general, can have both benefits and risks. Since therapy often involves discussing difficult aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, or frustration. Couples and families may experience awkwardness and emotional discomfort while working to make desired changes. If you are participating in group therapy, there may be risks from the acts of other group members. On the other hand, therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

Alternatives to Therapy

Many people who wish to make changes in their lives do so through a variety of methods other than participating in therapy. For example, other options could include: consultation with a physician for medications, ecclesiastical counseling, self-help literature, self-help support groups, or utilizing one's social support system such as family members or friends. There is no guarantee that these alternatives will be effective.

Appointments

Typically, therapy sessions are held weekly for 50 minutes, but this arrangement can be changed to meet your needs. Appointments need to start and stop on time out of respect to other clients. You will want to come to appointments a few minutes early to complete routine questionnaires. If you cannot keep a scheduled appointment, please call as soon as possible and leave a message for your therapist (422-7759).

Contacting Your Therapist

As a training facility we do not provide crisis services, and student-therapists are not available for immediate or extensive phone consultation. Please make arrangements with your therapist to utilize existing community crisis services if you anticipate such a need. You are expected to participate fully in any efforts to keep yourself and others safe. Also, student-therapists frequently leave town during semester breaks, so please plan accordingly. Messages for your therapist may be left with the receptionist at 422-7759. There are inherent risks to privacy and confidentiality if you elect to contact the Clinic via email or fax.

Contacting Clients

Please discuss with your therapist your preferences on how to receive communications from your therapist, and whether or not a phone message may be left. The Clinic may send Clinic service information to clients and former clients in non-identifiable envelopes or through email. If you wish not to receive such communications, please inform your therapist.

Restrictions

Concealed weapons are not allowed in the Clinic. Please leave firearms, knives, and other dangerous items at home.

Please arrange for child care. Children may not be left unattended in the waiting area.

Terminating Therapy, Requesting a Transfer, and Referrals

You may end therapy whenever you choose, and your therapist will suggest terminating therapy when treatment goals are met. The average number of sessions for most clients is around 6 – 12 sessions, but this varies a great deal depending on client needs. If you desire to end therapy or to request a referral to another therapist, please discuss this first with your therapist.

Because this is a training clinic, clients with the following difficulties are usually referred for services in the community: significant suicidal ideation, significant substance abuse, violence, legal action that may require the therapist to appear in court, and conditions that require long-term therapy of more than 6-9 months. If your therapist and/or supervisor don't believe that the Clinic is able to provide the service you need, the therapist will provide you with a referral. If your therapist is graduating s/he will typically evaluate whether it is in your best interest to continue to be seen by another student in the Clinic to be referred to a licensed clinician in the community.

Limits to Confidentiality

Necessary information is shared with those inside the Clinic to provide professional services (such as for case supervision or consultation). Clinic administrative personnel also have access to client records for program evaluation and planning, and for case management. Non-identifying information may be shared with other professionals outside of the Clinic if case consultation is required. You may wish to discuss with your therapist how to handle chance encounters in

public. Also, please respect the confidentiality of other clients you may see in the waiting areas of the Clinic.

Information about clients may be released to those outside of the Clinic for any of the following reasons: 1) a completed Release of Information is authorized by the client or guardian in writing; 2) the client has completed an informed consent to participate in research that requires designated information from the record; 3) a valid court order mandates the release of records; 4) the client is a danger to self or others; 5) reason to believe that there has been abuse of a child, or of an elderly, vulnerable, or disabled person; 6) certain communicable diseases are required to be disclosed to the local health department; 7) the client privilege for privacy in court has been waived; 8) the client initiates a complaint or legal proceedings against the Clinic; 9) a government agency requests information for health oversight activities; 10) a client files a worker's compensation claim; 11) the Division of Occupational and Professional Licensing mandates the release of records; 12) a coroner or medical examiner requests information required by law; or 13) other disclosures required by law. Only the minimum amount of information necessary to meet the purpose of a request will be disclosed. The Clinic cannot guarantee that entities outside of the Clinic will honor client confidentiality.

You may revoke a Release of Information at any time, but we will not be able to retract any disclosures that have already been made.

Group Therapy

If you are participating in group therapy, you are expected to respect the confidentiality of other group members. However, the Clinic cannot guarantee that group members will maintain confidentiality.

Psychological Assessments

Please clarify with your assessor exactly what you hope to accomplish with an assessment, the specific questions you hope to answer, and if a formal report is written, who will receive it. If a client is participating in therapy and an assessment, such services are often performed by two different therapists since the roles of therapist and assessor are not always compatible. Psychological assessment reports may be released with the signed consent of the client or guardian. Such information may not be released if the assessor and/or supervisor believe it would harm someone. The Clinic usually does not do assessments that are court ordered or that are anticipated to be used in court proceedings. Following the assessment the assessor will schedule a time to review the results with the client and parent(s)/guardian(s) unless there is a reason not to do so that has been discussed in advance.

Couple and Family Therapy

In couple therapy, please discuss with the therapist and your partner/family members what will happen if sensitive information is revealed to the therapist outside the presence of other family members. If individual therapy and couple/family are required, your therapist may refer you to a different therapist for these services in order to maintain clarity of roles. In the case of couple therapy, the signatures of both participants are necessary to release information.

Children, Legal Wards, and Confidentiality

Please work with your therapist to be sure that children also generally understand this document. Parents and/or legal guardians are frequently invited to participate in family therapy with children or wards (people who have legally appointed guardians). If several members of a family are participating, please clarify with your therapist your roles and the goals for therapy.

Often, a child or ward meets individually with a therapist. In such cases, the parents/legal guardians are usually given general information on therapy progression, and a summary at the conclusion of therapy. Parents/legal guardians do

not have access to a child's or ward's treatment records if the therapist and/or supervisor decide that such access is likely to harm someone. For therapy to be effective, a child/ward may need to know that what is discussed with the therapist will only be shared with the parents/legal guardians if it is necessary for safety or legal reasons. If the therapist determines that additional information needs to be shared with parents/legal guardians, the therapist will discuss it with the child/ward. Parents/legal guardians and children/wards should clarify confidentiality guidelines with the therapist, especially around sensitive information (e.g. drug use, sexual activity). Release of information of a child's/ward's record would be in accordance with relevant statutes.

In divorce a child may worry that what he says in therapy may be used against a parent in court. Parents/guardians agree by signing this Agreement not to involve the Clinic in custody disputes or arrangements, and agree not subpoena therapists, supervisors, or records in such disputes. It is unethical for a child's therapist to give an opinion about custody arrangements. With joint custody either parent may consent to treatment for the child or terminate treatment.

Client Access to Records

Except in unusual circumstances that involve danger to yourself and/or others you may request in writing to inspect or to obtain a copy of your Clinic records. This does not include information received confidentially from other sources or documents prepared at the request of a lawyer. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. Therefore, it is recommended that you initially review your records with your therapist, the clinical supervisor, Program Director, or a Clinic administrator to ensure a correct interpretation or the Clinic can send a copy of your records to a mental health therapist of your choice so you can discuss the contents. In special cases, with your written permission, we can release a copy of your record to agencies that employ persons qualified to review such records. If your request for a copy of the record is denied, you may instead receive a summary of what the record contains. If you disagree with this decision, you may request a review which will be discussed with you at the time of the request. Utah law requires that Clinic records be maintained for 10 years after termination.

Confidentiality after death

If a client dies, a legal executor of the estate can exercise rights for the deceased pertaining to the record. Information released will only be that which is relevant to the purpose of the request.

Grievances

If your case is still open, you may voice concerns about any aspect of your services to your therapist, your therapist's supervisor, and to the supervisor's Director of Clinical Training. If your case is closed, you may voice concerns about the disposition of your records to the Clinic Director or Associate Directors.

Use of an Interpreter

The Clinic cannot guarantee that an interpreter will keep information discussed in therapy or assessment sessions confidential.

Progress Assessment and Research

Clients are routinely given questionnaires during and after therapy to assess their progress and satisfaction with services. There are no known risks or discomforts from participating in this process. Non-identifiable collective data from these assessments will be used for publishable research and to improve clinical services. Publishable archival research using the Clinic's records is conducted by BYU faculty and their assistants. Your signature below grants consent for your non-identifiable data to be used for these purposes. Clinic clients who participate in additional research projects are given supplementary consent forms explaining the nature of such studies along with the participant's rights.

Modifications

The Clinic reserves the right to modify this Agreement as needed in the future. If this occurs while you are a client, you will be notified in writing.

Fees

The fee for individual, couple, and family therapy services is \$15.00 per session. Usually the fee for group participation is a onetime payment of \$15.00 per person which covers the entire group experience. Psychological assessments are performed for \$50.00. Neuropsychological assessments and extensive developmental assessments are \$100. If the stated fee is a concern, please discuss it with your therapist. Please pay in full the agreed amount to the downstairs receptionist on the day of the service. You may pay in cash or by check payable to the BYU Comprehensive Clinic. We do not bill insurance or accept insurance payments or credit cards. Please initial your understanding of the Clinic's fees below.

- ___ I agree to pay for services at \$15.00 a session
- ___ I agree to pay a one-time fee of \$ _____ for group participation,
- ___ I agree to pay \$50.00 for a psychological assessment.
- ___ I agree to pay \$100.00 for a neuropsychological evaluation or extensive developmental evaluation.
- ___ I agree to pay for _____ services at the following rate: \$ _____

If you have any questions about anything in this consent form, please discuss them with your therapist.

Your signature below indicates that you have read this information and agree.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Therapist _____ Date _____

Supervisor _____ Date _____

Every person 18 years of age and older, receiving services at the Clinic must sign this form. For those 17 and younger, or for those who are legally incapable of authorizing services on their own behalf, a guardian must sign. If it is later learned that a signer does not have the legal right to consent on behalf of the child/ward, treatment may be interrupted.

Appendix D
Internship and Externship Proposal Forms

***MFT Doctoral Internship
Proposal***

Internship Application Deadline: April 1 or at least 60 days prior to beginning the internship.

Name _____ Year in Doctoral Program _____

Date Comps Completed _____ Date Prospectus Defended & Approved _____

Please provide the following information for your proposed site:

Start Date _____ End Date _____

Site Name* _____

Site Address _____

Site Phone Number _____

Name of supervisor** _____

Supervisor's:

Highest Degree and Field (MFT, Psych., Soc. Work., etc.) _____

State License (MFT, LCSW, LPC, etc.) _____

Years of experience as an MFT supervisor _____

Years of experience as an MFT _____

Is the Supervisor an:

AAMFT Clinical Member? Yes/No

AAMFT Approved Supervisor? Yes/No

AAMFT Supervisor-in-Training? Yes/No

(If SIT, date training contract was accepted _____)

Signature of Student _____ Date _____

* Please include a short description of the site. Please also include a brochure if possible.

** Please include a copy of the supervisor's current vita and the letter/contract for Approved Supervisor or Supervisor-in-Training status from AAMFT.

Office Use only

____ Internship site approved

____ Internship site approved with qualifications

____ Internship site denied

Signature of MFT Director

Date

***MFT Externship
Proposal***

Name _____ Year in MS/PhD Program _____

Please provide the following information for your proposed site:

Start Date _____

Site Name* _____

Site Address _____

Site Phone Number _____

Name of supervisor** _____

Supervisor's:

Highest Degree and Field (MFT, Psych., Soc. Work., etc.) _____

State License (MFT, LCSW, LPC, etc.) _____

Years of experience as an MFT supervisor _____

Years of experience as an MFT _____

Is the Supervisor an:

AAMFT Clinical Member? Yes/No

AAMFT Approved Supervisor? Yes/No

AAMFT Supervisor-in-Training? Yes/No

(If SIT, date training contract was accepted _____)

Signature of Student

Date

* Please include a short description of the site. Please also include a brochure if possible.

** Please include a copy of the supervisor's current vita and the letter/contract for Approved Supervisor or Supervisor-in-Training status from AAMFT.

Office Use only

____ Externship site approved

____ Externship site approved with qualifications

____ Externship site denied

Signature of MFT Director

Date

Appendix E Curriculum Comparison Form

Evaluation of non-accredited MFT or non-MFT Master Degree in Relationship to COAMFTE Standard Curriculum

NAME: _____ Name of Degree: _____ Name of School: _____

Type of Hours: Sem Qrt Total number of hours in Areas I-III?: ____ (must be at least 27). Does coursework address areas of gender & ethnicity? Y N

Date of Evaluation: _____ Signature of Faculty Evaluator: _____

Area of COAMFTE Standard Curriculum	BYU-COAMFTE Required # of Courses	Courses Student will need to take at BYU (before beginning PhD courses)	Hours student will need to take at BYU to fulfill requirement
I. Theoretical Foundations	MFT 630 Foundations of Family Systems MFT 650 Foundations of Marital Therapy		From other: Need to take at BYU:
II. Clinical Practice	MFT 645 Treatment of Human Sexual Development MFT 649 Addictions & Violence in Families MFT 651 Psychopathology in Family Therapy MFT 652 Marital & Individual Psychotherapy MFT 653 Family & Multigenerational Psychotherapy		From other: Need to take at BYU:
III. Individual Development & Family Relations	MFT 654 Issues of Gender and Ethnicity in MFT MFHD 663 Individual & Family Over Life Course		From other: Need to take at BYU:
IV. Professional Identity and Ethics	MFT 656 Ethical, Legal, & Professional Issues		From other: Need to take at BYU:
V. Research	MFT 695R Research Methods for MFT Stat 511 Statistical Methods for Research MFT 699R Master's Thesis		From other: Need to take at BYU:
VI. Additional Learning	Elective (1 course)		From other: Need to take at BYU:
Supervised Clinical Practice**	500 Client Contact Hrs. 100 Supervision Hrs	Number of supervision hours _____, individual therapy hours _____, & relationship therapy hours _____ as determined acceptable by Advisory Chair Total # of hours to be completed at BYU (in accordance with all COAMFTE requirements):	

**PhD students with an MS from non-accredited programs will have their hours of supervision and experience evaluated by their Advisory Chair. Those hours that are acceptable for licensure or Clinical Membership will be accepted by the program towards the requirement of 500 hours in the MS program. Students will accumulate additional hours to complete the 500 contact hours.

Appendix F Sample Thesis Format

[Title: Titles Must Be in Mixed Case and May Not Exceed Six Inches on One Line

and Must Be in the Inverted Pyramid Format When

Additional Lines Are Needed]

[Student Name]

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of

Master of Science

[Committee Chair], Chair
[Committee Member]
[Committee Member]

School of Family Life
Brigham Young University

[Graduation Month] [Year]

Copyright © [Year] [Student Name]

All Rights Reserved

ABSTRACT

[Title: Titles Must Be in Mixed Case and May Not Exceed Six Inches on One Line and Must Be in the Inverted Pyramid Format When Additional Lines Are Needed]

[Student Name]

Marriage and Family Therapy, BYU
Master of Science

[The abstract is a summary of the work with emphasis on the findings of the study. It must be single spaced and no more than one page in length. It must match the same font and size as the rest of the work. The abstract precedes the optional acknowledgement page and the body of the work.]

[Master's students should ensure that the keywords are listed at the bottom of the abstract.]

Keywords: [keyword, keyword, keyword]

ACKNOWLEDGEMENTS

[This page is optional. Students may use the acknowledgements page to express appreciation for the committee members, friends, or family who provided assistance in research, writing, or technical aspects of the dissertation, thesis, or selected project. Acknowledgements should be simple and in good taste.]

Appendix G

Sample Dissertation Format

[Title: Titles Must Be in Mixed Case and May Not Exceed Six Inches on One Line

and Must Be in the Inverted Pyramid Format When

Additional Lines Are Needed]

[Student Name]

A dissertation submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

[Committee Chair], Chair

[Committee Member]

[Committee Member]

[Committee Member]

[Committee Member]

School of Family Life

Brigham Young University

[Graduation Month] [Year]

Copyright © [Year] [Student Name]

All Rights Reserved

ABSTRACT

[Title: Titles Must Be in Mixed Case and May Not Exceed Six Inches on One Line and Must Be in the Inverted Pyramid Format When Additional Lines Are Needed]

[Student Name]

Marriage and Family Therapy
Doctor of Philosophy

[The abstract is a summary of the work with emphasis on the findings of the study. It must be single spaced and no more than one page in length. It must match the same font and size as the rest of the work. The abstract precedes the optional acknowledgement page and the body of the work.]

[Doctoral students should ensure that the keywords are listed at the bottom of the abstract.]

Keywords: [keyword, keyword, keyword]

ACKNOWLEDGEMENTS

[This page is optional. Students may use the acknowledgements page to express appreciation for the committee members, friends, or family who provided assistance in research, writing, or technical aspects of the dissertation, thesis, or selected project. Acknowledgements should be simple and in good taste.]