



**RUECKERT-HARTMAN COLLEGE FOR
HEALTH PROFESSIONS**

**Master of Arts
in Marriage and Family Therapy**

Clinical Manual



TABLE OF CONTENTS

GENERAL INFORMATION

Purpose of Manual/ Clinical Faculty & Staff.....	4
HIPAA Privacy & Security Reminder	5
Clinical Course Overview.....	8
Required Clinical Hours for Graduation (Overview).....	8
MFT Internship Site Requirements.....	10
Process for Securing a Clinical Site.....	12
Questions to Ask When Interviewing a Prospective Clinical Site	13
Process for Approval of a New Clinical Site	14
Legalities, Exams, & Licensing	15
Relevant Websites	16
Self-Registration for DCFT and ME.....	17

PRACTICUM

Practicum Counseling Lab Hours & Info	20
Procedures and Paperwork.....	20
Practicum Application & Requirements	22
Appendix A: Practicum Application.....	24
Workman’s Comp Forms	26
HIPAA Privacy & Security Policy & Practices.....	27
Appendix B: MFT Practicum Forms	28
Clinical Competency Evaluation	28
Client Information Form.....	38
Biopsychosocial Assessment/Treatment Plan	43
Disclosure and Client’s Rights Statements.....	50
Consent to Treat for Minor Child	52
Client Case Notes	53
Life Pledge	54

INTERNSHIP

Internship Description and Requirements.....	56
Internship Application & Requirements	58
Appendix A: Internship Application.....	60
Appendix B: Site Supervisor Qualification Form.....	63
Appendix C: Internship Learning Contract.....	65
Appendix D: Supervisory Disclosure Statement	67
Appendix E: Client Release Form for Taping	68
Appendix F: Systemic Treatment Plan	69
Appendix G: Clinical Competency Evaluation.....	72
Appendix H: Internship Clinical Site Evaluation	81
Appendix I: Capstone Project	82
Appendix J: DORA Verification Checklist Form.....	97

MAMFT POST MASTER’S CERTIFICATE APPLICATIONS

Practicum Application	99
Internship Application	101

GENERAL INFORMATION

PURPOSE OF CLINICAL MANUAL

The purpose of this manual includes the following:

- To help the student plan for and navigate the Practicum and/or Internship portion of the MAMFT program
- To describe the requirements and components of Practicum and Internship
- To communicate policies and procedures for Practicum and Internship, including the clinical training lab and placement in the community
- To provide all the forms that are needed in Practicum and Internship
- To facilitate links with important web site information

It is expected that all faculty and students engaged in Practicum and Internships will be familiar with the information contained within this manual. **All faculty and trainees must adhere to the American Association for Marriage and Family Therapy Code of Ethics** (http://www.aamft.org/imis15/content/legal_ethics/code_of_ethics.aspx).

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The above mentioned faculty are all Licensed Clinicians. All regular and affiliate faculty who teach Practicum and Internship hold licenses in good standing and are AAMFT Approved Supervisors or AAMFT Approved Supervisor Candidates.



HIPAA Privacy & Security Reminder

The goals for maintaining rigorous adherence to HIPAA compliance requirements within all Regis University-sponsored programs, projects and activities are designed to:

- Ensure the security and confidentiality of PHI and ePHI as covered by HIPAA;
- Protect against any anticipated threats or hazards to the security or integrity of such information, and
- Protect against unauthorized access, use or disclosure of such information.

During the first week of Practicum, students will complete the necessary training on how to comply with the policies and procedures for maintaining HIPAA compliance and utilizing the HIPAA electronic footprint and counseling clinics. Compliance with HIPAA must be maintained during practicum and internship courses as well as any other Regis University-sponsored activities that involve PHI and ePHI.

Reminders

Protected health information (PHI) is any information that allows you to associate a person's identity with their health care information. This applies to all forms of media including: paper documents, electronic files and data, course notes, research papers, video and sound recordings, photos, charts, etc. As it pertains to Regis University-sponsored programs, project and activities, the following are reminders of common privacy and security practices for protected health information that must be followed:

- Any personal documents and notes in any form that contains individually identifiable health information on patients you come into contact with as a result of Regis University-sponsored training must be properly protected and its confidentiality must be maintained.
- Regis University students who are training at partner health provider organizations are prohibited from removing documents that contain individually identifiable health information without a written and signed authorization from the health care provider's Health Information Management (HIM) Department or authorized representative ***and*** the proper patient authorization.

Special note on minors—in most cases, minors cannot legally consent or authorize the release of their protected health information.

- Regis University students participating in Regis University-sponsored health care training and research activities must only use de-identified information or limited data sets in any presentations or publications outside of the health care provider organization. (See RCCFT manual for information on 'How to de-identify individual health information'.)
- For Regis University students participating in Regis University-sponsored health care training and research activities, the following activities involving individually identifiable health information are explicitly prohibited:
 - Sending such information through unsecure email,
 - Posting such information on any social networking site—regardless of the user account used by the Regis University student, faculty or staff to post the information, and
 - Disclosing such information during classroom discussions and/or presentation.

Policy compliance and sanctions

It is the responsibility of each student to review all aspects of the course syllabus including the Regis University HIPAA Privacy & Security Reminders. In doing so, the student acknowledges that he or she agrees to adhere to these practices. Furthermore, the student agrees not to divulge

the contents or to provide access of any examination or assignment to another student in this or ensuing semesters.

All violations of the Regis University HIPAA privacy and security policies and practices are taken very seriously. All violations will be reported to the Regis University HIPAA Privacy & Security Committee for review to determine the extent of the violation and the appropriate sanctions to be applied, where necessary.

Sanctions may include notification of the student's advisor with a note in the student's advising file, reductions in the grade for the course up to and including failure, and remedial action as directed by the Regis University HIPAA Privacy & Security Committee.

Reporting requirements

The goals for maintaining rigorous adherence to HIPAA compliance requirements within all Regis University-sponsored programs, projects and activities are designed to:

- Ensure the security and confidentiality of PHI and ePHI as covered by HIPAA;
- Protect against any anticipated threats or hazards to the security or integrity of such information, and
- Protect against unauthorized access, use or disclosure of such information.

It is the responsibility of each student to review all aspects of the course syllabus including the Regis University HIPAA Privacy & Security Reminders. In doing so, the student acknowledges that he or she agrees to adhere to these practices. Furthermore, the student agrees not to divulge the contents or to provide access of any examination or assignment to another student in this or ensuing semesters.

All violations of the Regis University HIPAA privacy and security policies and practices are taken very seriously. All violations will be reported to the Regis University HIPAA Privacy & Security Committee for review to determine the extent of the violation and the appropriate sanctions to be applied, where necessary.

Sanctions may include notification of the student's advisor with a note in the student's advising file, reductions in the grade for the course up to and including failure, and remedial action as directed by the Regis University HIPAA Privacy & Security Committee.

[HIPAA Privacy Policy Link:](https://in2.regis.edu/sites/academicaffairs/Academic%20Affairs%20Policies%20and%20Bylaws/Forms/AllItems.aspx)

<https://in2.regis.edu/sites/academicaffairs/Academic%20Affairs%20Policies%20and%20Bylaws/Forms/AllItems.aspx>

How to de-identify individual health information

Health information must be stripped of all of the following elements that identifies the individual, his or her relatives, employers, or other household members

- Names;
- Social Security numbers;
- Telephone numbers;
- All specific geographic location information such as subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if, according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000;
- All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
- Fax numbers;
- Electronic mail addresses;
- Medical record numbers;
- Health plan beneficiary numbers;
- Account numbers;
- Certificate/license numbers;
- Vehicle identifiers and serial numbers, including license plate numbers;
- Device identifiers and serial numbers;
- Web Universal Resource Locators (URLs);
- Internet Protocol (IP) address numbers;
- Biometric identifiers, including finger and voice prints;
- Full face photographic images and any comparable images;
- Any other unique identifying number, characteristic, or code (note this does not mean the unique code assigned by the investigator to code the research data)

MAMFT CLINICAL COURSE OVERVIEW

MAMFT Course Overview and Requirements for Practicum

Regis MAMFT students complete a one-semester practicum on campus. They work with individuals, couples and families while being supervised by an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate behind a one-way mirror or video monitor.

Students must apply for Practicum by the application deadlines (See practicum Appendix A):

Fall Semester: July 1
Spring Semester: November 1
Summer Semester: March 1

Students will be registered by the Clinical Administrative Coordinator for two classes (MFT690 & MFT692) which include:

- Clinical work & supervision at either the Regis Center for Counseling and Family Therapy –Thornton or Regis Center for Counseling and Family Therapy -Colorado Springs. This class meets for a 6 hour class period once each week during the semester and includes both the clinical work AND supervision. Specific days and times for practicum vary between semester and assignment to practicum occurs after the application deadline each semester. See **PRACTICUM** section of the manual for more details.
- Time outside of clinical work and supervision to complete case documentation. This typically takes an additional 2-4 hours a week. All of this work must occur on-campus in the HIPPA compliant lab. Hours for the HIPPA lab are the same as campus hours. Students can not access the HIPPA lab when the campus is closed.

MAMFT Course Overview and Requirements for Internship

Students will be registered by the Clinical Administrative Coordinator for one class (MFT 699A or MFT 699B)- which includes:

- Approximately 20-25 hours per week at an approved clinical Internship site – This time includes about 10-15 client contact hours each week, individual/triadic supervision with approved site supervisor, documentation, preparation, training, and inservice time.
- Regis Group Supervision- This class meets for 2 hours every week during weekday hours (9-5pm) with a Regis AAMFT Approved Supervisor faculty and a maximum of 8 Regis student interns. Specific days and times for internship sections vary between semester and assignment to internship section occurs after the application deadline each semester. See **INTERNSHIP** section of the manual for more details.

MAMFT CLINICAL HOUR REQUIREMENT OVERVIEW

Students must accrue a minimum of **300 direct clinical contact hours** in order to complete the clinical component of the MAMFT program.

Direct Clinical Contact Hours are defined as a therapeutic meeting of a therapist and client (individual, relational, or group) occurring in-person synchronously, either physically in the same location or mediated by technology. Assessments may be counted if they are in-person processes that are more than clerical in nature and focus. Also, therapy services delivered through interactive team modalities may provide direct client contact for specific team members who have in-person interaction with the client/system during the session. Therapy team members who engage the therapeutic process only behind the mirror may not count the experience as direct client contact. Activities such as telephone contact, case planning, observation of therapy,

record keeping, trainings, role-playing, travel, administrative activities, consultation with community members or professionals, and/or MFT relational/systemic supervision are not considered direct client contact.

Of the 300 total clinical hours, a minimum of **100** hours must *relational hours*, meaning that they are delivering therapeutic services to two or more individuals conjointly, who share an ongoing relationship beyond that which occurs in the therapeutic experience itself. Relational hours can be counted with relational subsystems that include a person whose only available means to participate in the in-person therapeutic meeting is electronic (e.g., incarcerated, deployed or out-of-town subsystem members.) Examples of relational systems include:

- family subsystems
- intimate couple subsystems,
- enduring friendship/community support subsystems
- residential, treatment, or situationally connected subsystems

* Group therapy can be counted as relational hours if those in the group therapy have a relationship outside of (above and beyond) the group itself. Conversely, group therapy sessions of otherwise non-related individuals are not considered as relational hours

In addition to clinical hours, students must accrue a minimum of **100 systemic clinical supervision hours** under the supervision of faculty supervisor (of which a minimum of 50 hours must use observable data).

Systemic Clinical Supervision is supervision with faculty supervisors that is focused on the trainees case material and person-of-the-therapist training in order to serve training goals. Of the 100 required systemic clinical supervision hours, 50 of these hours must use observable data.

Faculty Supervisor is a full-time or affiliate faculty member who is teaching and providing clinical supervision in a Practicum course, providing triadic supervision in Practicum, or teaching an Internship course.

Observable Data includes audio and video recordings, as well as live (behind the mirror, in the room co-therapy, reflecting teams, etc.).

Below is an example of how to complete your clinical and supervision hours in order to finish them in a timely fashion.

Semester	Direct Client Contact <i>Minimums</i>	Supervision <i>Minimums</i>
Practicum	30	50
Internship A	135	28
Internship B	135	28
TOTALS	300*	100**

* A minimum of 100 direct client contact hours must be relational

** A minimum of 50 supervision hours must include observable data

Inappropriate Activities

In a Regis clinical placement, it is **inappropriate** for Regis MAMFT students to engage in any of the following activities:

- Case management only/milieu management
- Childcare or babysitting of clients' children
- General filing and clerical activities
- Receptionist or secretarial roles

Logging Clinical Hours

Students must log their direct clinical contact hours and supervision hours on a weekly basis using in Tevera - the online platform used to organize the documentation of your clinical experience on and off-campus. To access Tevera, you must use the links provided in your Worldclass Practicum and Internship course pages.

MFT GENERAL INTERNSHIP SITE REQUIREMENTS

A Community Internship Site must meet the following requirements:

- have a current legal co-signed contract with Regis University before assigning an intern to duties at the clinical site
- be an agency which serves underserved populations
- meet Regis' Division of Counseling and Family Therapy standards for clinical training (**see more details below**)
- provide a variety of populations and clinical training modalities
- have no legal or ethical investigations or violations in process
- engage in a face-to-face interview process with prospective interns
- prevent dual relationship with interns (e.g. current or previous supervisor, therapist, family member, or close friend)
- provide a licensed clinical site supervisor
- charge no money for the required supervision
- report any changes in the agency or the supervision to the MAMFT Internship Coordinator and the Regis faculty supervisor
- allow the Regis faculty supervisor to meet periodically with the site supervisor

Licensed Site Supervisors and Weekly Supervision

Sites are expected to employ or have contractual agreements with Licensed Clinicians (LMFT, LCSW, LPC, or Licensed Psychologists) who (a) have training and experience working with couples and families, (b) have experience supervising clinicians who are working with couples and families, and (c) who are preferably AAMFT Approved Supervisors who will act as supervisors for our students. Students are required to have a minimum of one hour per week of face-to-face clinical supervision with their primary site supervisor who maintains active licensure status.

Appropriate Disclosure Forms and Releases

Clinical sites are expected to provide the appropriate disclosure forms and releases for the student's use with their clients. The form should disclose the student's intern status and also request permission to audiotape or videotape for training purposes. A generic example of a form for requesting permission to record sessions is provided in Appendix E. of this manual.

American Association for Marriage and Family Therapy Code of Ethics

Students in the MAMFT program are being trained under the AAMFT Code of Ethics and are expected to follow this code of ethics throughout their clinical training.

http://www.aamft.org/imis15/content/legal_ethics/code_of_ethics.aspx

Process of Securing an Appropriate Clinical Site

(Begin this process at least **TWO (2) semesters** before you plan to start Practicum)

1. Reflect upon your own professional goals and the clinical population(s) you are most interested in learning about.
2. Check out the list of approved clinical sites on in Tevera – To access Tevera, you must use the link provided on the **DCFT and ME** page in Worldclass <https://worldclass.regis.edu/d2l/home> .
3. Once you have narrowed your selection, contact the site(s) to learn about the application process and arrange for an interview(s).
4. Review “Questions to Ask When Interviewing a Clinical Site” before your interview. (See following page)
5. You must submit your **PRACTICUM APPLICATION** by the deadline indicated (See Practicum section of this manual). Students who submit applications for Practicum according to the application deadlines and who meet all criteria for enrolling in the Practicum course will receive priority assignment.
6. If your application is approved, the Clinical Administrative Coordinator will register you for your Practicum courses (MFT690/692), which total 6 credit hours.
7. Three semesters of clinical placement are required (Practicum, Internship A and B). These are taken in consecutive order. In certain circumstances, students may need to register for Internship C to complete their hours.
8. Students must complete an **INTERNSHIP APPLICATION** by the deadline indicated (see Internship section of this manual).
9. If your application is approved, the Clinical Administrative Coordinator will register you for your Internship supervision course (MFT699 A/B) (see **Assignment to MFT 699A/B Internship Supervision sections** for more information about assignment based on priority).

***Questions to Ask When Interviewing a Clinical Site**

***Be knowledgeable of all the requirements of Practicum and Internship as described in the current Clinical Manual before your interview.**

What are the clinical site's expectations of a student in Internship?

Does the site have the resources to offer you the required number of client hours per week for couple and family therapy? Remember 100 of your total 300 client contact must be relational.

What types of therapy? -- Individual, couple, family, group?
(Some variety is recommended)

Can the site provide a supervisor who is licensed (LPC, LSW, PhD, LMFT, Licensed Psychologist or Psychiatrist) with at least 2 years of experience in the area in which they will be supervising you? (AAMFT Approved Supervisor or AAMFT Supervisor Candidate preferred)

Can the site offer one designated hour per week of individual supervision with the licensed supervisor?

Will the licensed supervisor be on site while you are seeing clients? Were an emergency situation to arise, how could you reach your supervisor?

The site may not charge you for supervision.

Will the site require you to attend staffing, consultations, group supervision, and in-service sessions as part of your clinical placement?

Is the site's requirement for hours compatible with your schedule?

Note to the student: The site must be on our approved list of clinical placements (see Approved Sites in Tevera). It is possible to have a new site approved, if the request is made at least two semesters in advance of when you plan to begin your Internship (See following page for a detailed description of the Process for Getting Approval for a New Clinical Site).

You will remain at the same clinical site throughout your Internship unless there are some unusual circumstances. Switching sites or group supervision groups depends upon approval of your Practicum or Internship supervisor and the program Clinical Coordinator.

Process for Getting Approval for a New Clinical Site

- 1) Make an appointment with the prospective clinical site's Internship Coordinator/Supervisor for an interview with them. Read the Clinical Manual and use the "Questions to Ask When Interviewing a Site" sheet to help you prepare for the interview. Present the "Clinical Site Requirements" (see above) to them. The agency must meet these requirements in order to be considered for approval.
- 2) If you feel the site meets your needs and Regis' program requirements, email the MFT Clinical Coordinator (see page 4 for contact information) and include information about how the site meets each of the clinical site requirements. Also, include contact information for the person you met with in your email to the MFT Clinical Coordinator and notify the site that someone from Regis will be contacting them to follow-up.
- 3) If the clinical site appears to be a good candidate for our program, the MFT Clinical Coordinator will arrange for a site visit evaluation usually by themselves or their faculty designee.
- 4) The MFT Clinical Coordinator or designated faculty site evaluator will write up a Site Evaluation Report and seek input and approval from the MFT Faculty Committee.
- 5) If the clinical site is approved, then an Affiliation Agreement (legal contract) is initiated and expedited by the program Clinical Administrative Assistant.
- 6) When the Affiliation Agreement has been approved and signed by both Regis legal counsel and the agency's legal representative, and all required documentation is accounted for, the approval process is complete.

LEGALITIES, EXAMS, AND LICENSING

Student Liability Insurance Student Liability Insurance

You will be covered with student liability insurance through Regis University beginning with Practicum and continuing throughout your completion of Internship. If your placement site requests it, a copy for proof of this coverage may be obtained by sending the name and address of your clinical site to the Clinical/Lab Assistant, including the name of the person who needs to receive the document. Students are also required to purchase their own liability insurance. MFT students often use CPH and Associates or AAMFT as their providers of liability/malpractice insurance, but other companies may be available as well. Students can contact AAMFT for additional information on obtaining malpractice insurance.

Workers' Compensation Coverage

You are also provided Worker's Compensation Coverage through Regis University while at an approved clinical site during Practicum and Internship. Please see Practicum section of this manual.

Licensure

Completing a Masters Degree in Marriage and Family Therapy is a major step toward state licensure. The degree itself does not guarantee licensure. Licensure is granted by the state, not by Regis University. Students are responsible for the knowledge about and pursuit of all steps toward licensure.

For details on licensure post graduate requirements, check the Department of Regulatory Agency's (DORA) Licensed Marriage and Family Therapist (LMFT).

During your last semester of Internship, you are highly encouraged to register as a Marriage and Family Therapist Candidate for eligibility in acquiring post-graduate hours toward state licensure. For requirements in this process, please refer to the DORA website.

RELEVANT WEBSITES

Colorado Department of Regulatory Agencies (DORA)

[Verification of site supervisor license](#)

<http://cdn.colorado.gov/cs/Satellite?c=Page&childpagename=DORA-Reg%2FDORALayout&cid=1251632282502&pagename=CBONWrapper>

Ethical Principles and Codes of Conduct

American Association for Marriage and Family Therapy

http://www.aamft.org/imis15/AAMFT/Content/Legal_Ethics/Code_of_Ethics.aspx

Mental Health Statues

COLORADO MENTAL HEALTH STATUTE [EMERGENCY PROCEDURE](#)

TITLE 19: COLORADO CHILDREN'S CODE PART 3-- [CHILD ABUSE OR NEGLECT](#)

Regis University Division of Counseling and Family Therapy

Tevera: This is the online platform we use to organize the documentation of your clinical experience on and off-campus. To access Tevera, you must use the link provided on the **DCFT and ME** page in Worldclass

DCFT and ME in Worldclass: <https://worldclass.regis.edu/d2l/home> . See instructions for self-registration for DCFT and ME on next page.

SELF-REGISTRATION FOR DCFT AND ME

Announcing the new one stop shop for all of your DCFT resources, located conveniently in WorldClass:

DCFT and Me

Here you will find all of the on-going resources you need as a student in the Division of Counseling and Family Therapy. It will take you through all the stages of your journey, providing you with the information that you need to be successful every step along the way!

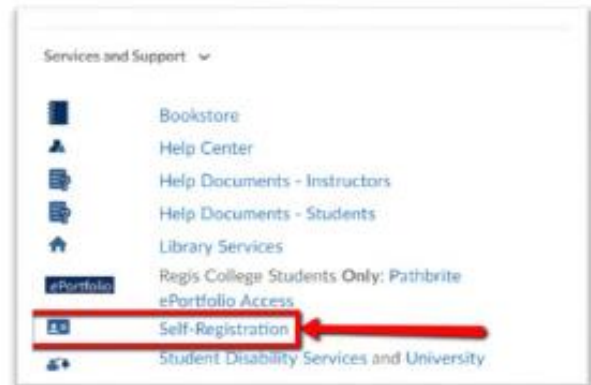


For example, you can easily browse and locate all of the current MAC and MFT clinical sites.

In order to get access to this you must self-register in WorldClass. Once you enroll, you will always have access to it anytime simply by logging into WorldClass.

Follow these steps:

1. Log into WorldClass <https://worldclass.regis.edu> with your Regis credentials.
2. Scroll down below the Announcements on the left side to the **Services and Support** box
3. Select the Self-Registration link in the Services and Support box (*refer to screen shot to the right*)
4. Select **DCFT and Me**



Self Registering Course Offerings			
Course Offering Code	Course Offering Name	Course Offering Cost	Enrollment Status
CCIS_Compliance	CC&IS Compliance		Not Enrolled
CCLS_Compliance	CCLS Academic Integrity Assessment		Not Enrolled
DCFT_and_Me	DCFT and Me		Not Enrolled
Excel Assessment	Excel Assessment		Not Enrolled

5. Select **Register**



6. Select **Submit** (your information should be pre-filled)

Registration Form
[Course Offering List](#) > [Course Offering Description](#) > **Registration Form**

Step 2: Enter Registration Information

Required fields are marked with a *

* **First Name:**
* **Last Name:**
* **Email:**
Org Defined ID:

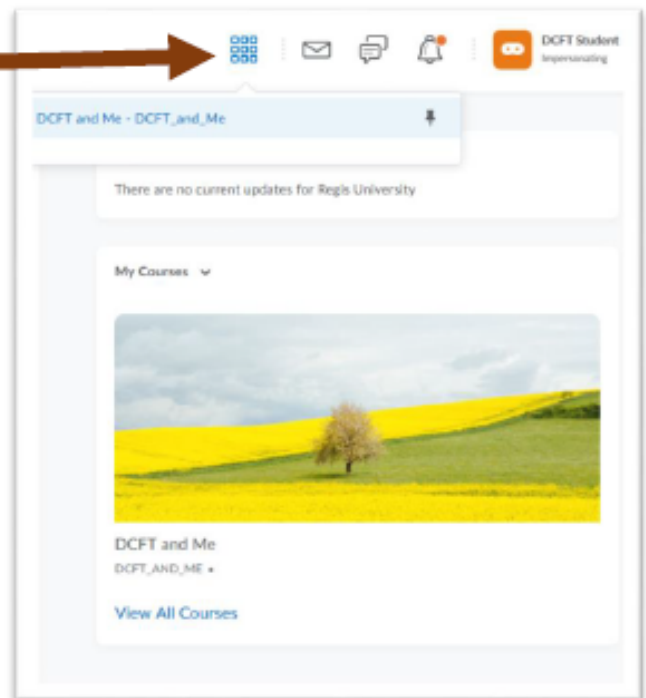
7. Select **Finish**

Confirmation
[Course Offering List](#) > [Course Offering Description](#) > [Registration Form](#) > **Confirmation**

Step 3: Confirmation

FirstName: DCFT
LastName: Student
Email Address: youremail@regis.edu
OrgDefinedId: RegisID#

8. Moving forward the **DCFT and Me** course will be available under the **Select a Course** tool.



If you have any questions or problems with accessing DCFT and Me, contact ITS help

1-800-388-4050 or its@regis.edu

PRACTICUM

PRACTICUM ON-CAMPUS CLINIC INFORMATION

The Regis on-campus clinic, located at the Thornton campus, has been established for the Division of Counseling and Family Therapy to provide meaningful professional training for master's and post-master's certificate students in the delivery of traditional and innovative therapeutic services.

The Regis Center for Counseling and Family Therapy (RCCFT) is open to community members of the greater Denver metro. The RCCFT contributes to the boarder Denver community by providing quality and affordable counseling and family therapy services to individuals, couples, and families with a wide variety of mild to moderate mental health issues.

Regis Center for Counseling and Family Services

Phone: 303-964-5786

Website: regis.edu/lowcostcounseling

HOURS

Clinical hours at the Regis Center for Counseling and Family Therapy (RCCFT) vary, depending on the hours clinical practice are conducted. Practicum hours vary depending on the semester. Hours are subject to change according to university scheduling, client needs, and supervisory availability. Check Web Advisor for details. Appointments with clients during Practicum must be scheduled during class time. Days and times may vary, but practicum is scheduled on a weekday for a 6 hour time block and it occurs once a week for the entire semester. Typically practicum begins in the afternoon and lasts through the evening. Appointments are scheduled according to the university calendar.

NOTE: RCCFT does not have emergency or crisis services, 24-hour services, and is not open on weekends. It is also closed on posted university holidays, for five to six weeks during Christmas and New Years, and for one- two weeks between the semesters.

PROCEDURES and PAPERWORK

Refer to the Regis Center for Counseling and Family Therapy (RCCFT) Manual for details related to the policies and procedures of the center.

Pre-Session

In addition to being introduced to general HIPAA policies and procedures during their Ethics course, MFT students are also required to complete a self-led training wherein they learn about HIPAA policies and procedures specific to our clinic and the Regis University HIPAA server and successfully pass an a quiz before they can see clients. This HIPAA training takes place at the beginning of MFT 690/692 Practicum and Practicum Supervision. A HIPAA confidentiality statement must be signed by all staff (students, faculty, and office) who have any contact with clients, their files or associated confidential material. This training is completed on the DCFT and Me site of Worldclass <https://worldclass.regis.edu/d2l/home> . Instructions for self-registering for the DCFT and Me site in World Class can be found in the General Information section of this manual.

Standard Paperwork & Organization (copies in RCCFT Manual)

Typically your client file is closed at the end of the semester; please organize your electronic file according to the instructions in the RCCFT Manual. Clients should complete all of their forms online through our Titanium client website at <https://regis-ccft.titaniumhwc.com/> .

Forms Typically Completed by Client at the First Session

- Disclosure & Clients Rights Statement
- Privacy Policies and Procedures (HIPAA form)
- Teletherapy Consent Form (if applicable)

- Minor Consent Form (if applicable)
- COVID-19 Informed Consent for In-Person Services (if applicable)
- Client Information Forms

Forms Completed During the Course of Therapy

Case Notes. The standard case note is in SOAP format and should be used by all students enrolled in Practicum. Case notes must be completed after each session and filed within 24 to 48 hours (depending on instructor). Students should refer to the RCCFT Manual for details about completing case notes in Titanium <https://regis-ccft.titaniumhwc.com/>. ***Practicum faculty must review and sign all case notes.***

Discharge Summary. At the conclusion of services, the discharge summary must be completed for your client(s). ***Practicum faculty must review and sign the discharge summary.***

Release of Information. If it becomes necessary to request information or to provide information to a third party, this form must be completed and signed by the client. It is important that the client understands the implications and limitations of signing this release of information form.

Child Abuse Reporting Form. Should your client provide information about a child being abused, it is your responsibility to report to the the Colorado Department of Human Services Colorado Child Abuse and Neglect Hotline at 1-844-CO-4-KIDS (1-844-264-5437) within 24 hours. A completed form describing the incident and your report should be placed in the client's file immediately following the report.

Life Pledge.The life pledge is to be filled out by the client and therapist together, when there are concerns about the safety of the client or the client is in danger of engaging in self-harming behavior. This form consists of an agreement between the client and therapist that the client will contact individuals/agencies to be noted on the form before engaging in any self-harming behavior.

Practicum Application and Requirements

In order to be admitted to clinical placement, a student must do the following:

- **If involved in any remedial process, student must have met the requirements of the remediation plan and must be approved by the Remediation Committee to move forward in the program.**
- Be completely familiar with the Clinical Requirements as described in this manual.
- Successfully complete all pre-requisite courses (see course section on Practicum Application) with a grade of B- or higher.
- Submit a Practicum Application to the MFT Clinical Coordinator by the designated deadline
- Any zero score in Counseling Techniques I (MFT635) will require some type of remediation.

While in placement a student must do the following:

- Attend all required Regis Group Supervision sessions and successfully complete the requirements of each semester's work (see Syllabi for MFT690/692).
- Discuss any potential "Incomplete" with the Group Supervisor.

Practicum Application Information

Practicum consists of two courses (MFT 690/692) that students take to begin working therapeutically with clients under direct, live supervision. There are two parts to Practicum: providing individual, couple, and/or family therapy in the Regis Center for Counseling and Family Therapy, and participating in triadic and group supervision.

For most students, Practicum will begin sometime during their second year of course work in the program. Students must apply for Practicum by submitting the Practicum Application packet to the Clinical Assistant by the following deadlines:

- **Fall Semester: July 1**
- **Spring Semester: November 1**
- **Summer Semester: March 1**

Notification of acceptance to Practicum will be provided as soon as applications submitted by the published deadline have been processed. Allow at least 2-3 weeks from the Application Deadline date for processing your application. **Please note that you cannot self-register for Practicum.** Since this is an application process and we are creating courses with a specific number of students in each class, we will have the Registrar's Office register students after the application process is complete.

During Practicum, students accrue direct client contact hours with individuals, couples, and families plus live and case report supervision by AAMFT Approved (or Candidate) Supervisors.

Students must complete all requirements for Practicum that are outlined in the Practicum syllabus and the Clinical Manual. Students are also evaluated by their supervisors and a grade of pass or no pass will be assigned by faculty supervisors for Practicum (MFT690/692).

Students will be assigned a specific 6 hour block of time each week at the clinic for 14 weeks. Usual days for Practicum are Monday, Tuesday, Wednesday, and Thursday. 100% attendance in Practicum is required. If you have questions about any of the procedures or requirements for Practicum, contact Andrea Hernandez, Clinical Administrative Coordinator ahernandez030@regis.edu or Dr. Lindsay Edwards, MFT Clinical Coordinator, at ledwards002@regis.edu.

During the Practicum semester, students must also arrange an Internship. Students apply for Internship positions from approved community Internship sites. Certain placement sites may have specific application deadlines, start dates, and/or orientation seminars.

PRACTICUM APPLICATION

Practicum Applications should be completed in Tevera. To access Tevera, you must use the link provided on the **DCFT and ME** page in Worldclass <https://worldclass.regis.edu/d2l/home> . Once in Tevera, use the Site Placement workspace. To find more information about how students can access Tevera, please visit <https://knowledge.tevera.com/space/OS>. See Appendix A for an example application.

APPENDIX A



Masters of Arts in Marriage and Family Therapy

Practicum Application

Application Deadlines:

- Fall Semester: July 1
- Spring Semester: November 1
- Summer Semester: March 1

Students who submit completed applications for Practicum according to the application deadlines and who meet all criteria for enrolling in the Practicum course will receive priority assignment. Students submitting Practicum applications after the published deadline will be placed on a space available basis but are not guaranteed approval for Practicum course assignment.

Notification of acceptance to a Practicum will be provided as soon as applications submitted by the published deadline have been processed. Allow at least 2 weeks from the Application Deadline date for processing your application. The assigned group supervisor of each section will provide specific information and guidelines to students registered in their sections. Students whose applications are not accepted may ordinarily reapply for the following semester, unless other pre-requisites are established as part of a remediation process, or they have been terminated from the program. Please note that students who submit a complete practicum application by the published deadline will be contacted by the Compliance Office and requested to submit to a background check.

Student Name: {document.staff}

ID#:

Mailing Address:

City:

State:

Zip:

Home Phone: {document.staff.phone.home}

Work Phone: {document.staff.phone.work}

Cell Phone: {document.staff.phone.mobile}

Regis Email Address:

Current Employer Name*:

Employer Address:

City:

State:

Zip:

Position Held:

Supervisor Name:

Do you plan to continue employment:

Yes

No

Practicum Section Preferences:

Please refer to WebAdvisor for current, available course offerings & indicate your preferred days and times for Practicum Supervision (based on section offerings listed in WebAdvisor).

Practicum sections meet once per week. You must give availability for more than one section of Practicum.

Instructor Information will not be provided, please make selections based on your availability.

*If more than one section is offered. There may be semesters where there is only one section of Practicum.

First Preference:

Please refer to WebAdvisor for available course offerings.

Second Preference:

Please refer to WebAdvisor for available course offerings.

Third Preference:

Please refer to WebAdvisor for available course offerings.

Courses Completed **Year/Semester** **Grade** (if completed)

Theories of Family Therapy

Assessment and Diagnosis

Techniques in Family/Couple

Therapy

Professional Orientation / Ethics

Counseling Techniques I *

List other courses relevant to your preparation for Practicum:

If you can provide counseling/therapy in a Language other than English, please list language(s):

To complete your application include the following:

1. Cover letter addressing your readiness for the clinical component and your unique skills
2. Signed disclosure form for Workman's Comp Coverage
3. Signed HIPAA Privacy & Security Policy & Practices Form
4. Proof of (Active) Student Liability Insurance- Attached Copy of "Certificate of Insurance" from CPH & Associates (Student liability insurance is a free benefit of student membership in AAMFT.)
5. Clinical Orientation Certificate

I give consent for the Division of Counseling and Family Therapy to register me for practicum and/or internship.

I confirm that I have read the clinical manual and understood what I have read.

Student's Signature: Date



WORKMANS COMPENSATION DISCLOSURE FORM (REQUIRED WITH PRACTICUM APPLICATION)

As a Practicum or Internship student you are covered by Regis University employee Worker's Comp while at your clinical site placement. In the event of an injury at your clinical site, immediately contact your direct supervisors and the Regis Department of Human Resources: 303-458-4161. The following WCI information is also found on the Regis web page: Insite> Human Resources> Employee Benefits> Workers' Compensation. Click on links for forms and current provider lists.

Read the following information and return signed/dated copy with Practicum Application:

WORKERS' COMPENSATION INSURANCE

Regis University provides workers' compensation insurance at no cost to employees. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. Employees who sustain work-related injuries or illnesses should inform their supervisors immediately.

Contact for questions or to report an injury/illness:
Human Resources
303-458-4161
hrinfo@regis.edu

Very Important - If there is a medical emergency, please dial 911 immediately. The first priority is to get the injured employee medical assistance.

Injuries/illnesses should be reported to the Human Resources Department as soon as possible - no matter how insignificant you feel they may be.

HOW TO REPORT AN INJURY OR ILLNESS

Step One:

- Notify your direct supervisor and the Department of Human Resources IMMEDIATELY.
- Human Resources can help you with selecting a provider, completing the necessary forms and providing authorization to a selected provider.
- *If the Human Resources Department is closed, please proceed to the next steps and notify Human Resources when the office opens.*

Step Two:

- Complete a First Report of Injury form [[Click Here](#)] and submit to the Human Resources Department within 48 hours of the injury.

Step Three:

- If medical attention is needed, select a designated medical provider from the list provided [[Click Here](#)].
- Once a provider has been chosen, complete the Designated Medical Provider form [[Click Here](#)] and return it to the Human Resources Department.
- *Please note that you must only visit a provider that is included on the designed list (unless there is an emergency). Failure to do so may result in your visit not being covered by workers' compensation insurance.*

I, _____ (print name), have received, read, and understand the information provided to me regarding my Worker's Comp benefits with Regis University.

Student Signature

Date



Acknowledgment of Regis University HIPAA Privacy & Security Policy & Practices

By signing this form, I acknowledge that I have read and understand my responsibilities for following and abiding to the Regis University privacy and security policies and practices for Protected Health Information (PHI) and Individually Identifiable Health Information. Furthermore, I agree not to divulge the contents of or to provide access to any student documents in my possession that contain PHI or IHI to another student during the current or ensuing semesters.

In the event I become aware of the unauthorized use or disclosure of PHI or ePHI that is under the control and protection of Regis University, I will report the incident within 5 days of discovery to:

Sheila Carlon, HSA Division Director
Regis University
3333 Regis Blvd.
Denver, CO 80221
303 458 4108
PrivacyOfficer@Regis.edu

I understand that all reported violations are reviewed by the Regis University HIPAA Privacy & Security Committee to determine the extent of the violation and the appropriate sanctions to be applied, where necessary.

Violations of the Regis University HIPAA privacy and security policies and practices are taken very seriously. I understand these sanctions may include notification of the student's advisor with a note in the student's advising file, reductions in the grade for the course up to and including failure, termination from the program or other remedial actions as directed by the Regis University HIPAA Privacy & Security Committee.

Signature: _____

Printed Name: _____

Date: _____

RUECKERT-HARTMAN COLLEGE FOR HEALTH PROFESSIONS

DIVISION OF COUNSELING AND FAMILY THERAPY Marriage and Family Therapy Clinical Competency Evaluation

Check One: Individual/Triadic Supervisor Faculty Group Supervisor Site Supervisor

Check One: Practicum Internship A Internship B Internship C

Student Therapist Name: _____ Semester: _____

Person Completing Form: _____ Date: _____

PROFESSIONALISM & ADMINISTRATIVE COMPETENCIES (SLO-6, SLO-7, SLO-13; CC-1, CC-4)

Therapist's ability to fulfill practicum/agency responsibilities and coordinate a caseload

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets		Exceptional
		Expectations		

1. Therapist completes all paperwork requirements satisfactorily

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

2. Therapist complies with clinical setting policies and procedure

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

3. Therapist provides referrals when appropriate

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

4. Therapist is professional in interactions with peers and supervisors

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

5. Therapist is professional in their interactions with clients

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

PROFESSIONAL DEVELOPMENT COMPETENCIES (SLO-6, SLO-7, SLO-13; CC-1, CC-4)

Therapist's ability to use resources to promote growth and present oneself as a marriage and family therapist

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

6. Therapist uses supervision in order to grow and learn

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

7. Therapist is prepared for supervision and uses supervision time wisely

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

8. Therapist recognizes and appropriately deals with ethical issues

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

9. Therapist adheres to the AAMFT Code of Ethics and practices in accordance with Colorado state law

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

10. Therapist is aware of their own professional development process

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

11. Therapist’s self-awareness allows them to recognize person-of-the-therapist concerns including their own values and personal dynamics. These are taken into consideration during work with clients to “do no harm”

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

12. Therapist is familiar with various mechanisms of change (insight, experience, language, behavioral, psychoeducation interventions) and corresponding therapy models

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

THERAPIST RELATIONAL COMPETENCIES (SLO-4,, SLO-12; CC-2, CC-3)
The ability to establish and maintain a therapeutic rapport.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

13. Therapist is able to build rapport with a wide range of clients representing various demographic backgrounds

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

14. Therapist conveys respect (understanding, acceptance, warmth, compassion, empathy) to clients

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

15. Therapist uses self in establishing and maintaining the therapeutic relationship

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

16. Therapist maintains clients’ engagement in sessions

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

Unsatisfactory Improvement Needed Meets Expectations Exceeds Expectations Exceptional

17. Therapist works flexibly and creativity to maintain presence with clients

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory	Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional		

18. Therapist effectively uses humor and solemnly to foster an appropriate and productive therapeutic relationship

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory	Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional		

19. Therapist level of self-confidence allows for effective therapy

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory	Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional		

20. Therapist is able to see their role and influence in the system

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory	Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional		

ASSESSMENT & PERCEPTUAL COMPETENCIES (SLO-4, SLO-8, SLO-11, SLO-12, CC-2, CC-3)

Therapist's ability to observe patterns of interaction

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory	Meets Expectations		Exceptional	

21. Therapist observes bidirectional influence within the system and interactional patterns

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory	Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional		

22. Therapist is able to distinguish between the content and the process

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

Unsatisfactory Improvement Needed Meets Expectations Exceeds Expectations Exceptional

23. Therapist is able to effectively use the DSM 5 in their conceptualization of client concerns

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

24. Therapist views diagnosis through a systematic perspective and in a manner congruent with their identified theory

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

25. Therapist can understand presenting concerns from a variety of theoretical orientations while working primarily within one identified theory

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

26. Therapist’s assessment focuses on the entire system as the unit of treatment, even if only parts of the system are present

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

27. Therapist is able to assess external and internal stressors on the system

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

28. Therapist integrates cultural attunement when assessing clients, accounting for the influence of socio-cultural context on clients and the therapeutic process

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

CONCEPTUAL COMPETENCIES (SLO-4, SLO-8, SLO-11, SLO-12; CC-2, CC-3)

Therapist's ability to integrate observations with theory, resulting in appropriate intervention and treatment goals

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

29. Therapist bases case conceptualization upon their identified theory

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

30. Therapist develops treatment goals with client input while also basing the goals on identified theory

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

31. Therapist conceptualizes the system as the unit of treatment, even if only parts of the system are present

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

32. Therapist integrates cultural attunement when intervening with clients (race, socio-economic status, culture, ethnicity, religion, sexuality, gender identity etc.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

33. Therapist takes gender socialization and its effect on relationships and therapy into consideration

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

STRUCTURING COMPETENCIES (SLO-8, SLO-11, SLO-12; CC-2, CC-4)

Therapist's ability to appropriately direct therapy

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

34. Therapist's ability to pace the session appropriately, including starting on time and ending on time

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

35. Therapist makes sure everyone in system has time to give input and is able to engage different perspectives and manage verbal interactions in the therapy room

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

36. Therapist establishes and reviews a formal case plan with clients (if appropriate to the clinical model)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		1. Exceeds Expectations			Exceptional

37. Therapist effectively prepares clients for termination

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

INTERVENTION COMPETENCIES (SLO8, SLO-9, SLO-10, SLO-11, SLO-12; CC-2, CC-5)

Therapist's ability to purposefully intervene to facilitate change

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

38. Therapist links intervention with their identified theory

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

39. Therapist is able to effectively implement a case plan

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

40. Therapist evaluates the outcome of interventions and actively monitors client reactions to treatment process.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

OVERALL COMPETENCY

Therapist’s overall competence for this point in their clinical training.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

Strengths and growth during current semester:

Areas for further growth in subsequent semesters:

Signatures. This evaluation will be placed in the student’s program file. These signatures attest that the signers have seen the evaluation and reviewed its contents. The signature of the internship supervisor attests that the trainee has completed all of the casework and associated responsibilities of the internship.

Student _____ Date: _____

Supervisor _____ Date: _____

Triadic Supervisor _____ Date: _____



**Center for Counseling and Family Therapy
Client Information Form**

Thank you for choosing the Regis Center for Counseling and Family Therapy. We offer affordable counseling services for children, adults, couples and families in a comfortable confidential setting.

In order to support our continued operations we ask clients to pay a small fee for our services. However, if at any time you are unable to pay your fee, or if you need to renegotiate the fee of the services you are receiving, please let your counselor or therapist know. You will not be turned away for services for an inability to pay.

For Clinician Use:

Client fee: _____ (please check one) ___ individual fee ___ family fee

Date Completed: _____

Client Information - Please fill out all areas below:

Full Name:		
Gender:	Pronouns:	DOB:
Street Address:	City, State, Zip:	Can we send mail to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Phone: () -	Type: Home/ Work / Cell	Can we leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No

How did you hear about our center? _____ Are you a Regis 505 Student? _____

Relationship Status:

- _____ Single
- _____ Domestic Partners
- _____ Married
- _____ Separated
- _____ Divorced
- _____ Widowed
- _____ Living Together
- _____ Poly Relationship

Race/Ethnicity:

- _____ White/Euro-American
- _____ Biracial
- _____ Asian/Asian-American
- _____ Black/African-American
- _____ Hispanic/Mexican American/Latino(a)
- _____ Native American/Indian
- _____ Other: Specify: _____

Health and Wellness Information:
Have you been to therapy before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates and reason for previous therapy:
How helpful was the therapy? <input type="checkbox"/> Very helpful <input type="checkbox"/> Mostly helpful <input type="checkbox"/> Somewhat helpful <input type="checkbox"/> Not at all helpful
How much has someone else pressured you to come to therapy? <input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> A little <input type="checkbox"/> None
Please list any current physical health problems you have:

A)	B)
C)	D)
Please list any prescription medications you are currently taking:	
Medication:	Reason:
Medication:	Reason:
Medication:	Reason:

Please provide information about your household:

Name	Age	Occupation	Relationship to You	For youth under 14, who has medical decision-making rights

How much social support do you receive from the following:				
Extended family	<input type="checkbox"/> A lot	<input type="checkbox"/> Some	<input type="checkbox"/> A little	<input type="checkbox"/> None
Friends and neighbors	<input type="checkbox"/> A lot	<input type="checkbox"/> Some	<input type="checkbox"/> A little	<input type="checkbox"/> None
Co-workers	<input type="checkbox"/> A lot	<input type="checkbox"/> Some	<input type="checkbox"/> A little	<input type="checkbox"/> None
Religious/spiritual communities	<input type="checkbox"/> A lot	<input type="checkbox"/> Some	<input type="checkbox"/> A little	<input type="checkbox"/> None
Other:	<input type="checkbox"/> A lot	<input type="checkbox"/> Some	<input type="checkbox"/> A little	<input type="checkbox"/> None

Alcohol and Substance Use:			
Do you use Marijuana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How much and how often?
Do you use other drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How much and how often?
Do you drink alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How much and how often?
Have you ever felt that you should cut down on your drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have people annoyed you by criticizing your drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever felt bad or guilty about your drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have any of the following results from your use of alcohol or drugs:			

- Traffic ticket/violation
- Ruined a relationship
- Black outs
- Trouble with the legal system
- Fight with a friend
- Academic problems
- Disciplinary action
- Job Loss
- Other

Emotional Wellbeing:

What is your current stress level? (1=no stress, 10=extreme stress): 1 2 3 4 5 6 7 8 9 10

Do you feel safe at home? Yes No Are you happy with your living arrangements? Yes No

Can you talk to your family about your personal concerns and problems Yes No

Is your family emotionally close? Yes No

Is your relationship with your family satisfactory? Yes No

Please indicate which of the following your family has a history of:

- Alcohol or drug addiction
- Physical Abuse
- Emotional and/or Mental Abuse
- Suicide
- Eating Disorders
- Poor communication
- Depression
- Other

In the last two weeks, how much of the time have you...	All of the time	Most of the time	More than half the time	Less than half the time	Some of the time	At no time
Felt sad or down in the dumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lost interest in your daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacked strength and energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt less self-confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt guilty or had a nagging conscience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt that life wasn't worth living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had difficulty concentrating (i.e. when watching television etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt very restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt subdued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had trouble sleeping at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suffered from reduced appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suffered from increased appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suffered from headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had weight loss or gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Struggled with controlling anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience extreme mood shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Felt overwhelming anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last two months, how much of the time have you...	All of the time	Most of the time	More than half the time	Less than half the time	Some of the time	At no time
Had academic or work-related problems						
Acted in a violent manner						
Felt extremely angry						
Had difficulty expressing your emotions						
Had difficulty managing stress						
Felt dissatisfied with your appearance						
Have you suffered a recent loss? If so which?	Yes			No		
Death		<input type="checkbox"/>			<input type="checkbox"/>	
Job Loss		<input type="checkbox"/>			<input type="checkbox"/>	
Relationship Ending		<input type="checkbox"/>			<input type="checkbox"/>	
Dramatic change in your health		<input type="checkbox"/>			<input type="checkbox"/>	
Have you ever experienced the following?:	Yes			No		
Tried to control your weight with vomiting, not eating, diuretics, laxatives, excessive exercise, and/or diet pills		<input type="checkbox"/>			<input type="checkbox"/>	
Had an unwanted sexual experience		<input type="checkbox"/>			<input type="checkbox"/>	
Additional Information:						
Have you ever felt like or tried harming yourself (past or present)? Please explain:						
Have you ever felt like or tried harming others (past or present)? Please explain:						

Please describe your reason for seeking counseling:

Is there anything else you would like use to know?

Client Signature:

Date:

Biopsychosocial Assessment and Treatment Plan

Introduction

The mission of the Master of Arts in Marriage and Family Therapy (MAMFT) program is to prepare competent and effective professionals who practice systemic/relational therapy with individual, couples, or families with an emphasis on: (a) excellent clinical skills that are informed by diverse theoretical traditions; (b) personal growth opportunities to encourage person-of-the-therapist competence and to facilitate an awareness of their own approach to therapy; and (c) an awareness of the construction of power and knowledge, and how to work therapeutically with dominant and oppressed people, systems, and ideas.

We use a strengths based empowerment model of psychosocial assessment and treatment planning. This model presents client concerns in the context of their relationships and the larger systems within which clients live. We expect that MFTs are competent in their ability to collaborate with their clients and arrive at an accurate diagnosis that informs the treatment plan. MFTs will incorporate clients' perceptions, concerns, and understandings. MFTs design interventions that align with the clients' goals and objectives.

The psychosocial assessment and treatment planning interview is a process of fostering a foundational relationship. Clients must trust that you are genuinely interested in them and that you believe that they are the experts of their own life experience. MFTs often normalize, validate, and provide hope during the psychosocial assessment and treatment planning. The therapeutic relationship is present when you are writing the reports as well. Clients can have access to these documents, so write them in a way that affirms clients as human beings worthy of dignity and respect.

Finally, be aware of power as the MFT and possible areas of marginalization that the clients have experienced. Consider ahead of time about how you can be prepared for clients who are elderly, adopted, LGBTQ, military, felons, undocumented immigrants, living in poverty, ethnically/culturally/racially marginalized, or are people with disabilities (including traumatic brain injury).

The psychosocial assessment should be written as a report using the following template. The treatment plan should be completed on the form attached. Use the following sections to guide your clinical interview so that you can write the report and plan.

Psychosocial Assessment Template

Client Identifying Information

For each member of the client (depending on if this client is an individual, couple, or family), provide the following factual information based on client report or case records.

Name:

Age:

Biological Sex:

Gender Identity:
Race:
Ethnicity:
Religion/Spirituality:
Relationship Status:
Occupation:
Living Situation:
Sexual Orientation:
Children:

Presenting Concern

Start with client description of the concern or reason seeking services. Include duration, frequency, and consequences of the issues of concern and how client has addressed the concerns in the past.

In addition, discuss how the following systems have been impacted by the concern and have impacted the client.

Family situation
Physical environment
Economic environment
Educational/occupational history
Physical well-being/health
Relevant cultural, racial, and religious factors
Sexual orientation and gender identity factors
Current social/sexual/emotional relationships
Legal involvement
Use of internal and external resources to face challenges

Clinician Observations of Client

*Depending on the client, this could be of an individual, couple, or family. Remember there can be different family forms (family of creation, family of choice, etc.) Include objective **observations**, not opinions.*

Physical appearance (dress, grooming, striking features)
Communication styles (abilities & challenges)
Thought processes (memory, intelligence, clarity of thought, mental status)
Expressive overt behaviors (mannerisms, speech patterns)
Mental status exam (if appropriate)

Relevant History

Discuss history in each of the following areas as it pertains to the presenting issue. You are not limited to these areas - these are a starting place.

Family History – can use genogram to convey this information

Family composition
Birth order
Where & with whom reared
Relationship with parents/guardian
Relationship with siblings
Abuse or trauma
Significant family events (births, deaths, divorce, separations, moves, etc.)

Mental health conditions in Family of origin

Developmental History – *use particularly with children or if relevant to the presenting issue.*

Be aware of cultural differences in expectations for development.

Medical problems/conditions at birth

Developmental milestones (mobility, speech, toilet training, etc.)

Family Interrelationships

Interacting roles within the family (who makes decisions, who is responsible for what)

Family disagreements or disappointments

Family rituals or celebrations

Educational and Occupational History

Level of education attained

School performance

Learning problems/difficulties

Areas of achievement

Peer relationships

Type of employment

Employment history

Adequacy of wage earning ability

Quality of work performance

Relationship with authority figures and coworkers

Religious and/or Spiritual Development

Importance of religion in upbringing

Affinity for faith tradition

Involvement in religious activities

Positive or negative experiences

Social Relationships

Size and quality of social network

Ability to sustain friendships

Pertinent social role losses or gains

Social role performance within cultural context

Historical patterns of familial and social relationships

Intimate Relationships

Type and quality of relationships

Relevant sexual history

Ability to sustain intimate (sexual and nonsexual) contact

Significant losses

Traumas

Conflicts in intimate relationships

Way of dealing with losses or conflicts

Problems or strengths in intimate relationships

Health – *medical, psychological, substance history and impact on functioning*

Drug, alcohol, or tobacco use or misuse, (when use began; intensity, duration, and frequency)

Medications

Accidents

Disabilities

Emotional difficulties including mental illness

Hospitalizations

Use of previous therapy

Current or history of suicidal ideation or attempts
Current or history of self-harm
Current or history of harm to others
Current or history of bingeing, purging, or restricting
Pertinent health behaviors such as nutrition, exercise, stress management
Quality of sleep
Legal – juvenile or adult contact with legal authorities
Type of problems
Jail or prison sentence
Effects of rehabilitation (or lack of) in justice system
Effects of prison system
Environment Conditions
Urban or rural
Length of time in current living environment
Living arrangement history
Economic/class structure of neighborhood
Description of home
History of Marginalization and Privilege – as it pertains to current issue

Collaborative Assessment

Integrate the clients' concerns with your understanding to describe the underlying causes or contributing factors that have created the clients' concerns. Articulate the prognosis for change. Include DSM 5 diagnosis. As appropriate, include the following:

Social emotional functioning – ability to express feelings, form relationships; describe the predominant mood or emotional pattern (optimism/pessimism, temperament)

Psychological factors – impulse control, defense mechanisms, coping style

DSM 5 diagnosis

Environmental issues and constraints

Conclude the assessment with a statement about the clients' motivation for help, your ability to provide help, other resources that may be necessary to resolve the presenting concern, and the anticipated outcome of treatment.

Treatment Plan

Therapist: _____ Case/Client(s): _____

Date: _____ Therapy Model Used: _____

Primary Client Configuration:

- Couple
- Conjoint
- Family
- Individual (Adult)
- Individual (Child)

Clients Also Seen As:

- Couple
- Conjoint
- Family
- Individual (Adult)
- Individual (Child)
- Group

Client Concern #1:				
Client goal #1 personal/relational dynamic: to reduce (symptom):				
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease				
<i>Measure of Progress</i>				
Able to sustain:		for period of:		with no more than: episodes of:
	Enter #	<input type="checkbox"/> Weeks <input type="checkbox"/> Months	Enter #	
<i>Initial Phase Objectives:</i>				
a.				
Interventions:				
b.				
Interventions:				
c.				
Interventions:				

Client Concern #2:				
Client goal #2		personal/relational dynamic:		to reduce (symptom):
<input type="checkbox"/> Increase				
<input type="checkbox"/> Decrease				
<i>Measure of Progress</i>				
Able to sustain:		for period of:		with no more than: episodes of:
		Enter #	<input type="checkbox"/> Weeks <input type="checkbox"/> Months	Enter #
<i>Initial Phase Objectives:</i>				
a.				
Interventions:				
b.				
Interventions:				
c.				
Interventions:				
Anticipated strengths:				
Anticipated obstacles:				
Client Perspective				
Has treatment plan been reviewed with client: if no, explain				
<input type="checkbox"/> Yes				
<input type="checkbox"/> No				

Describe areas of client agreement and concern:	
Referrals to Other Resources:	

I/We have read, understand, and agree to this Treatment Plan:

Client Signature(s): _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____

Minor child signature(s): _____ Date: _____
 _____ Date: _____



**PROFESSIONAL DISCLOSURE AND
CLIENT RIGHTS STATEMENT**

Thornton Counseling Center
500 E. 84th Avenue Thronton, CO 80229

Phone: 303-964-5786

Colorado Springs Counseling Center
7450 Campus Drive, Suite 100, Colo. Springs, CO 80920

Phone: 719-264-7027

I am a master's level marriage and family therapist-in-training enrolled in Practicum. Among requirements for this course is a series of **45 minute** therapy sessions, which I will record for use during individual and group supervision. Our sessions may be viewed as they occur (via one-way mirror or video feed) by my supervisor and other trainees enrolled in the Division for Counseling and Family Therapy. After our sessions, I will review the recordings with my supervisor and course colleagues, and the recordings will be destroyed by the end of the semester. These recordings are for educational purposes only and will not be added, attached or compiled with your medical or client records. I may also prepare a verbatim transcript that will provide another opportunity for me to improve my therapy skills. *During our session, I may take a break or receive a call from the "team" behind the mirror.*

You are entitled, to receive information from myself (or my supervisor) about the methods of therapy, and the techniques used. Our therapy will take place at the same time weekly during the 16-week semester. Near the end of the semester, we will discuss termination, referral(s), and/or continuing at the LAB next semester with a different therapist. You can seek a second opinion from another therapist or terminate therapy at any time.

My supervisor and fellow trainees will regard everything you say or reveal during sessions in a professional manner. However, because of the nature of this experience, the limits of confidentiality typically assured for clients will be broadened to include my supervisors and fellow trainees. We would be unprofessional if any of us discussed the interaction with any person outside of our class group. Additionally, in a professional relationship (such as ours) sexual contact between client and therapist is never appropriate and is illegal in the state of Colorado. It should be reported to the Department of Regulatory Agencies (see contact information below).

Information provided by and to a client in a professional relationship with a psychotherapist is legally confidential, and cannot be disclosed without written consent. There are certain legal exceptions to confidentiality that may include, but are not limited to, a court order or subpoena. I am also required to:

1. Report child abuse or neglect to the Department of HHS and/or law enforcement;
 2. Report the abuse and exploitation of elders, 70 years of age or older (C.R.S. 18-6.5-108);
 3. Release information when court ordered to do so;
 4. Report when there is a legal duty to warn of a threat from a client of imminent physical violence and/or when a client is a "danger to self or others" (C.R.S. 27-65-102(4.5));
 5. Release information when there is a "condition in which a person as a result of a mental health disorder, is incapable of making informed decisions about or providing for his or her essential needs without significant supervision and assistance from other people" (C.R.S. 27-65-102(9));
 6. Release information when required to report a threat to the national security of the U.S.;
- and

7. Release information when a therapist needs to request a “*Welfare check through law enforcement*” in the event that the therapist becomes concerned about the client’s safety/welfare.
8. There is a “duty to warn: ... where the patient has communicated to the mental health provider a serious threat of imminent physical violence against a specific person or persons, including those identifiable by their association with a specific location or entity (C.R.S. 13-21-117);
9. Where there is a duty to warn, the mental health provider: “... shall make reasonable and timely efforts to notify the person or persons, or the person or persons responsible for the specific location or entity that is specifically threatened, ... (C.R.S. 13-21-117).

Note that ONLY authorized persons will have access to your records. If you return to the clinic for future therapy, your records may be reviewed by the new trainee and her or his supervisor. At the completion of your therapy, these records will be filed in the HIPAA secure server for seven years, after which they will be erased.

Please also review the following:

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Registered Psychotherapist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master’s degree in their profession and have two years of post-master’s supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a master’s degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor’s degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master’s degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

EMERGENCIES: The Counseling Lab operates as a training facility, with NO emergency services.

FEE AND PAYMENT POLICY: No fees will be collected for therapy services.

CANCELLATION POLICY: **Cancellations must be made to either the Thornton Center at (303) 964-5786 or the Colorado Springs Center at (719) 264-7027 at least 24 hours in advance.**

I acknowledge that I have read and received a copy of this information. I understand my rights as a client.

Client (*print name*)

Client/Legal Guardian’s Signature

Marriage and Family Therapist in-training (*print name*)

Marriage and Family Therapist-in-training Signature

Faculty Supervisor (*print name*)

Degrees/Licenses

Faculty Supervisor Signature

Date



**Rueckert-Hartman
College for Health Professions
Division of Counseling and Family Therapy**

Regis Center for Counseling and Family Therapy

Consent to Treatment for Minor Child

Print legal name of minor child here: _____

I, _____, as parent or guardian of my minor child, hereby affirm that I have been assigned parental responsibilities to consent for health care by the state of Colorado for my minor child and I hereby give consent for my child to receive counseling by a graduate student in training at Regis University.

I understand that only the therapist, supervisor(s) and other students in his/her class will know the information learned during the course of therapy. (Please read Patient Rights Form for exceptions.) Furthermore, I understand Regis University is under no obligation to release any information related to my child's therapy to other persons or agencies.

I understand that the student conducting this therapy will be doing so under the supervision of his/her professor and that to facilitate this supervision, therapy sessions with my child and collateral sessions with me will be videotaped.

I understand that when parents or unmarried or divorced, Colorado law allows any parent who has been assigned parental responsibilities access to medical records. Therefore in compliance with C.R.S § 14-10-123.8, you authorize the graduate student in training to provide access to treatment information to such an individual by authorizing me to provide services to a child in your custody.

I was informed during the initial intake and I understand that Regis University student counselors and supervisors DO NOT agree to testify in court. If you are involved in a divorce or custody litigation, you need to understand that the role of the graduate student counselor in training is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. By signing this disclosure statement, you agree not to call the student counselor assigned to you and your family as a witness in any such litigation. Experience has shown that testimony by therapists in domestic cases causes damage to the clinical relationship between therapist and client. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parenting plans. (Adapted from Lane, 2009).

Parent or Guardian Signature

Date

Witness

Date



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 College for Health Professions
 Division of Counseling and Family Therapy

Regis Center for Counseling and Family Therapy

CLIENT CASE NOTES

Client's Name(s): _____

Page #: _____

Counselor's Name: _____ Supervisor's Name: _____

Date:	Length:	Type: Individual	Payment:
"SOAP" Notes:			
<p>S: Summary</p> <ul style="list-style-type: none"> • What was said & done from the client's perspective. • Themes • Reported symptoms 			
<p>O: Observations</p> <ul style="list-style-type: none"> • Speech • Affect • Behaviors • Observed symptoms 			
<p>A: Assessment</p> <ul style="list-style-type: none"> • Of the client • Major concerns • Changes since the last session • Interventions used 			
<p>P: Plan</p> <ul style="list-style-type: none"> • To achieve treatment goals • Future directions • Homework • Date of next session 			
Counselor's Signature:		Date:	
Supervisor's Signature:		Date:	



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Division of Counseling and Family Therapy

Regis Center for Counseling and Family Therapy

LIFE PLEDGE

I, _____ agree not to kill, harm, or injure myself or anyone else in any manner and under any circumstances. Furthermore should I become depressed or feel hopeless, or feel worried about my ability to care for myself at any time of day or night I will speak with the following people (including crisis phone lines(24 hour crisis line: 1-800-273-8255) or will admit myself to a hospital where I will be safely cared for).

People with whom I can talk to and will contact are:

NAME:

RELATIONSHIP:

PHONE #:

Date

Client's Signature

Date

Counselor's Signature

INTERNSHIP

INTERNSHIP DESCRIPTION

Course Overview for Internship

Students should secure an internship placement during or before their practicum semester. Students should apply for internship during their practicum semester by the application deadlines.

Fall Semester: **July 1**
Spring Semester: **November 1**
Summer Semester: **March 1**

Students will be registered by the Clinical Administrative Coordinator for one class (MFT699A/B/C- Syllabus) which includes:

- Approximately 20-25 hours per week at an approved clinical Internship site – This time includes about 10-15 client contact hours each week, individual/triadic supervision with approved site supervisor, documentation, preparation, training, and inservice time.
- Regis Group Supervision- This class meets for 2 hours every week during weekday hours (9-5pm) with a Regis AAMFT Approved Supervisor faculty and a maximum of 8 Regis student interns.

Approved Clinical Sites:

A list of approved clinical can be found in Tevera. To access Tevera, you must use the link provided on the **DCFT and ME** page in Worldclass <https://worldclass.regis.edu/d21/home>.

MAMFT INTERNSHIP REQUIREMENTS

Direct Clinical Contact and Clinical Supervision Hours

Students should expect to spend 16-24 hours each week at their clinical internship placement in order to complete the required hours within two semesters. The 16-24 hours each week should involve time spent conducting therapy, attending supervision (individual and group), writing case documentation, and other appropriate clinically related tasks.

Students should plan to complete 250-270 direct client contact hours during their internship experience (Includes MFT699A and MFT699B). Each semester, the student should aim for 135 direct client contact hours and 28 systemic clinical supervision hours.

Direct Clinical Contact Hours are defined as a therapeutic meeting of a therapist and client (individual, relational, or group) occurring in-person synchronously, either physically in the same location or mediated by technology. Assessments may be counted if they are in-person processes that are more than clerical in nature and focus. Also, therapy services delivered through interactive team modalities may provide direct client contact for specific team members who have in-person interaction with the client/system during the session. Therapy team members who engage the therapeutic process only behind the mirror may not count the experience as direct client contact. Activities such as telephone contact, case planning, observation of therapy, record keeping, trainings, role-playing, travel, administrative activities, consultation with community members or professionals, and/or MFT relational/systemic supervision are not considered direct client contact.

Systemic Clinical Supervision is supervision with faculty supervisors that is focused on the trainees case material and person-of-the-therapist training in order to serve training goals. Of the 100 required systemic clinical supervision hours, 50 of these hours must use observable data.

Faculty Supervisor is a full-time or affiliate faculty member who is teaching and providing clinical supervision in a Practicum course, providing triadic supervision in Practicum, or teaching an Internship course.

Observable Data includes audio and video recordings, as well as live (behind the mirror, in the room co-therapy, reflecting teams, etc.).

Inappropriate Activities

In a Regis clinical placement, it is inappropriate for Regis marriage and family therapy students to engage in any of the following activities:

- Case management only/milieu management
- Child care or baby sitting of clients' children
- General filing and clerical activities
- Receptionist or secretarial roles
- Providing services to clients after agency hours with no supervisor on site

Licensed Site Supervisors and Weekly Supervision

Sites are expected to employ or have contractual agreements with Licensed Clinicians (LMFT, LCSW, LPC, or Licensed Psychologists) who (a) have training and experience working with couples and families, (b) have experience supervising clinicians who are working with couples and families, and (c) who are preferably AAMFT Approved Supervisors who will act as supervisors for our students. Students are required to have a minimum of one hour per week of face to face clinical supervision with their primary site supervisor who maintains active licensure status.

Appropriate Disclosure Forms and Releases

Clinical sites are expected to provide the appropriate disclosure forms and releases for the student's use with their clients. The form should disclose the student's intern status and also request permission to audiotape or videotape for training purposes.

American Association for Marriage and Family Therapy (AAMFT) Code of Ethics

Students in the MAMFT program are being trained under the AAMFT Code of Ethics and are expected to follow this code of ethics throughout their clinical training.

http://www.aamft.org/imis15/content/legal_ethics/code_of_ethics.aspx

Internship Application and Requirements

In order to be admitted to clinical placement, a student must do the following:

- **If involved in any remedial process, student must have met the requirements of the remediation plan and must be approved by the Remediation Committee to move forward in the program.**
- Be completely familiar with the Clinical Requirements as described in this manual.
- Successfully complete all pre-requisite courses with a grade of B- or higher.
- Submit an Internship Application to the Clinical Administrative Coordinator by the designated deadline
- Acquire passing scores on any given Student Performance Evaluations (SPE). Any zero score will require some type of remediation.
- Secure Internship placement at a Regis approved clinical site
- Avoid any potential dual relationships at the clinical site (e.g., working for employers, family members, friends, interning at the same site where you work)
- Not expect money for interning nor be charged by the agency for supervision

A student may not register for MFT 699A/B Internship Supervision when the following conditions exist:

- Placement has not yet been confirmed by the clinical site
- The clinical site cannot offer supervision with a licensed clinician (LPC, LCSW, LMFT, Licensed Psychologist), who has had at least two years' experience working in areas s/he will be supervising
- Students are not assured that a clinical supervisor will available whenever the student is working with clients during the Internship semester(s)
- Regis does not have a current legal contract with the clinical site

While in placement a student must do the following:

- Complete the remainder of their 300 direct client contact hours and their 100 systemic clinical supervision hours.
- Attend all required Regis Group Supervision sessions throughout a minimum of two Internship semesters and successfully complete the requirements of each semester's work (see Syllabi for MFT 699 online).
- Register for an additional semester (MFT 699C) if requirements have not been met in two Internship semesters of placement.
- Keep the Regis Group Supervisor informed of any issues or changes at the clinical site, especially any issues affecting program requirements.
- Discuss any potential "Incomplete" with the Group Supervisor.

Assignment to MFT 699A/B Internship Supervision sections

Students are assigned to **MFT 699A/B Internship Supervision** sections based on the availability of open seats in a given section (no more than 8 students to a section) as well as student preference. We assign students based on their preference in this order:

- i. Existing internship students (internship B/C) who respond by email to the Clinical Administrative Coordinator with their preferences by the given deadline are assigned to sections first based on those preferences.

- ii. Existing internship students (internship B/C) who **do not** respond to the Clinical Administrative Coordinator with their preferences by the given deadline are assigned to the same section they have been in, unless this section is no longer offered on the same day/time. In this situation, existing internship students are assigned based on the balance of sections.
- iii. Internship A applicants who submit a complete application with a clinical placement secured by the application deadline are assigned by their preference based on the remaining available seats.
- iv. Internship A applicants who submit their application by the deadline without a clinical placement are assigned to the remaining seats based on preference, but must secure a clinical placement and submit documentation of their placement no later than three weeks after the application deadline. If students do not secure a placement in this time frame, they will be removed from the section and not guaranteed a seat in internship for the upcoming semester.
- v. Internship A applications who submit a complete application with a clinical placement secured, but did so past the application deadline, are not guaranteed a seat in internship and will be assigned to an internship section based solely on availability in sections. If there are no remaining available seats, student who do not submit by the deadline will have to delay their start until the next semester.

INTERNSHIP APPLICATION

Internship Applications should be completed in Tevera. To access Tevera, you must use the link provided on the **DCFT and ME** page in Worldclass <https://worldclass.regis.edu/d2l/home> . Once in Tevera, use the Site Placement workspace. To find more information about how students can access Tevera, please visit <https://knowledge.tevera.com/space/OS>. See Appendix A for an example application.

APPENDIX A



Masters of Arts in Marriage and Family Therapy **Internship Application**

Application Deadlines:

Fall Semester: July 1

Spring Semester: November 1

Summer Semester: March 1

Early submissions will be processed immediately. Approval for Internship will follow Practicum Faculty Evaluations. Unlike Practicum, Internship group supervision placements are based on available sections and student indicated preferences.

DEGREE:

MAMFT

CERTIFICATE:

Depth Psychotherapy Child & Adolescent Marriage & Family Military Families

Student Name: {document.staff}

ID#:

Mailing Address:

City:

State:

Zip:

Home Phone: {document.staff.phone.home}

Work Phone: {document.staff.phone.work}

Cell Phone: {document.staff.phone.mobile}

Regis Email Address:

Current Employer Name*:

Employer Address:

City:

State:

Zip:

Position Held:

Supervisor Name:

Do you plan to continue employment:

Yes

No

If you plan to work with children or adolescents during internship, one of the following courses must be taken prior to or concurrently with Practicum:

- a. MCPY 668 - Play in Family Therapy – offered spring & fall (first 4 weekends)
- b. MCPY 678 – Introduction to Play Therapy- offered spring (last 4 weekends)
- c. MCPY 677 - Counseling Children & Adolescents- offered summer (first 4 weekends)
- Note – It is highly recommended that you select the course that corresponds with the population seen at the specific site.

Courses Completed **Year/Semester** **Grade** (if completed)

Practicum MFT690/692

Proposed Internship Site:

Agency Name:

Program:

Agency Address:

Contact Person:

Phone:

Email Address:

Degree/Licensure:

Expires (See DORA):

**** If the Site Supervisor is NOT an AAMFT Approved Supervisor, the site supervisor will need to complete the Supervisor Qualification Form and submit it to the MFT Internship Coordinator for approval.**

Type of Clients you will work with:

If you work at an Internship site where children and adolescents are the primary population you must take one of the following courses prior to Internship:

1. MCPY 668 - Play in Family Therapy,
2. MCPY 678 – Introduction to Play Therapy
3. MCPY 677 - Counseling Children & Adolescents

***Note – It is highly recommended that you select the course that corresponds with the population seen at the specific site.**

Internship Site Schedule (include days/ times if k

Start Date at Internship: (must be at beginning of a semester)

I give consent for the Division of Counseling and Family Therapy to register me for practicum and/or internship.

Include the following with your Internship Application:

1. Proof of (Active) Student Liability Insurance - Attach Copy of "Certificate of Insurance" from CPH & Associates (Student liability insurance is a free benefit of student membership in AAMFT)
2. A cover letter stating your reasons for choosing this site and describing your overall plan for completing a minimum of 375 hours (40% must be relational hours).
3. A letter of acceptance from the site
4. Site Supervisor Qualification Form and Site Supervisor Resume (if Site Supervisor is not AAMFT Approved Supervisor, a Licensed Marriage and Family Therapist or already approved as a Regis University Supervisor)
5. Verification of site supervisor's license. This may be found at [HERE](#))

Check List

By placing a checkmark next to each item, you agree it is completed and attached in your application.

- Completed application form
- Copy of "Certificate of Insurance" Exp:
- Letter of acceptance from site
- Site supervisor's license verification
- Site supervisor's resume
- Site Supervisor Qualification Form
- Cover Letter (tell us about your choice of placement & plans to attain clinical hours)

Student's Signature: Date

Practicum Faculty Supervisor Signature: Date



RUECKERT-HARTMAN COLLEGE FOR HEALTH PROFESSIONS

Division of Counseling and Family Therapy
Master of Arts in Marriage and Family Therapy

Site Supervisor Qualification Form

This form must be approved by the MFT Clinical Coordinator PRIOR to beginning clinical contact.

In order to document the expertise of our faculty and clinical supervisors, we request that you complete the following information. We use this information to make decisions about course teaching assignments and clinical supervisor approval. Please be thorough in your responses and attach additional documentation as needed. If you have completed this form in prior semesters, please continue to update this form each semester that you supervise and keep it for your records.

Today's Date: _____ Name: _____
Agency: _____ License Type and #: _____
Phone: _____ Email: _____
Street: _____ City, State, Zip Code: _____
Gender: _____ Ethnicity: _____

Are you an AAMFT Approved Supervisor? Yes No

If yes, when does it expire? _____ You do not need to fill out the rest of this form.

Are you an AAMFT Approved Supervisor Candidate? Yes No

If yes, when does it expire? _____

Are you an AAMFT Clinical Fellow? Yes No

Are you approved by the state to supervise MFT candidates? Yes No

What year did you start supervising students in their work as MFTs? _____

What year did you start practicing as a Marriage and Family Therapist? _____

Are you currently engaged in clinical practice? Yes No

Academic Coursework - list academic coursework, training and /or workshops specific to marriage and family therapy. Examples: courses such as principles of couples counseling, family therapy, treating adolescents in therapy, and/or workshops represented by marriage and family therapists on clinical techniques, and/or training institutes focusing on relationship counseling techniques. Titles should reflect the course/training/workshop was in marriage and family therapy, i.e., focusing on relationship counseling rather than on individual counseling skills.

Table with 3 columns: Year, Approx # hours, Name of Course/workshop/institute

Work experience - list and describe work experience in the field of marriage and family therapy. We are looking for information indicating that you have worked in a setting that supports a systemic/relational approach to treatment which is the foundation of marriage and family therapy training. Job titles alone may not provide adequate information so please include detailed descriptions when necessary.

Year _____ Work Experience in Marriage and Family Therapy _____

If you have been practicing MFT for less than 5 years, number of hours of post degree clinical experience: _____ hours acquired between _____ and _____ .

Minimum requirements for supervisors: 3000 hours of post-master’s degree hours of clinical experience (2000 hours for doctoral level applicants) providing marriage and family therapy over a minimum period of 3 years. Continuing competency/education – list any continuing competency experiences related to the field of marriage and family therapy (i.e. coursework taught by you, workshops attended or presented; publication, training, experiences etc.) We are looking for information which will indicate that you have participated in activities that support a systemic approach to treatment which is the foundation of marriage and family therapy training.

Supervisory Training – Describe the training you received in providing supervision related to the field of marriage and family therapy. Include the information on the requirement of one semester graduate course or equivalent experience and give information about your supervision of supervision training (supervision of you doing supervision of another therapist).

Total years of experience supervising students in their work as MFTs? _____

Supervision Course:

Year _____ Approx # hours _____ Course title or description of equivalent experience

Supervision of supervision:

Year _____ Approx # hours _____ Location and Supervision Mentor Name

Were any of the supervisors in your own training Marriage and Family Therapists? Yes _____ No _____

List any professional associations related to the field of marriage and family therapy to which you belong

Time Frame _____ Name of Association

List any scholarly work you have done that is related to the field of marriage and family therapy:

IMPORTANT: Please attached a copy of your current résumé or curriculum vitae to this form as well.

Appendix C



RUECKERT-HARTMAN COLLEGE FOR HEALTH PROFESSIONS

Division of Counseling and Family Therapy

MAMFT Semester Internship Description and Goals (Page 1)
(Copy Course Description/Goals page and Learning Contract page back to back)

PLEASE CHECK ONE:

MFT 699A___ MFT 699B___ MFT 699C___ MFT 699C___

Semester_____ Year_____

Together with your site supervisor, complete the Course Description and Learning Contract. Hand this document in to your Faculty Group Supervisor at your second class meeting.

Student: _____
Address: _____ Zip: _____
Phone: _____ Email: _____
Site Supervisor: _____ License: _____
Supervisor Phone: _____ Email: _____
Site Name: _____
Site Address: _____

The following are categories of clinical experiences for the Internship. With your site supervisor, please indicate the training objectives you will pursue this semester.

- ___ Child Therapy ___ Adolescent Therapy
___ Couple Therapy ___ Family Therapy
___ Individual Counseling/Therapy ___ Group Counseling/Therapy
___ Psychodiagnostic Intake ___ Emergency/Crisis Intervention
___ Psychological Test Administration and Interpretation
___ Documentation (Treatment plans, clinical reports, case summaries)
___ Consultation/Referral (case conferences, referral to other agencies)
___ Individual Clinical Supervision (one hour per week required)
___ Group Clinical Supervision
___ Video/audio taping of client sessions (releases required)
___ In-service, staff training, staff development meetings
___ Program evaluation and administration
___ Other (please specify) _____

MAMFT Semester Internship Description and Goals (Page 2)
(Copy Course Description/Goals page and Learning Contract page back to back)

Goals and Outcomes:

Please include areas of training that will be the focus of this Internship. These will be determined with the site supervisor. (Examples: I will complete of two intake interviews with new clients, I will score and interpret one adolescent test battery, I will write and present three clinical cases to facility staff)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Onsite Supervision Contract:

I, _____, agree to be the designated onsite clinical supervisor for
(supervisor's name, license)

Regis University intern _____ during his or her placement with our agency. The
(student's name)

designated hour for our supervision is _____ and must occur once a week on a
(day of week, time of day)

regular basis. I will notify the student's Regis supervisor of any changes in this arrangement.

Date signed: _____

Please print onsite supervisor's name: _____

Other signatures required:

Student: _____ Date: _____

Regis Faculty Group Supervisor: _____ Date: _____

Appendix D Supervisory Disclosure Statement

The purpose of this disclosure statement is to provide you, the supervisee, specific information regarding the nature, expectations, and evaluation process of this relationship.

I am a licensed clinician _____
License Type License Number State

and I adhere to the Code of Ethics published by: ACA AAMFT NASW APA
(circle all that apply)

My clinical background includes: Providing psychotherapy to individuals since _____
Year
Providing psychotherapy to families since _____
Year
Counselor education/supervision since _____
Year

I received my master's degree in _____ from _____
Degree Title University Name
and my doctoral degree in _____ from _____
Degree Title University Name

Expectations:

Supervision will be provided in the following formats:

- _____ Individual Supervision one hour/week (required)
- _____ Group Supervision
- _____ Triadic Supervision
- _____ Live Observation behind one-way mirror

1. Supervision is a confidential relationship. What is said in supervision will remain in supervision unless the information jeopardizes the client or the intern, is unethical or illegal, or warrants consultation by this supervisor with another clinician. However, it is understood and agreed upon that site supervisors and Regis Internship faculty engage in a collaborative supervision model. This model requires that when issues or concerns that are related to the student's performance at the Internship site arise, they are shared in a timely and sensitive manner.
2. The intern will be expected to come prepared (e.g., tapes reviewed, questions or concerns) to discuss relevant issues.
3. The intern must bring progress notes to this supervisor for review and signature.
4. Interns must engage fully in the supervisory relationship. This includes being prepared to discuss how/if the client behavior affects them as a person and their response to it. Supervision is not personal therapy for the intern, but personal issues will be discussed and if therapy for the intern seems prudent, the supervisor will make that recommendation.
5. The intern is expected to notify the supervisor regarding any irregular or concerning behaviors of which the intern becomes aware. For example, potential dual relationships with clients, suicidal or homicidal behavior or suspected child abuse. Supervisor's cell phone number _____
6. Interns will be evaluated.
7. No fees will be charged for supervision.

Please feel free to discuss any of the items listed here in supervision at any time. Please read the entire document and sign in the space provided to indicate that you have read, agree to, and will abide by the specifications of this relationship.

Intern Signature

Date

Supervisor Signature

Date

Appendix E
CLIENT RELEASE FORM
for audio or video recording

(agency)

I, _____, have been informed that my counselor is a Practicum or Internship student of the Division of Counseling and Family Therapy of Regis University, College for Professional Studies, Colorado.

I further agree to allow one or more of my therapy sessions to be audiotaped, videotaped, and/or viewed by intern students with their supervisors for training purposes only.

I understand that I will be counseled by a graduate student who has completed advanced coursework in marriage and family therapy and is being supervised by a faculty member and a site supervisor.

This agreement will terminate when I and/or my therapist deem appropriate. See details below:

Client's signature _____

Age _____ Date _____

Parent or guardian's signature if needed:

Signed _____ Date _____

Therapist's signature _____ Date _____

Systemic Treatment Plan

Therapist: _____ Case/Client(s): _____

Date: _____ Therapy Model Used: _____

Primary Client Configuration:

- Couple
- Conjoint
- Family
- Individual (Adult)
- Individual (Child)

Clients Also Seen As:

- Couple
- Conjoint
- Family
- Individual (Adult)
- Individual (Child)
- Group

Client Concern #1:				
Client goal #1 personal/relational dynamic: to reduce (symptom):				
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease				
<i>Measure of Progress</i>				
Able to sustain:		for period of:		with no more than: episodes of:
	Enter #	<input type="checkbox"/> Weeks <input type="checkbox"/> Months	Enter #	
<i>Initial Phase Objectives:</i>				
a.				
Interventions:				
b.				
Interventions:				
c.				
Interventions:				

Client Concern #2:				
Client goal #2		personal/relational dynamic:	to reduce (symptom):	
<input type="checkbox"/> Increase				
<input type="checkbox"/> Decrease				
<i>Measure of Progress</i>				
Able to sustain:	for period of:	with no more than: episodes of:		
	Enter #	<input type="checkbox"/> Weeks <input type="checkbox"/> Months	Enter #	
<i>Initial Phase Objectives:</i>				
a.				
Interventions:				
b.				
Interventions:				
c.				
Interventions:				
Anticipated strengths:				
Anticipated obstacles:				
Client Perspective				
Has treatment plan been reviewed with client: if no, explain				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Describe areas of client agreement and concern:				

Referrals to Other Resources:

I/We have read, understand, and agree to this Treatment Plan:

Client Signature(s): _____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Minor child signature(s): _____ Date: _____

_____ Date: _____

Appendix G



RUECKERT-HARTMAN COLLEGE FOR HEALTH PROFESSIONS

DIVISION OF COUNSELING AND FAMILY THERAPY Marriage and Family Therapy Clinical Competency Evaluation

Check One: Individual/Triadic Supervisor Faculty Group Supervisor Site Supervisor

Check One: Practicum Internship A Internship B Internship C

Student Therapist Name: _____ Semester: _____

Person Completing Form: _____ Date: _____

PROFESSIONALISM & ADMINISTRATIVE COMPETENCIES (SLO-6, SLO-7, SLO-13; CC-1, CC-4)

Therapist's ability to fulfill practicum/agency responsibilities and coordinate a caseload

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets		Exceptional
		Expectations		

41. Therapist completes all paperwork requirements satisfactorily

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

42. Therapist complies with clinical setting policies and procedure

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

43. Therapist provides referrals when appropriate

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

44. Therapist is professional in interactions with peers and supervisors

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement		Meets		Exceeds		Exceptional	
		Needed		Expectations		Expectations			

45. Therapist is professional in their interactions with clients

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

PROFESSIONAL DEVELOPMENT COMPETENCIES (SLO-6, SLO-7, SLO-13; CC-1, CC-4)

Therapist's ability to use resources to promote growth and present oneself as a marriage and family therapist

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

46. Therapist uses supervision in order to grow and learn

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

47. Therapist is prepared for supervision and uses supervision time wisely

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

48. Therapist recognizes and appropriately deals with ethical issues

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

49. Therapist adheres to the AAMFT Code of Ethics and practices in accordance with Colorado state law

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

50. Therapist is aware of their own professional development process

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

51. Therapist's self-awareness allows them to recognize person-of-the-therapist concerns including their own values and personal dynamics. These are taken into consideration during work with clients to "do no harm"

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

52. Therapist is familiar with various mechanisms of change (insight, experience, language, behavioral, psychoeducation interventions) and corresponding therapy models

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

THERAPIST RELATIONAL COMPETENCIES (SLO-4., SLO-12; CC-2, CC-3)

The ability to establish and maintain a therapeutic rapport.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

53. Therapist is able to build rapport with a wide range of clients representing various demographic backgrounds

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

54. Therapist conveys respect (understanding, acceptance, warmth, compassion, empathy) to clients

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

55. Therapist uses self in establishing and maintaining the therapeutic relationship

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

56. Therapist maintains clients' engagement in sessions

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

57. Therapist works flexibly and creativity to maintain presence with clients

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
----------------	-----------------------	-----------------------	-------------------------	-------------

58. Therapist effectively uses humor and solemnly to foster an appropriate and productive therapeutic relationship

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

59. Therapist level of self-confidence allows for effective therapy

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

60. Therapist is able to see their role and influence in the system

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

ASSESSMENT & PERCEPTUAL COMPETENCIES (SLO-4, SLO-8, SLO-11, SLO-12, CC-2, CC-3)

Therapist's ability to observe patterns of interaction

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

61. Therapist observes bidirectional influence within the system and interactional patterns

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

62. Therapist is able to distinguish between the content and the process

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

63. Therapist is able to effectively use the DSM 5 in their conceptualization of client concerns

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

64. Therapist views diagnosis through a systematic perspective and in a manner congruent with their identified theory

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

65. Therapist can understand presenting concerns from a variety of theoretical orientations while working primarily within one identified theory

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

66. Therapist's assessment focuses on the entire system as the unit of treatment, even if only parts of the system are present

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

67. Therapist is able to assess external and internal stressors on the system

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

68. Therapist integrates cultural attunement when assessing clients, accounting for the influence of socio-cultural context on clients and the therapeutic process

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

CONCEPTUAL COMPETENCIES (SLO-4, SLO-8, SLO-11, SLO-12; CC-2, CC-3)

Therapist's ability to integrate observations with theory, resulting in appropriate intervention and treatment goals

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

69. Therapist bases case conceptualization upon their identified theory

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

70. Therapist develops treatment goals with client input while also basing the goals on identified theory

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

71. Therapist conceptualizes the system as the unit of treatment, even if only parts of the system are present

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

72. Therapist integrates cultural attunement when intervening with clients (race, socio-economic status, culture, ethnicity, religion, sexuality, gender identity etc.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

73. Therapist takes gender socialization and its effect on relationships and therapy into consideration

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

STRUCTURING COMPETENCIES (SLO-8, SLO-11, SLO-12; CC-2, CC-4)

Therapist's ability to appropriately direct therapy

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

74. Therapist's ability to pace the session appropriately, including starting on time and ending on time

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

75. Therapist makes sure everyone in system has time to give input and is able to engage different perspectives and manage verbal interactions in the therapy room

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

76. Therapist establishes and reviews a formal case plan with clients (if appropriate to the clinical model)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		2. Exceeds Expectations		Exceptional	

77. Therapist effectively prepares clients for termination

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

INTERVENTION COMPETENCIES (SLO8, SLO-9, SLO-10, SLO-11, SLO-12; CC-2, CC-5)

Therapist's ability to purposefully intervene to facilitate change

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Unsatisfactory		Meets Expectations		Exceptional

78. Therapist links intervention with their identified theory

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

79. Therapist is able to effectively implement a case plan

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

80. Therapist evaluates the outcome of interventions and actively monitors client reactions to treatment process.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

OVERALL COMPETENCY

Therapist's overall competence for this point in their clinical training.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
Unsatisfactory		Improvement Needed		Meets Expectations		Exceeds Expectations		Exceptional	

Strengths and growth during current semester:

Areas for further growth in subsequent semesters:

Signatures. This evaluation will be placed in the student's program file. These signatures attest that the signers have seen the evaluation and reviewed its contents. The signature of the internship supervisor attests that the trainee has completed all of the casework and associated responsibilities of the internship.

Student _____ Date: _____

Supervisor _____ Date: _____

Appendix H



RUECKERT-HARTMAN COLLEGE FOR
HEALTH PROFESSIONS

Division of Counseling and Family Therapy

CLINICAL INTERNSHIP SITE EVALUATION BY STUDENT

Please print

Student _____ Date _____

Clinical Site Supervisor _____

Site Name _____

Site Address _____

Regis Faculty Internship Instructor _____

Supervised Internship placement from ____/____/____ to ____/____/____.
(mo/day/yr)

Please rate your overall clinical experience at the Supervised Internship site.

Excellent Good Fair Poor

Would you recommend this placement to other students?

Please rate the clinical supervision received at the placement.

Excellent Good Fair Poor

Please rate the working conditions and atmosphere at the placement.

Excellent Good Fair Poor

Please comment on particular areas of strength or weakness regarding this placement site and clinical experience.

Check any item below which applies to you:

- I would like for this information to be placed in the clinical placement binder to be available to future students.

- I am comfortable with future students contacting me directly to gain information about this site. My phone number/ email is _____.

Student Signature: _____ Date: _____

Appendix I Capstone Presentation Capstone Project for MAMFT

Your capstone project is the culminating and determinative assignment of the MAMFT curriculum. It includes both a written case study and a formal oral presentation of your work with a client system. Together the paper and presentation are your opportunity to demonstrate how you work as a clinician by using a clinical case to demonstrate your efforts and ideas. As such, the focus of both the presentation and the paper should be how you work as a therapist. In doing this, you are meant to show competency in the assessment of client systems, skillfulness in formulating a clinical goal(s) in collaboration with clients, sound grasp of the ethical and legal responsibilities of clinical work, and the intentional use of effective systemic interventions. Additionally, your identity as a systemically oriented therapist should be threaded throughout the various components of your paper and presented in a way that shows you embody a clear theoretical orientation and self-awareness around person-of-the-therapist considerations. In other words, prepare to present yourself as a professional with confidence rooted in competence.

Written Case Study

Below we have provided some guidelines for how you might structure your written case study to comprehensively present your work with clients during the assessment phase, when developing goals, while intervening, and ultimately as you terminate with clients. The following is a detailed description of the components you will want to include as you write these sections. While we have provided extensive details related to each section of the capstone paper, it is important to note that you will need to be concise in your descriptions so your paper is between 25-30 **pages** (including the title page, all references, tables, and figures). Your reference list is included in the page limit, and you are required to have a minimum of 12 scholarly sources. Only the treatment plan is exempt from the page limit. If your paper is more than 30 pages, it will be returned to you and you will not be able to present your capstone.

Theoretical and Research Basis for Treatment

This section includes important context for presenting your work with the client family. Specifically, describe your *systemic* theoretical orientation, including a brief description of your theory's cornerstone concept or philosophical underpinnings and provide a discussion of current research related to the case you are presenting.

Theoretical Orientation. Presenting your theoretical orientation involves discussing the basic principles of a *systemic* theoretical model (citing original primary sources throughout this discussion). Please do not cite resources like those by Robert Guise or Diane Gehart, as these are review texts and do not offer a nuanced understanding of specific models. **Briefly** explain the following for your model:

1. Assumptions about the origin of problems (why problems occur in systems)
2. Theoretical assumptions of the model including why change happens and under what circumstances change happens (the *why* of the model)
3. Assessment specific to the model (how the model views systemic context)

4. General treatment goals of the model
5. Basic interventions of the model (the *what* of the model)
6. Commonly used techniques of the model (the *how* of the model)
7. The role of the client in this model (where is the client located in the experience i.e. as the agent of change, narrator)
8. Your role as the therapist in this model (what clinical posture you hold i.e. expert, collaborator, co-author)
9. What limitations exist for the model and what adaptations (if any) you have made
10. How well the model informs/accounts for diversity in clients' cultural identities and experiences

A critical requirement of the capstone assignment is a clearly articulated theoretical framework that underpins every aspect of your work. It is not enough to describe your theoretical orientation without then applying it throughout your capstone paper. It should be evident throughout your paper that you move from and embody the theoretical orientation in a way that is consistent with the assumptions of the model. Said differently, your theoretical orientation should emerge in all sections of your capstone because your theoretical model should frame how you went about each of the clinical tasks with your client family. Consider the difference between saying “*Emotion Focused Therapists focus on identifying attachment injuries*” and “*As an emotion focused therapist, I focused on understanding how the conflict Chris and Pat were experiencing was the manifestation of the attachment injuries they both experienced in their family of origins.*” One reflects an academic understanding of a model while the other indicates an integrated identity as an emotion focused therapist and the embodiment of the theoretical orientation. It will not be enough to simply say what clinical model you follow. Capstone requires that you present in a way that makes your emerging clinical identity clear. You are essentially using your work with one of your clients as the medium through which you demonstrate how you assess client systems, how you formulate goals with clients, and intervene from your theoretical orientation.

Integration of Research. In addition to describing your theoretical orientation, this section should include a discussion of current and related research.

1. Mention research on best practices and/or effectiveness research for a particular clinical strategy that addresses the primary concern your clients faced.
2. Cite research that indicates how common a particular phenomenon is and under what circumstances it emerges. Include research on the effectiveness of your clinical model and any contraindications supported by empirical findings.
3. Use social research (PEW, CATO, etc.) to discuss current social trends as a means of contextualizing your clients' experiences. Remember that the strongest clinicians are intentional about using clinical and social research in their work.

Case Introduction

In this section, provide the reader with information about the client system and a general overview of the structure of therapy. This involves a description of who you are working with including:

1. Each clients' constellation of sociocultural identities (age, developmental stage, racial identity, cultural/ethnic identity, sexual identity, gender identity, class background, physical ability, educational experiences, religious/spiritual affiliations, etc.). Use the RESPECTFUL model as a framework for providing this information
2. Each clients' employment status
3. How the various clients are related to each other

It is also important to include information about the structure of therapy including:

1. How many sessions you have seen the clients. Include frequency and length of sessions (e.g. weekly for 50 min)
2. Reasoning underlying length of treatment
3. In what composition(s) you saw the clients. Include reasoning for underlying compositions.

****Be sure that when you refer to specific clients you protect their identities by using pseudonyms, changing any identifiable information, and not disclosing the site name and location. Instead provide only a contextual description of the site. Please see the clinical manual on page# for additional information on how to de-identify a case.**

Presenting Complaints

In this section, you will want to include an accurate representation of what the clients said they came to therapy for help with. Clients' descriptions of their concerns are essential context for understanding a case and for your work with the client system. This section might include:

1. What each client said was the concern
2. If there was agreement among family members about the concern
3. What each client initially described wanting to get from therapy (note that this may be distinct from the clients' goal – for example, one client may state initially they want relief)

History

It is important to describe how the clients came to be in therapy and if they are in therapy of their own volition. Historical data includes:

1. Referral information – this provides information about, how the client family came to the agency, consultation with other professionals at intake, how “resourced” the client was in their community, who they considered (or did not consider) to be a resource, and whether they were a visitor, complainant, or customer of therapy
2. Your understanding of the “why now” question, meaning what precipitated their coming to therapy from your perspective
3. Whether the clients were mandated for therapy and how this impacted your work with them

Assessment

When describing your assessment efforts, demonstrate that you were purposeful and systemic in your collection of data related to the client system. To be truly systemic in your assessment, it will be important that you have assessed for and integrated any biological, psychological, and social contributors in to your conceptualization of the clients’ concerns. As a means of providing a quick and consolidated look at your assessment efforts, use and present *at least* two of the following: timeline, genogram, structural map, and/or results from a formal assessment instrument. Your choice of assessment methodologies and mechanisms should be clearly tied to your theory. Additionally, your description of your assessment efforts should include information about:

1. Clients’ expectations related to therapy and the therapeutic process
2. How the problem has impacted and continues to impact the clients’ lives
 - a. Outcomes from any formal assessment instruments you have used. If you used a formal assessment instrument, be sure to include details about the reliability and validity of the scale.
1. Unique strengths and resiliencies of the client system
2. Complete biopsychosocial for every client attending therapy
3. How broader cultural dynamics shaped the presentation of the client(s) symptoms and were contributing to the client(s) concerns. This should include how understanding the clients’ intersectional identities helped to inform how you understand the problem and how you formulate goals.
4. DSM 5 differential diagnoses for every client attending therapy and for the system as a whole. In addition to mentioning what diagnosis you used, you will want to demonstrate your thought process by addressing the following:
 - a. Describe symptom severity and level of functioning that informed your decision for each diagnosis
 - b. Describe alternative diagnosis you considered and then ruled out for each client

- c. Describe your thinking related to the costs and benefits of providing formal diagnosis for individuals in the family system
- d. Describe how you used DSM 5 diagnosis in your treatment of the client system
- e. Describe what cultural/contextual considerations you weighed as you arrived at the various diagnoses
- f. Describe how individual diagnoses might have contributed to relational concerns and how relational concerns might have impacted individual diagnosis

Provide a case conceptualization. From a systemic perspective, a case conceptualization includes your impressions of what systemic dynamics (e.g. structural features, interactional patterns, intergenerational patterns, attachment experiences, and broader cultural dynamics) are contributing to your clients' presenting problem. Your description of these patterns should clearly reflect knowledge of socio-political context, your theoretical orientation, and the language of your model.

When describing your systemic impression be sure to include a description of the primary interactional pattern between clients, an explanation of how cultural context has shaped this interactional pattern, and the hypothesized homeostatic functioning of the presenting problem.

Articulation of the primary pathologizing interpersonal pattern should include the following:

1. Description of the start of the tension in the system
2. Description of the conflict or other symptom that escalate the tension in the system
3. Description of how the system returns to "normal" (homeostasis)

Articulation of how cultural context shapes the primary interactional pattern between clients should:

1. Explain how the primary pathologizing interpersonal pattern reflects features of the broader cultural system (e.g. white supremacy, gender-based inequity, gender binary, classism)

Articulation of the hypothesized homeostatic functioning should:

1. Explain how the primary pathologizing interpersonal pattern functions for the client system (e.g. creates independence/distance, establishing influence, reestablishes connection, otherwise organizes the system)

Goal Development and Treatment Plan

In this section, you will want to demonstrate your ability to develop a plan for your work with a client system. Begin by *very briefly* describing the client(s) presenting concerns and then

describe the client(s) long term goal(s) for therapy with a corresponding short term objective(s). Each goal should simultaneously be:

1. Process oriented rather than content oriented
2. Consistent with what you presented in your case conceptualization
3. Use the language of your theoretical orientation
4. Emphasize intrapersonal/relational functioning in the system
5. Be stated in terms of the positive (what clients want rather than what they don't want)
6. Be congruent with the clients' presenting concern
7. Concrete and measurable

In this section you will also want to demonstrate that you addressed the dilemma of change with your client(s) as well as discussed the goal(s) and treatment plan with them in order to identify and respectfully address areas of agreement and disagreement. This is in the interest of showing that you developed the goal(s) with the client(s) in a collaborative fashion that honors client autonomy. Finally, complete and attach a systemic treatment plan using the provided template.

Course of Treatment and Continued Assessment of Progress

The treatment section of your capstone project is where you describe your intervention efforts (i.e. what you did to foster change for your clients) during each phase of therapy. Remember that your descriptions of your interventions should use the language of your theoretical model and reflect the theoretical underpinnings of that model in their focus. This section should address each of the following:

1. Describe how you identified which members of client system would be involved in specific tasks and stages of the treatment
2. Describe a beginning, middle, and end phase of treatment
3. Provide at least one detailed example *for each phase of therapy* that includes actions you took to foster systemic change and how the client responded to those actions
4. Include specific techniques you used (i.e. metaphor, reframing, inventiveness, creativity, humor, prescribing symptom) in your descriptions
5. Explain how you assessed the effectiveness of your interventions and evaluated client progress
 - a. This can be through the use of a formal assessment tool, through informal solicitation of feedback from the client, and/or by revisiting/revising therapeutic goals
6. Describe your working alliance with *each* client as well as the entire system including:

- a. How well you were connected with each client
 - b. How each client may have experienced you in session
 - c. Process-level observations regarding your involvement in the client system
7. Describe any collaboration with collateral systems that happened as treatment progressed
 8. Describe any advocacy efforts you made to intervene in the broader systems affecting your client(s) in order to support your client(s) change
 9. Explain what adjustments you made to your interventions and/or techniques based on cultural/contextual factors. These can include:
 - a. Structural and/or policy demands of your internship site
 - b. Unique needs of the client population served by your internship site
 - c. The socio-political identities of your client(s)
 - d. Established/cited limitations of your clinical model
 - e. Other complicating factors (e.g. medical management, involvement in legal system, broader healthcare systems impacting access to systemically oriented therapy)

Ethical and Legal Issues

Your discussion of the ethical and legal considerations of a case should demonstrate that you have identified the most salient ethical and/or legal issues of your case, that you accessed the appropriate resources for support when addressing ethical and legal concerns, and that you were able to weigh and act on various ethical demands in a way that prioritizes client well-being. To do this, describe:

1. The most salient ethical/legal concerns of the case and the decision making process you used to address them
 - a. Demonstrate how you used all of the available relevant resources (e.g. supervision, AAMFT Code of ethics, Colorado Revised Statutes, books/articles) to inform your decision making for handling each ethical/legal concern
2. What actions you took based on your decision
3. What the outcomes of these actions were and how these have informed what you would do in a future similar situation

Reflections

It is likely that you have dedicated a significant amount of time and energy outside of the therapy room to evolving and consolidating your identity as a systemically oriented therapist. Be sure that you document these efforts. In the reflection section of your capstone, you should include:

1. Person-of-the-therapist insights you had during your work with client(s) such as:
 - a. Which process level patterns you inherited from your FOO and how they manifested for you as you participated in the client system
 - b. How your socio-political identities have shaped your values, attitudes, beliefs, and primary emotions and how these manifested for you when working with the client system
2. A description of how the intersection of your own and the client(s)' socio-political identities either inhibited or facilitated the therapeutic relationship and process
3. Any missteps, oversights, and/or ruptures in the therapeutic alliance that occurred during your work with the clients and what you learned from these experiences that helped you evolve as a therapist

In the reflections section, you must also describe at least one of two of the Key Jesuit Values that were most meaningful for you as you worked with the client system. Reflection questions for the Key Jesuit Value are listed below for you to consider as you address this requirement.

- a. Cura Personalis – In what way did your experience reflect your concern for your client(s)' personal development and how did you respond in terms of promoting human dignity?
- b. Unity of Mind and Heart – How did you integrate your academic knowledge with care and compassion for your client(s)?
- c. Finding the Sacred in All Things – How did this experience fit into the notion of developing your own spiritual awareness and how you “ought to live”?
- d. Magis – What is your understanding of working towards the “greater good” and how did your work with your client help them “meet the challenges of their present circumstances?”
- e. Men and Women for Others – In what way did your work address issues of inequity and center/prioritize those with non-dominant experiences?

Case Study Presentation

Below we have provided some guidelines for how to structure the presentation of the case study you have selected for your Capstone. As context for the presentation of the case, you will want to clearly state what theoretical orientation you use and a brief explanation of the basic principles of

your model. For the remainder of the presentation, present the information in a way that follows the overall structure of the course of therapy. Specifically, start with a brief introduction of the case and then present your assessment of the system that informed your conceptualization of the case. Move to the goals you established with clients and end with interventions and techniques you used to facilitate the client(s) stated goal(s). You will also want to describe your efforts to assess your clients' progress, manage any ethical/legal concerns, and end with a brief summary of the current status of your work with the client system. As a means of concluding your presentation, you can describe your reflections about the case and your evolution as a systemic therapist. Remember that this presentation is meant to reflect the preeminent example of your work so you will want to be practiced in your presentation of this information.

Suggested time frame for presentation sections:

Statement of Theoretical Orientation	– 5 minutes
Brief Case Introduction	– 5 minutes
Assessment and Analysis of System	– 10 minutes
Goal Development and Treatment Plan	– 10 minutes
Course of Treatment and Continued Assessment of Progress	– 10 minutes
Ethical and Legal Issues	– 5 minutes
Reflections Including Regis Mission	– 5 minutes
Questions and Group Discussion	– 10 minutes

Treatment Plan

Therapist: _____ Case/Client(s): _____

Date: _____ Therapy Model Used: _____

Primary Client Configuration:

- Couple
- Conjoint
- Family
- Individual (Adult)
- Individual (Child)

Clients Also Seen As:

- Couple
- Conjoint
- Family
- Individual (Adult)
- Individual (Child)
- Group

Client Concern #1:				
Client goal #1		personal/relational dynamic:		to reduce (symptom):
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease				
<i>Measure of Progress</i>				
Able to sustain:		for period of:		with no more than: episodes of:
	Enter #	<input type="checkbox"/> Weeks <input type="checkbox"/> Months	Enter #	
<i>Initial Phase Objectives:</i>				
a.				
Interventions:				
b.				
Interventions:				
c.				

Interventions:	
----------------	--

Client Concern #2:

Client goal #2	personal/relational dynamic:	to reduce (symptom):
<input type="checkbox"/> Increase		
<input type="checkbox"/> Decrease		

<i>Measure of Progress</i>

Able to sustain:	for period of:	with no more than:	episodes of:
	Enter #	<input type="checkbox"/> Weeks <input type="checkbox"/> Months	Enter #

<i>Initial Phase Objectives:</i>

a.	
----	--

Interventions:	
----------------	--

b.	
----	--

Interventions:	
----------------	--

c.	
----	--

Interventions:	
----------------	--

Anticipated strengths:	
------------------------	--

Anticipated obstacles:	
------------------------	--

Client Perspective

Has treatment plan been reviewed with client: if no, explain

<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe areas of client agreement and concern:	
Referrals to Other Resources:	

I/We have read, understand, and agree to this Treatment Plan:

Client Signature(s): _____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Minor child signature(s): _____ Date: _____

_____ Date: _____

_____ Date: _____

Master of Arts in Marriage and Family Therapy Capstone Project Student Rubric

Student Name: _____ Date: _____ Faculty Evaluator: _____

Faculty Supervisor: _____ Site: _____

A. Statement of Theoretical Orientation (5 minutes)
Grasp of why change occurs from systemic theoretical model (i.e. Systemic understanding of the origins of and solutions to concerns)
Knowledge of primary interventions of systemic theoretical model
Knowledge of primary techniques of systemic theoretical model
Description of the client(s)' role and the therapists role from systemic theoretical model
Flexibility with regard to technique
Adjustments in use of theory based on context of client(s) and therapy services
Theoretical congruence in presentation of work
Integration of research (e.g. best practice, contraindications, support for social trends)
<i>Comments on Presentation:</i>
B. Case Introduction (5 minutes)
Description of client system and in what configuration they were seen
Description of client(s) presenting complaints
Presentation of relevant background information for case
<i>Comments on Presentation:</i>
C. Assessment and Analysis of System (10 minutes)
Description of systemic impressions of case and client(s) process
Client(s) concerns represented within systemic case conceptualization
Articulation of differential diagnostic impression for each client
Integration of diagnostic impression and systemic theoretical model
Description of bidirectional influence of individual diagnosis and relational dynamics
Client's strengths, resources, and community described
Explanation of cultural/contextual considerations weighed during diagnosis
<i>Comments on Presentation:</i>

Actions taken to appropriately manage ethical/legal concern
Description of outcomes from actions and impact on therapist's future work
<i>Comments on Presentation:</i>
H. Reflection (5 minutes)
Insights related to person-of-the-therapist
Insights on impact of intersecting socio-political identities for work with client system
Sense of self as a lifelong learner
Reflection reflects an evolution as a therapist by addressing successes and any missteps, oversights, or ruptures in therapeutic alliance
Description of Key Jesuit Values that were meaningful for therapist in work with client
<i>Comments on Presentation:</i>
I. Overall Quality of Oral Presentation
Oral Presentation
Maintained client confidentiality
Well-articulated; Easy to follow
Facility with psychological language
Presentation focused on therapist/therapist's work; case study used to demonstrate work
Adherence to time guidelines
<i>Comments on Presentation:</i>

Appendix J



Rueckert-Hartman College for Health Professions
Division of Counseling and Family Therapy
Master of Arts in Marriage and Family Therapy

Dora Verification Checklist for MFT Students

Please check the boxes as you complete the below tasks and then submit the checklist with required documents to your internship instructor. Please submit all necessary documentation to Dr. Jennifer Cates to this email address jcates001@regis.edu and [cc any relevant instructors along with your advisor.](#)

- I attest I am not a part of an active remediation.
- Master of Education certificate DORA form is attached with top portion completed and filled out.
- I have ran and attached my program evaluation from Webadvisor and have cc'd my advisor to this email. I am on track to successfully complete program requirements by end of term.
- I have successfully passed capstone.
- I am on track to complete all requirements by end of the term.

If you are taking additional courses that are required for your degree please check the box below.

- I have copied my instructor who can verify that I am on track to complete with a grade of B or higher
- I understand if I do not complete all the requirements for my degree successfully DORA will be contacted to revoke my verification.

MAMFT POST MASTER'S CERTIFICATE APPLICATIONS

Practicum Application

Practicum Applications should be completed in Tevera. To access Tevera, you must use the link provided on the **DCFT and ME** page in Worldclass <https://worldclass.regis.edu/d2l/home> . Once in Tevera, use the Site Placement workspace. To find more information about how students can access Tevera, please visit <https://knowledge.tevera.com/space/OS> . See below for an example application.



Masters of Arts in Marriage and Family Therapy Practicum Application

Application Deadlines:

- Fall Semester: July 1
- Spring Semester: November 1
- Summer Semester: March 1

Students who submit completed applications for Practicum according to the application deadlines and who meet all criteria for enrolling in the Practicum course will receive priority assignment. Students submitting Practicum applications after the published deadline will be placed on a space available basis but are not guaranteed approval for Practicum course assignment.

Notification of acceptance to a Practicum will be provided as soon as applications submitted by the published deadline have been processed. Allow at least 2 weeks from the Application Deadline date for processing your application. The assigned group supervisor of each section will provide specific information and guidelines to students registered in their sections. Students whose applications are not accepted may ordinarily reapply for the following semester, unless other pre-requisites are established as part of a remediation process, or they have been terminated from the program. Please note that students who submit a complete practicum application by the published deadline will be contacted by the Compliance Office and requested to submit to a background check.

Student Name: {document.staff}

ID#:

Mailing Address:

City:

State:

Zip:

Home Phone: {document.staff.phone.home}

Work Phone: {document.staff.phone.work}

Cell Phone: {document.staff.phone.mobile}

Regis Email Address:

Current Employer Name*:

Employer Address:

City:

State:

Zip:

Position Held:

Supervisor Name:

Do you plan to continue employment:

Yes

No

Practicum Section Preferences:

Please refer to WebAdvisor for current, available course offerings & indicate your preferred days and times for Practicum Supervision (based on section offerings listed in WebAdvisor).

Practicum sections meet once per week. You must give availability for more than one section of Practicum.

Instructor Information will not be provided, please make selections based on your availability.

*If more than one section is offered. There may be semesters where there is only one section of Practicum.

First Preference:

Please refer to WebAdvisor for available course offerings.

Second Preference:

Please refer to WebAdvisor for available course offerings.

Third Preference:

Please refer to WebAdvisor for available course offerings.

<u>Courses Completed</u>	<u>Year/Semester</u>	<u>Grade</u> (if completed)
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<u>Theories of Family Therapy</u>		
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<u>Assessment and Diagnosis</u>		
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<u>Techniques in Family/Couple</u>		
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<u>Therapy</u>		
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<u>Professional Orientation / Ethics</u>		
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<u>Counseling Techniques I *</u>		
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List other courses relevant to your preparation for Practicum:

If you can provide counseling/therapy in a Language other than English, please list language(s):

To complete your application include the following:

1. Cover letter addressing your readiness for the clinical component and your unique skills
2. Signed disclosure form for Workman's Comp Coverage
3. Signed HIPAA Privacy & Security Policy & Practices Form
4. Proof of (Active) Student Liability Insurance- Attached Copy of "Certificate of Insurance" from CPH & Associates (Student liability insurance is a free benefit of student membership in AAMFT.)
5. Clinical Orientation Certificate

I give consent for the Division of Counseling and Family Therapy to register me for practicum and/or internship.

I confirm that I have read the clinical manual and understood what I have read.

Student's Signature: Date

Internship Application

Internship Applications should be completed in Tevera. To access Tevera, you must use the link provided on the **DCFT and ME** page in Worldclass <https://worldclass.regis.edu/d2l/home> . Once in Tevera, use the Site Placement workspace. To find more information about how students can access Tevera, please visit <https://knowledge.tevera.com/space/OS>. See below for an example application.



Masters of Arts in Marriage and Family Therapy Internship Application

Application Deadlines:

- Fall Semester: July 1
- Spring Semester: November 1
- Summer Semester: March 1

Early submissions will be processed immediately. Approval for Internship will follow Practicum Faculty Evaluations. Unlike Practicum, Internship group supervision placements are based on available sections and student indicated preferences.

DEGREE:

- MAMFT

CERTIFICATE:

- Depth Psychotherapy
- Child & Adolescent
- Marriage & Family
- Military Families

Student Name: {document.staff}

ID#:

Mailing Address:

City:

State:

Zip:

Home Phone: {document.staff.phone.home}

Work Phone: {document.staff.phone.work}

Cell Phone: {document.staff.phone.mobile}

Regis Email Address:

Current Employer Name*:

Employer Address:

City:

State:

Zip:

Position Held:

Supervisor Name:

Do you plan to continue employment:

- Yes
- No

If you plan to work with children or adolescents during internship, one of the following courses must be taken prior to or concurrently with Practicum:

- a. MCPY 668 - Play in Family Therapy – offered spring & fall (first 4 weekends)
- b. MCPY 678 – Introduction to Play Therapy- offered spring (last 4 weekends)
- c. MCPY 677 - Counseling Children & Adolescents- offered summer (first 4 weekends)
- Note – It is highly recommended that you select the course that corresponds with the population seen at the specific site.

Courses Completed **Year/Semester** **Grade** (if completed)

Practicum MFT690/692

Proposed Internship Site:

Agency Name:

Program:

Agency Address:

Contact Person:

Phone:

Email Address:

Degree/Licensure:

Expires (See DORA):

**** If the Site Supervisor is NOT an AAMFT Approved Supervisor, the site supervisor will need to complete the Supervisor Qualification Form and submit it to the MFT Internship Coordinator for approval.**

Type of Clients you will work with:

If you work at an Internship site where children and adolescents are the primary population you must take one of the following courses prior to Internship:

1. MCPY 668 - Play in Family Therapy,
2. MCPY 678 – Introduction to Play Therapy
3. MCPY 677 - Counseling Children & Adolescents

*Note – It is highly recommended that you select the course that corresponds with the population seen at the specific site.

Internship Site Schedule (include days/ times if k

Start Date at Internship: (must be at beginning of a semester)

I give consent for the Division of Counseling and Family Therapy to register me for practicum and/or internship.

Include the following with your Internship Application:

1. Proof of (Active) Student Liability Insurance - Attach Copy of "Certificate of Insurance" from CPH & Associates (Student liability insurance is a free benefit of student membership in AAMFT)
2. A cover letter stating your reasons for choosing this site and describing your overall plan for completing a minimum of 375 hours (40% must be relational hours).
3. A letter of acceptance from the site
4. Site Supervisor Qualification Form and Site Supervisor Resume (if Site Supervisor is not AAMFT Approved Supervisor, a Licensed Marriage and Family Therapist or already approved as a Regis University Supervisor)
5. Verification of site supervisor's license. This may be found at [HERE](#))

Check List

By placing a checkmark next to each item, you agree it is completed and attached in your application.

- Completed application form
- Copy of "Certificate of Insurance" Exp:
- Letter of acceptance from site
- Site supervisor's license verification
- Site supervisor's resume
- Site Supervisor Qualification Form
- Cover Letter (tell us about your choice of placement & plans to attain clinical hours)

Student's Signature: Date

Practicum Faculty Supervisor Signature: Date