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INTRODUCTION

Welcome to the USU Marriage and Family Therapy (MFT) Program. We are happy to have you in this program, where we have successfully graduated 86 of 91 students in the last 15 years. Of those that have graduated, 100% have passed the national exam required for licensure. It is our hope that your experience in the USU MFT program is challenging, enjoyable, and effective in helping you achieve your personal and professional goals. This manual includes information that you will need throughout your program, including graduation requirements and guidelines. It also includes policies and procedures of our onsite MFT program and clinic. After you have read the manual, please complete and sign the Agreement to Read P&P Manual (see Appendix A-1) and return the form to the administrative assistant.

The education you earn at USU in the Marriage and Family Therapy Program will provide you with the basic educational and clinical training experiences necessary for Associate Membership in the American Association for Marriage and Family Therapy (AAMFT) and for licensing as an Associate MFT (LAMFT) in the state of Utah (as well as most other states – you are encouraged to identify the specific licensure requirements at the beginning of your program). These requirements typically take 2-4 years to complete and include face-to-face clinical and supervision experiences plus passing the national MFT examination. You can expect a broad range of agency salaries for this work, with higher income for private practice.

When you have questions, it is a good idea to start with several documents: the MFT Program Policies and Procedures (this document), the HDFS Graduate Handbook, School of Graduate Studies webpage, and USU General Catalog. YOU are responsible for understanding this information. Pleading ignorance at some point for missing deadlines or requirements will not work to your advantage (see Appendix A-2 through A-3 - Completion Tasks and Time Lines for All Graduate Degrees).

We have two master’s degrees in our program: The Master of Science in HDFS (emphasis in marriage and family therapy; MS; thesis required) and the Master of Marriage and Family Therapy (MMFT). Both degrees take on average 2 years to complete, students have a maximum of 6 years from the time they matriculate to complete all degree requirements. More information on degree requirements can be found on the Department website.

Marriage and Family Therapy Program Mission

Our mission is to prepare students to serve others as practicing marriage and family therapists. We provide a wealth of diverse and practical experiences, research opportunities, and attentive supervision. Our focus is to inspire students to excel academically, professionally, and personally. We aim to create culturally competent, ethical, and effective therapists who strive to make valuable contributions to the profession of marriage and family therapy and their communities.

The missions of the USU MFT Program, the HDFS Department, the Emma Eccles College of Education and Human Services, and USU are united in their commitment to academics,
diversity, and service. Our goals as an MFT program align with the overarching principle of USU is to serve the public “through learning, discovery and engagement.

In accordance with the established mission, goals, and outcomes of the program, all MFT faculty are dedicated to creating an environment conducive to learning and are committed to helping students gain real and learned experience to help them excel in their academic and professional endeavors.

Marriage and Family Therapy Faculty

Dr. Dave Robinson

Dr. Dave Robinson, PhD, LMFT is the Director of the Marriage and Family Therapy (MFT) program within the department of Human Development and Family Studies (HDFS) at Utah State University (USU), and an AAMFT Approved Supervisor. He worked for 14 years in the Department of Family Medicine at the University of Nebraska Medical Center as a Behavioral Health Faculty Member. He is passionate about medical family therapy and really enjoys training students to work in medical settings.

Dr. Robinson’s therapy expertise is in working with families and illness, depression, anxiety, couples (including standard couple concerns, infidelity, and pornography), sex therapy, and psychopharmacology. He works from a Biopsychosocial-spiritual/family systems perspective and has an integrative approach of narrative, intergenerational, and structural theories.

As a faculty member of the MFT program, Dr. Robinson as well as other MFT faculty members serve on the curriculum committee and are responsible in admitting, mentoring, teaching, supervising, and evaluating students. Dr. Robinson also serves on the department’s graduate committee that oversees the overall curriculum, master’s and doctoral student admissions, and student requirements. Currently Dr. Robinson teaches HDFS 6310 – introduction to theories and basic skills; HDFS 6340 – Collaborative Healthcare and Psychopharmacology; HDFS 6330 – Couple and sex therapy; and HDFS 6390 – Summer Practicum in Marriage and Family Therapy.

His research interests are in families and illness and collaborative healthcare. He really enjoys helping share the lived experiences of his participants and by so doing providing some insight into their strengths, challenges and, needs. Dr. Robinson really thrives on working with graduate students on their journey to become independent researchers. A fairly recent memorable publication was with one of his master’s degree students who did an extensive survey of couples and sexual communication. This student was awarded the AAMFT master’s degree thesis of the year award.

Dr. Robinson also serves as a Manuscript Reviewer for several journals including the Journal of Marital and Family Therapy, Journal of Systemic Therapies, Journal of the American Board
of Family Practice, Annals of Family Medicine, and Families, Systems, & Health. He also serves as the Behavioral Medicine Director at Cache Valley Community Health Center in Logan Utah.

Dr. Robinson has extensive experience in working with families and illness, collaborative healthcare psychopharmacology, assessment, and couple and sex therapy. His skills benefit the students as they begin their therapist experience and provide them with a breadth of experience they can apply in their work with individuals, couples and families.

Dr. Ryan Seedall

Dr. Ryan B. Seedall, PhD, LMFT is an Associate Professor in the Marriage and Family Therapy (MFT) program within the department of Human Development and Family Studies (HDFS) at Utah State University (USU), as well as the clinical director for the Housing and Financial Counseling program, and an AAMFT Approved Supervisor. Dr. Seedall was also chosen to be a part of the USU president’s mental health working group, tasked with evaluating ways that USU can be more proactive in helping meet the mental health needs of students.

Dr. Seedall has expertise in research methodology, theory development and application, and ways to enhance therapeutic outcomes (including supervisory elements). Each of these areas are utilized in the courses that Dr. Seedall teaches as well as in his mentoring style. Within the program Dr. Seedall teaches HDFS 6380 - Survey of Research in MFT; HDFS 6320 - Theories in MFT; and HDFS 6390 – Practicum in Marriage and Family Therapy. Dr. Seedall also teaches hybrid and online courses about diverse families at the undergraduate level.

Dr. Seedall’s program of research is to understand and improve relationship process, including both couple relationship and therapeutic processes. The overall theme of his research is to improve couple and family relationships. Dr. Seedall aims to do that through research on couple interaction and support processes, especially during adversity, as well as the impact of attachment on varying aspects of couples and families.

Dr. Seedall maintains a small private practice where he sees 3-5 clients each week from the community regarding a variety of issues while also running the Cache Valley Center for Couples and Families. Attachment Theory and Contextual Family Therapy inform how Dr. Seedall thinks about relational patterns and how he does therapy.

Since arriving at USU, Dr. Seedall has served on a number of committees including the USU Faculty Senate (2012); MFT Search Committee (2012-2013; 2015-2016; 2019-2020); MFT Re-Accreditation Committee (2012-2013; 2019-2021); and the MFT Curriculum Committee (2012-Present). Dr. Seedall has been on the editorial board of three high impact MFT journals: Journal of Marital and Family Therapy (2013-Present), Journal of Family Psychology (2015-Present), and American Journal of Family Therapy (2015-2018). Dr. Seedall has reviewed 53
articles since 2012 and was awarded the 2013 JMFT Reviewer of the Year award. In 2017, Dr. Seedall also fulfilled an assignment as an ad hoc associate editor for JMFT.

All of the work that Dr. Seedall does both as a therapist and as a faculty member at USU is anchored in the fundamental belief that humans are relational beings and that relationships form the bedrock for individual development, informing how we see ourselves and others. His goal is to foster secure bonds that promote growth. In this manner, Dr. Seedall believes there is great power in relationships to help people change, this is reflected in all the work that he does with the students at USU.

### Dr. Megan Oka

Megan Oka, PhD, LMFT is an assistant professor in the Marriage and Family Therapy Program and an AAMFT Approved Supervisor. She began teaching at Utah State in 2013, and teaches both undergraduate courses as well as HDFS 6325 – Diversity in Family Therapy; HDFS 6350 – Addictions and Violence in Family Therapy; HDFS 6355 – Play in Marriage and Family Therapy; and HDFS 6390 – Practicum in Marriage and Family Therapy within the Marriage and Family Therapy Program.

Dr. Oka’s research interests are in factors related to intimate partner violence, such as safety, attachment, power, and distortion. Additionally, she is also interested in factors related to clinical success in couple and family therapy. She has been involved in a number of Research Activities including the MFT COR Project. This a multi-site project collecting self-report, observational, and physiological data of couple and family therapy clients at four university clinics (Utah State, the University of Connecticut, Auburn University, Brigham Young University) and one community clinic. Self-report measures include variables such as family functioning, attachment, partner violence, parenting, child outcomes, anxiety, depression, and many others. As well as the Daily Diary Study. This was a multi-site data collection project where clients in couple therapy received a survey every day for the first 28 days of their time in couple therapy. Clients were asked to report on things they tried from therapy, conflict, sleep, exercise, and several other outcomes to examine how being in therapy impacts these outcomes at the beginning of treatment.

Dr. Oka serves as an Editorial Board Member for the Journal of Marital and Family Therapy and has served as an Ad Hoc Reviewer for Psychology of Violence, Violence and Victims, Social Science Research, the Journal of Marital and Family Therapy, Contemporary Family Therapy, Journal of Couple and Relationship Therapy, and Victims and Offenders. She has also served in a number of committees at Utah State University including the MFT Search Committee and the MFT Curriculum Committee.

Dr. Oka has clinical experience working with children, families, and couples. She is passionate about working with children in particular, as she believes helping a child in early life changes the course of their development. She specializes in play therapy, sand therapy, Theraplay, and
couple therapy. As well as in working with children and adults with a variety of issues, including, but not limited to anxiety, depression, trauma, divorce/separation, ADHD, behavioral problems, and families with disabilities. She believes that every family is unique and strong, and values the perspective of every member.

Dr. Josh Novak

Dr. Josh R. Novak, PhD, LMFT is an assistant professor in the Marriage and Family Therapy (MFT) program within the department of Human Development and Family Studies (HDFS) at Utah State University (USU) and an AAMFT Approved Supervisor. He teaches both undergraduate and graduate classes in HDFS and MFT, including HDFS 6390 – Practicum in Marriage and Family Therapy. Dr. Novak has experience working with statistical analysis and mentoring students as they explore statistics and various analyses. He has served on a number of Graduate Committees as well as providing undergraduate research mentoring.

Dr. Novak also serves on the editorial boards for the Journal of Couple and Relationship Therapy, the Journal of Marital and Family Therapy, and Personal Relationships.

Dr. Novak’s program of research is on the nexus of couple relationships and health behaviors, specifically with how couple processes might attenuate negative health outcomes. He is also interested in understanding how health and wellness (or lack of) influence relationship processes. He aims to understand these by studying how couple support processes (coping, communication, responsiveness, etc.) may help to improve engagement in healthy behaviors (such as diet, exercise, mindfulness, etc.) through improving emotional and mental health. Dr. Novak is also passionately curious about the processes of change within therapy that can lead to positive therapy outcomes and seeks understand the sequential unfolding of therapeutic interventions and how clients respond to them.

Dr. Novak enjoys working with both undergraduate and graduate students and aims to help push them to become better clinicians, researchers, and scholars. He has enjoyed helping students learn about the process of research and how to take projects from conceptualization to completion.

Dr. Novak has a variety of clinical experiences in which he draws from that inform his clinical work. He has been practicing MFT for the past 6 years and enjoys working with couples, families, and individuals in therapy. Dr. Novak is trained in Emotion Focused Therapy and uses attachment theory and neuroscientific principles to create and sustain change. He has worked with many couples, families, and individuals through a variety of presenting issues, including LGBTQA issues, faith crises, depression, anxiety, addiction, marriage and romantic relationship conflicts, infidelity, grief and loss, eating disorders, parent/adolescent relationship difficulties, communication troubles, sex related issues, blended/mixed families, and health related concerns. He strives to create a safe environment where individuals, couples, and
families can learn to experience a loved one or family member in a new way through openness, boundaries, and recognition of each other's emotional needs. He believes it is through this “connectedness” where healing and growth take place.

EDUCATIONAL OUTCOMES

Each member of the MFT faculty is committed to helping students reach completion of the program. The expertise of our MFT faculty will assist students in achieving the following goals which have been identified to help students acquire the necessary skills and education to ensure their success as capable and competent Marriage and Family Therapists.

Utah State University Marriage and Family Therapy Program Educational Outcomes: Program Goals

The program will accomplish the following:
PG 1: Knowledge and Research: Graduates of our program will develop a comprehensive understanding of systemic MFT theoretical models, and application of research.
PG 2: Practice: Graduates of our program will be prepared for professional practice as an MFT and successful completion of the MFT national exam and MFT licensure.
PG 3: Diversity: Graduates of our program will be culturally competent therapists ready to work in the mental health field.
PG 4: Ethics: Graduates of our program will be professionals who demonstrate an understanding and commitment to high ethical standards in MFT.
## Program Goals Table

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Benchmark</th>
<th>Assessment</th>
<th>Benchmark</th>
<th>Assessment</th>
<th>Benchmark</th>
<th>Assessment</th>
<th>Benchmark</th>
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</thead>
<tbody>
<tr>
<td>ACTS Final Evaluations</td>
<td>All students will be equal to or greater to 6 (competence) on each category.</td>
<td>AMFTRB National Exam Scores</td>
<td>80% of students who graduate from the program will take and pass the national exam within two year after graduating from the program.</td>
<td>ACTS Final Evaluations</td>
<td>All students will be equal to or greater to 6 (competence) on cultural competence score (question 9)</td>
<td>ACTS Final Evaluations</td>
<td>All students will be equal to or greater to 6 (competence) on the ethics score (question 8)</td>
</tr>
<tr>
<td>Practicum Site Evaluations</td>
<td>All students will be within or above the “meets expectations” category in 80% of the items.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Employmen t Site Evaluation of Therapists</td>
<td>80% of the students will receive at least a “meets expectations” on their employer evaluation survey (every three years).</td>
</tr>
<tr>
<td>Student Employment Rates</td>
<td>All students who choose to seek employment will be employed within 6 months of graduation.</td>
<td>State Licensure</td>
<td>80% will become licensed as an MFT within four years of graduating from the program.</td>
<td></td>
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</tr>
<tr>
<td>Employment Site Evaluation of Therapists</td>
<td>80% of the students will receive at least a “meets expectation” on their employer evaluation survey (every three years).</td>
<td></td>
<td></td>
<td>Cultural Competence Evaluation</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Client Improvement and Satisfaction Scales</td>
<td>Composite clinic scores show overall satisfaction on 80% of the Client Satisfaction Surveys from clients seeking services from the Marriage and Family Therapy Clinic</td>
<td></td>
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</tbody>
</table>
Student Learning Outcomes

Each student will:
SLO 1: Students will demonstrate the ability to integrate systemic/MFT theory into their clinical practice (PG 1).
SLO 2: Students will demonstrate the ability to interpret and integrate scholarly work into their clinical practice (PG 1).
SLO 3: Students will demonstrate competence in the assessment, diagnosis, treatment, and client management of individuals, couples, and families (PG 2).
SLO 4: Students will demonstrate cultural understanding and humility for others (i.e., clients, colleagues, faculty, supervisors, and the public) from diverse social identities and backgrounds (PG 3).
SLO 5: Students will demonstrate understanding and application of ethical principles and decision making to their clinical practice (PG 4).
# Student Learning Outcomes Table

<table>
<thead>
<tr>
<th>Course Specific Assessment Devices and Benchmarks (Formative)</th>
<th>SLO1: Students will demonstrate the ability to integrate systemic/MFT theory into their clinical practice.</th>
<th>SLO2: Students will demonstrate the ability to interpret and integrate scholarly work into their clinical practice.</th>
<th>SLO3: Students will demonstrate competence in the assessment, diagnosis, treatment, and client management of individuals, couples, and families.</th>
<th>SLO4: Students will demonstrate cultural understanding and humility for others (i.e., clients, colleagues, faculty, supervisors, and the public) from diverse social identities and backgrounds.</th>
<th>SLO5: Students will demonstrate understanding and application of ethical principles and decision making to their clinical practice.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Clinical Objective Structured Clinical Examination Course 6310</td>
<td>Average minimum score of 3 (emerging skills) on the ACTS device Assessed - Fall year 1</td>
<td>Average minimum score of 3 (emerging skills) on the ACTS device Assessed - Fall year 1</td>
<td>Overall score of 80% (competence) or higher on Paper and Presentation Rubric. Assessed - end of course.</td>
<td>Overall score of 80% (competence) on Paper and Presentation Rubric. Assessed - end of course.</td>
<td></td>
</tr>
<tr>
<td>Clinical Work and Diversity Paper and Presentation Course 6325</td>
<td>Overall score of 80% (competence) on Portfolio rubric. Assessed - end of course.</td>
<td>Minimum of 3 (“emerging skills”) semesters one through four ≥6 (“competence”) by end of semester five</td>
<td>Minimum of 80% (competence) on rubric for cultural competence Assessed - end of program.</td>
<td>Minimum of 80% (competence) on rubric for ethical decision-making model Assessed - end of program.</td>
<td></td>
</tr>
<tr>
<td>Ethical Decision-Making Paper &amp; Presentation Course 6360</td>
<td>Minimum of 3 (emerging skills) semester one through four ≥6 (competence) by end of semester five</td>
<td>Minimum of 3 (“emerging skills”) semesters one through four ≥6 (“competence”) by end of semester five</td>
<td>Minimum of 80% (competence) on rubric for cultural competence Assessed - end of program.</td>
<td>Minimum of 80% (competence) on rubric for ethical decision-making model Assessed - end of program.</td>
<td></td>
</tr>
<tr>
<td>Clinical Research Portfolio Course 6380</td>
<td>Overall score of 80% (competence) on Portfolio rubric. Assessed - end of course.</td>
<td>Minimum of 3 (“emerging skills”) semesters one through four ≥6 (“competence”) by end of semester five</td>
<td>Minimum of 80% (competence) on rubric for cultural competence Assessed - end of program.</td>
<td>Minimum of 80% (competence) on rubric for ethical decision-making model Assessed - end of program.</td>
<td></td>
</tr>
<tr>
<td>Assessment of Core Therapeutic Skills Course 6390</td>
<td>Minimum of 3 (“emerging skills”) semesters one through four ≥6 (“competence”) by end of semester five</td>
<td>Minimum of 3 (“emerging skills”) semesters one through four ≥6 (“competence”) by end of semester five</td>
<td>Minimum of 80% (competence) on rubric for cultural competence Assessed - end of program.</td>
<td>Minimum of 80% (competence) on rubric for ethical decision-making model Assessed - end of program.</td>
<td></td>
</tr>
<tr>
<td>Overall Program Assessment Devices and Benchmarks (Summative)</td>
<td>Assessment of Core Therapeutic Skills - Final Evaluation (Program &amp; Internship)</td>
<td>ACTS scores greater than ≥6 (competence) on all core skills by end of the program</td>
<td>ACTS scores greater than ≥6 (competence) on all core skills by end of the program</td>
<td>ACTS score greater than ≥6 (competence) on skill 9 by end of the program</td>
<td>ACTS score greater than ≥6 (competence) on skill 8 by end of the program</td>
</tr>
<tr>
<td>PMFTPs</td>
<td>Select MFT Core Competencies</td>
<td>AAMFT Code of Ethics</td>
<td>Select MFT Core Competencies</td>
<td>Select MFT Core Competencies</td>
<td>Select MFT Core Competencies</td>
</tr>
</tbody>
</table>
### Student Learning Outcomes with associated selected core competencies

**Link Student Learning Outcomes to PMFTPs**

<table>
<thead>
<tr>
<th>PROFESSIONAL MARRIAGE AND FAMILY PRINCIPLES (PMFTPS)</th>
<th>STUDENT LEARNING OUTCOMES (list SLOs and add additional rows as needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MFT Core Competencies</strong></td>
<td>SLO#1</td>
</tr>
<tr>
<td>Domain 1 – Admission to Treatment</td>
<td></td>
</tr>
<tr>
<td>1.1.1 Understand systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy</td>
<td>X</td>
</tr>
<tr>
<td>1.1.2 Understand theories and techniques of individual, marital, couple, family, and group psychotherapy</td>
<td>X</td>
</tr>
<tr>
<td>1.2.1 Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).</td>
<td>X</td>
</tr>
<tr>
<td>1.2.2 Consider health status, mental status, other therapy, and other systems involved in the clients’ lives (e.g., courts, social services).</td>
<td>X</td>
</tr>
<tr>
<td>1.3.1 Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors.</td>
<td>X</td>
</tr>
<tr>
<td>1.3.8 Develop and maintain collaborative working relationships with referral sources, other practitioners involved in the clients’ care, and payers.</td>
<td>X</td>
</tr>
<tr>
<td>1.5.2 Collaborate effectively with clients and other professionals.</td>
<td>X</td>
</tr>
<tr>
<td>Domain 2 – Clinical Assessment and Diagnosis</td>
<td></td>
</tr>
<tr>
<td>2.1.1 Understand principles of human development; human sexuality; gender development; psychopathology; psychopharmacology; couple processes; and family development and processes (e.g., family, relational, and system dynamics).</td>
<td>X</td>
</tr>
<tr>
<td>2.1.2 Understand the major behavioral health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course, and prognosis.</td>
<td>X</td>
</tr>
<tr>
<td>2.1.4 Comprehend individual, marital, couple and family assessment instruments appropriate to presenting problem, practice setting, and cultural context.</td>
<td>X</td>
</tr>
<tr>
<td>2.2.6. Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms.</td>
<td>X</td>
</tr>
<tr>
<td>2.3.1 Diagnose and assess client behavioral and relational health problems systemically and contextually.</td>
<td>X</td>
</tr>
<tr>
<td>2.3.6. Assess family history and dynamics using a genogram or other assessment instruments.</td>
<td>X</td>
</tr>
<tr>
<td>2.3.7 Elicit a relevant and accurate biopsychosocial history to understand the context of the clients’ problems.</td>
<td>X</td>
</tr>
<tr>
<td>2.3.8 Identify clients’ strengths, resilience, and resources.</td>
<td>X</td>
</tr>
<tr>
<td>Domain 3 – Treatment Planning and Case Management</td>
<td></td>
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<tr>
<td>------------------------------------------------</td>
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<tr>
<td>2.5.1 Utilize consultation and supervision effectively.</td>
<td>X</td>
</tr>
<tr>
<td>3.1.3 Understand the effects that psychotropic and other medications have on clients and the treatment process.</td>
<td>X X X</td>
</tr>
<tr>
<td>3.2.1 Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.</td>
<td>X</td>
</tr>
<tr>
<td>3.3.7. Work collaboratively with other stakeholders, including family members and professionals not present.</td>
<td>X X X</td>
</tr>
<tr>
<td>3.5.1. Advocate for clients in obtaining quality care, appropriate resources, and services in their community.</td>
<td>X X X</td>
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<thead>
<tr>
<th>Domain 4 – Therapeutic Interventions</th>
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<tbody>
<tr>
<td>4.1.1 Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies and culturally sensitive approaches.</td>
</tr>
<tr>
<td>4.2.1 Recognize how different techniques may impact the treatment process.</td>
</tr>
<tr>
<td>4.3.1 Match treatment modalities and techniques to clients’ needs, goals, and values.</td>
</tr>
<tr>
<td>4.3.2 Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Domain 6 – Research and Program Evaluation</th>
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</thead>
<tbody>
<tr>
<td>6.1.1 Know the extant MFT literature, research, and evidence-based practice.</td>
</tr>
<tr>
<td>6.1.2 Understand research and program evaluation methodologies, both quantitative and qualitative, relevant to MFT and mental health services.</td>
</tr>
<tr>
<td>6.1.3 Understand the legal, ethical, and contextual issues involved in the conduct of clinical research and program evaluation.</td>
</tr>
<tr>
<td>6.2.1 Recognize opportunities for therapists and clients to participate in clinical research.</td>
</tr>
<tr>
<td>6.3.1 Read current MFT and other professional literature.</td>
</tr>
<tr>
<td>6.3.2 Use current MFT and other research to inform clinical practice.</td>
</tr>
<tr>
<td>6.3.3 Critique professional research and assess the quality of research studies and program evaluation in the literature.</td>
</tr>
<tr>
<td>6.4.1 Evaluate knowledge of current clinical literature and its application.</td>
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<th>AAMFT Code of Ethics</th>
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<td>Entire AAMFT Code of Ethics</td>
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<tr>
<th>AMFTRB Examination Domains, Task and Knowledge Statements</th>
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<td>01.01; 01.03; 01.04; 01.05; 01.06; 01.07</td>
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### Domain 4- Evaluating Ongoing Process and Termination Treatment
All subsections

| X | X | X | X | X |

### Domain 5 – Managing Crisis Situations
All subsections

| X | X | X | X | X |

### Relevant State Licensing Regulations
State of Utah Administrative Code MFT Licensing Act Rule R156-60b-302a

| | | | | X |

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#### Schedule of Meetings to Review Educational Outcomes

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<th>Meeting</th>
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<tr>
<td>Student meeting</td>
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<td>Staff meeting</td>
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<td>Faculty retreat</td>
<td>August</td>
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<tr>
<td>End of the year evaluations and feedback</td>
<td>April</td>
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#### PROGRAM REQUIREMENTS

In addition to the Departmental requirements, you will need several MFT emphasis courses in order to graduate. These courses are each taught every other year and you will need to take every course that is offered each semester in order to finish your program in a timely fashion (see MFT Program and Course Sequencing information). This applies to students in both the MS and MMFT programs.

During your clinical program, you will have the opportunity to work with diverse clients in terms of family configuration, race and ethnicity, socioeconomic status, age, religion, life cycle stage, sexual orientation, and presenting problems. In your first year, you will be completing your hours at the Marriage and Family Therapy Clinic. In your second year, you will also have a field placement in the community. These Advanced Practicum placements include a variety of sites.

At least 250 clinical hours must be relational. Up to 100 clinical hours may be “alternative.” Supervision must accrue at a ratio of one hour of supervision for every five hours of clinical contact (100 total hours). You must receive supervision every week that you conduct therapy. At least 50% of supervision hours (50 hours total) must be based on “raw data”: live observation, digital/video recording, or audio recording information.

You will start the Theory of Change project in the Fall of your first year and refine it during each semester following, culminating in your last semester of coursework and a presentation of your model to students and faculty (see Appendix A-8 through A-13 – Theory of Therapy and Change Projects).
A. Advanced Practicum

All students participate in advanced practicum. During the Fall or Spring semester of the first year, students may tour potential advanced practicum sites. In the Spring semester, students—in consultation with MFT faculty—decide to which sites they wish to apply. Advanced practicum therapy hours typically begin during the summer and continue until April of your second year. Sites that have AAMFT- or program-approved supervisors will provide supervision to meet program requirements. USU faculty will provide program-required supervision for students at sites that do not have AAMFT or program-approved supervisors. All sites may require additional clinical and/or administrative supervision. Supervision at each site must meet the clinical and supervision requirements. That is, 50% of the client contact must be relational; 50% of supervision must be based on raw data; and supervision must occur at a ratio of one supervision hour for every five client contact hours. Students are responsible for making sure they receive the appropriate amount of supervision from each site. Rare exceptions may be negotiated.

B. Major Professor, Supervisory Committee, and Program of Study

You were assigned a temporary faculty sponsor when you entered the program. We made this assignment based on what we thought might be the best fit in terms of interests and goals. You may or may not choose to continue with this person as your major professor. We suggest you get to know the MFT and HDFS faculty and their interests before making a final decision about your chair and thesis committee. You are required to choose a chair at the conclusion of your first semester in the program and to finalize your committee by the end of your second semester.

The Supervisory Committee Assignment form should be submitted through the department’s administrative assistant. This supervisory committee must include at least three USU faculty members approved by the Dean of the School of Graduate Studies. For MS students, at least one member must represent your area of specialization (MFT) and at least one must be from outside your area of specialization. MMFT students may use all MFT faculty members. Adjunct faculty and other professionals can be members with the approval of the Dean of the School of Graduate Studies. The Supervisory Committee approves your Program of Study and supervises thesis research. Your major professor, who serves as chair of your committee, directs the thesis project for MS students. You can petition to switch from MMFT to MS or vice versa and also can change committee chairs or members through a written request to the MFT faculty (email letter to all MFT faculty members). However, please be aware that once you hold your thesis proposal meeting, you will be required to complete the MS degree, unless there are extenuating circumstances and a request is made in writing to all MFT faculty members.

Your Program of Study should also be completed by the end of your second semester in the program. You must include the following on your Program of Study in the section reserved for “other program requirements”: “Memo from USU MFT Program Director verifying completion of 500 clinical contact hours, 100 supervision hours, cultural competency requirement, and
successful completion of Theory of Therapy paper and presentation.” All paperwork (e.g., case closures) must be completed before hours will be verified in a memo. Programs of Study must be approved by the MFT Program Director before and after your committee approval and a fully signed copy (all signatures, including the Dean of the Graduate School) along with the checklist (see Appendix A-14 – Student Checklist) must be kept in your Program file in the MFT Locked File Cabinet.

Please read the USU General Catalog carefully for information about policies and procedures related to deadlines. You are responsible for this material.

C. Cultural Competency Requirement

Cultural competency is an important element of good therapy. The MFT Program uses the following definition of cultural competency: Cultural competency has come to represent the ability of health care providers to interact with patients who are different from themselves. This difference implies ethnicity but from a broader perspective encompasses differences that include gender, race, age, religion, culture, language, education, and socioeconomic status…. Health care providers must be able to shift from a problem or disease-focused perspective to the human and contextual perspective of the patients who they represent (Nunez & Roberston, 2006, p. 371).

D. Thesis Topics (MS Students)

Your thesis may be on any topic of your choosing with any of the HDFS faculty as your major professor. Your thesis topic should be related to Marriage and Family Therapy. Pilot studies are acceptable as thesis projects as are empirical studies related to your Theory of Change. We have a database of information from the assessment instruments that we use in the clinic. In addition, faculty members are working on their own projects, and you may be able to assist one of them as part of your thesis project. You may opt to do original research.

E. Program Attendance Expectations

Students must attend the Theory of Change presentations and monthly MFT Staff Meetings also scheduled MFT Brown Bag presentations. Students are expected to attend Colloquium or other presentations sponsored by the MFT Program and HDFS Departments. Attendance is noted toward citizenship, professionalism, and professional development. Students are encouraged to attend the AAMFT and UAMFT Annual Conferences. Conference fees at these conferences are waived for volunteer student members. The Graduate School and Department can help fund travel for students who present at conferences.

F. Student Evaluations and Assessment for Clinical Readiness

It is important that students receive regular evaluation and appraisal of their clinical work in addition to evaluation of their overall work in the program. You can expect to be evaluated by your clinical supervisors (both MFT faculty and Advanced Practicum site supervisors) at least once each semester. These evaluations will include assessment of strength areas as well as
areas that need work. You will also learn how to evaluate your own work and to identify areas that you think need particular attention. Students are asked to fairly evaluate their supervisors and to give feedback so that we can continue to improve the program and students’ educations.

Before you may begin seeing clients in clinical interviews, you must be approved by the faculty. During your first semester, you take HDFS 6310, *Survey of Marriage and Family Therapy Theory*. This course includes activities that prepare you for clinical work. Examples include role-play, volunteer family interviews, and observation of therapy in the clinic. At the end of the semester, the instructor evaluates you on your readiness to conduct clinical interviews using the Assessment of Core Therapeutic Skills (ACTS) and an Objective Structured Clinical Exercise (OSCE).

The data from these evaluations are discussed with you and the instructor of the Spring practicum. You are allowed to begin clinical work when the faculty assesses that you are ready. Students with deficiencies are provided remediation. Severe deficiency is discussed among the four clinical faculty and then with the student to determine appropriateness for the program or remediation.

### G. Student Governance

Students have an important role in the governance of the program. In addition to informal feedback provided by students, we have implemented four formal procedures for soliciting feedback.

First, students provide feedback at the end of each semester. As their practicum supervisor meets with them to discuss their academic and clinical progress, s/he asks what the faculty and program can do to better meet their needs.

Second, students provide anonymous feedback using the Annual Current Student Survey administered through Qualtrics. In this survey, students report on their overall experience and provide written suggestions of how to improve the program.

Third, students provide feedback annually to the program director, Dr. Dave Robinson, during an exit interview at end of each Spring Semester. During this interview, students are asked about positive aspects of the program as well as things that could be improved.

Fourth, four student representatives are elected each year (two from each cohort) to regularly gather information and feedback from students to present to faculty in our monthly MFT Staff Meetings, which are attended by all MFT faculty, staff, and students. Students may discuss issues with student representatives, or they can bring up issues directly during this meeting.

### H. Student Privacy

The MFT program follows the rules and regulations of the Family Educational and Rights Privacy Act (FERPA; see [http://www.usu.edu/registrar/htm/ferpa](http://www.usu.edu/registrar/htm/ferpa) for more information). This Act requires that we maintain the confidentiality and privacy of your records. The program
maintains two files for you that are locked in the MFT File Cabinet in Room #339. One file contains files related to your admission to the program. The other file contains files related to your progress in the program as well as copies of your monthly records of clinical and supervision hours and the accumulative records of your hours. No one except program personnel and you may view these files. The administrative assistant can help you access these files.

The MFT faculty as a group maintain confidences that students bring to them. Material shared during supervision and otherwise is confidential and private unless (a) the student decides to share the information with others, or (b) the faculty members believe that, unless shared with others, some harm could come to you, other students, the faculty, clients, or the program. All efforts will be made to discuss this with you. Information or concerns that students bring to one faculty member about another faculty member will not be held in confidence if doing so would be harmful to the student, other students, the faculty, clients, or the program.

I. Discrimination

The USU MFT Program and MFT clinic does not discriminate based on race, ethnicity, gender, marital status, religious affiliation, sexual orientation, or socio-economic condition. In accordance with Policy 305.1 in the USU Code https://aaeo.usu.edu/non-discrimination, we are committed to providing an environment free from harassment and other forms of discrimination based on race, age, gender, ethnicity, sexual orientation, relationship status, gender identity, socioeconomic status, disability, health status, religion, spiritual beliefs, affiliation, or national origin with regards to recruitment, admission, codes of conduct, hiring, retention, or dismissal of students, staff, faculty, or supervisors. We treat everyone with respect and care.

J. AAMFT/UAMFT Membership

As part of your development as a marriage and family therapist, you must become a member of AAMFT and UAMFT and submit verification to the program administrative assistant by September 15 of each year you are in the program. Your grade in HDFS 6310 (first year) and HDFS 6390 (second year) will be reduced by one whole grade if your membership is not verified.

K. AAMFT Core Competencies

All students should refer to specific core competencies noted in the Educational Outcomes but should also familiarize themselves with all of the AAMFT Core Competencies. These can be found at http://www.aamft.org/imis15/Documents/MFT_Core_Competencie.pdf

L. Post-Graduation

Part of our goal to administer a high quality MFT program is being able to track post-graduate outcomes and thereby demonstrate that our students are successful even after completion of their degree and graduation. In addition to the numerous ways that we assess educational
outcomes during and at the conclusion of the program, we also will track performance rates in terms of graduation, job placement, employee performance evaluations, passing the MFT licensing exam, and MFT licensure.

In order to make this a simple process, we will send out annual surveys for you to complete one and two years after you complete the program. After the first alumni survey, we will request to contact your current employers and solicit feedback regarding your performance and our training.

If you have plans to work in another state, we encourage you to review the licensing requirements for that state at the beginning of the program. Please seek guidance from the faculty if you have questions. Individualized programs of study can be used to address most potential concerns. After you graduate, Utah state law requires that you practice therapy under appropriate supervision as part of your advanced training requirements in preparation for licensure.

After completion of your degree, within the State of Utah, to become licensed as a Marriage and Family Therapist you must complete 4,000 hours of supervised Marriage and Family Therapist training. Of those hours, a minimum of 1,000 hours must be direct client therapy hours with at least 500 hours being couple or family therapy with two or more clients participating in therapy and at least one physically present. You will also be required to receive at least 1 hour of supervision from an approved supervisor for every 10 therapy hours completed totaling no less than 100 hours. Additional information and required forms can be found at https://dopl.utah.gov/mft/.

M. Technology Requirements

Our MFT program typically requires access to a computing device (desktop/laptop) and internet access to do work for your courses as well as clinical work (e.g., case notes, etc.). Access to these resources are widely available. There are computer labs with the appropriate software that are accessible for course work. There are also Chrome books that can be checked out to do case notes. The USU IT website (it.usu.edu) is a helpful website that can give more information about technical recommendations for technical devices and software. You can also receive technical support from that website.

N. Authenticity of Student Work

As stated in the student code, “Each student has the right and duty to pursue his or her academic experience free of dishonesty. The Honor System is designed to re-enforce the higher level of conduct expected and required of all Utah State University students.” You have also all signed the Honor Pledge, which states, “I pledge, on my honor, to conduct myself with the foremost level of academic integrity.” Academic dishonesty will not be tolerated in our program. Any form of academic dishonesty will result in a zero for the assignment and a report to the University. It may also result in additional consequences that will occur on a case-by-case basis. Academic Dishonesty is defined in the USU Student Code https://studentconduct.usu.edu/studentcode/article6. To further your knowledge and
commitment to ethical practice, you will be required during the program to receive CITI training regarding the ethical conduct of research.

**O. Technical Training for Students, Faculty, and Supervisors**

The USU Academic Success Center ([https://www.usu.edu/asc/](https://www.usu.edu/asc/)) provides a wide range of learning assistance resources for students, faculty, and supervisors both online and in person through workshops, online tutorials, and training. Students may also access additional technology-related resources through the Disability Resource Center ([https://www.usu.edu/drc/](https://www.usu.edu/drc/)) and through the USU Writing Center ([https://writing.usu.edu](https://writing.usu.edu)).

**P. Grand Rounds**

Grand Rounds educate students on how they can provide opportunities for their clients and help implement treatment plans with an interdisciplinary care team. Grand Rounds are facilitated by practicum supervisors in the building. Grand rounds meet every 3rd and 4th Tuesday of the month from 12:00-1:00. All first year students are required to attend Grand Rounds.

**Q. Incident Reporting**

The SCCE/USU incident reporting is used to record details of an unusual event that occurs at the facility. Anyone can fill out an incident report. Please ensure that the appropriate individuals receive the report such as a Director, the Security Officer, or a Supervisor. Occurrences related to a client, student, or employee that may require an incident report are things such as a fall with injury, someone is threatening others, someone touches others without their consent, someone damages SCCE property either intentionally or unintentionally, or an unauthorized person enters a secure area. If a HIPAA policy or procedure are not followed an incident report needs to be fill out and given to the Security Officer, Joni Black. For a Title IX incident, the University requires all employees to file an incident report for sexual misconduct, harassment, or discrimination.
INTRODUCTION TO THE MFT CLINIC

The Marriage and Family Therapy (MFT) Clinic of Utah State University (USU) began in 1993 as a service to the community and as a training center for MFTs. In August of 1993, the USU MFT Clinic moved into the remodeled Home Management House, renamed the Family Life Center (FLC), located at 493 North 700 East, Logan, UT, down the hill from Old Main Hill. In May 2018 we moved to the NEW Sorenson Center for Clinical Excellence and it is handicapped-accessible. The SCCE also houses clinical services for many different clinical departments from within Utah State University.

A. Staff and USU MFT Clinic Services

Services are provided to USU MFT Clinic clients by graduate student therapists under faculty supervision. The Clinic provides therapy for individuals, couples, and families experiencing individual and relationship problems. The Clinic defines "family" and "couple" broadly. The Clinic also provides clinically relevant research opportunities for faculty and students of the USU MFT Program.

B. Hours

The Clinic has reception generally available during regular office hours and some evenings, excluding University holidays. Reception may be available at other times. However, reception is not always available and you should not expect someone to be at the desk at any time because of vacations, errands, illness, and lack of availability.

C. Therapist Availability

We expect the staff to be able to contact you within a reasonable amount of time. We do not expect you to take calls during class or sessions, but you need to respond to messages within a few hours. Therefore, it is important that you have available phones or check messages frequently and be able to respond. Failure to be available or have explicit backup when you are seeing clients is unethical and will result in a remediation plan.

D. Scheduling Conference Rooms

The conference rooms are a designated classroom and meeting rooms for the University, and many department courses are taught here. The EMS scheduling system is how to schedule the conference room for uses other than classes. You can make a reservation online at scheduling.usu.edu to schedule a conference room for study groups, proposal meetings, etc. We do share this space with other programs so please make sure it is clean when you are done.

E. Phones

1. Available Lines
The general MFT number and the only one given to clients is (435) 797-7430. This line has voicemail. FAX # (844) 308-5865, is for the SCCE FAX machine located on the first floor. One line in the phone room #320, (435)797-7435, is for student use. Do not give this number to clients it does not have voicemail.

2. Long Distance Phone Call Policy

Long distance calls charged to the MFT program are permitted for clinic business only! Dial 9 – 1 then the phone number.

F. Clinic Voicemail

1. Policy

Voicemail allows our clients to have contact with the clinic when no one is available to answer the phone. The program administrative assistant and work studies will monitor the voicemail and will let you know if you have messages from clients.

2. Procedures

1. Clients are informed that the Clinic has voicemail so that they can communicate with us. It is a good idea, however, to remind them during their initial visit and at other times that if their situations are more urgent, they should call 911 or go to an emergency room.

2. 435-797-7430 voice mail answers the phone whenever no one is available or the line is busy. The program administrative assistant takes care of intake calls, messages, etc.

3. Use the following procedures for communicating phone messages:

   a. Cancellation messages will be put into the PnC calendar and will alert the therapists. An email will also be sent if you are out of the SCCE.

   b. Requests for intake appointments and other messages are processed by the administrative assistant. Requests for appointment changes are referred to the appropriate therapist. Each student will provide their clinical schedule at the beginning of each semester. The administrative assistant will make the changes in PointnClick and put the message in the comments section of the appointment.

If a situation is urgent, the administrative assistant will first attempt to contact the client’s therapist. If the therapist is not available, the administrative assistant will contact the faculty supervisor and then any of the clinical faculty for advice. Therapists involved in crisis situations must consult with faculty as soon as possible.
G. Building Security

1. Key Deposit and Return Policy

You will be issued a key, an ID badge, and a Prox card that is needed for identification and to open the doors to the MFT clinic on the 3rd floor. A $25.00 deposit is required for the key. The deposit will be refunded when the key is returned to the Key Office after graduation (east of Aggie Ice Cream). The Prox card and ID badge will also need to be returned after graduation to the HIPAA Privacy Officer, Joni Black (SCCE 461).

2. Safeguarding Building Security

For your own protection, the protection of others and the security of the SCCE digital equipment and recordings, please follow some simple guidelines:

1. When not in use, all lights and equipment should be turned off in each room. Please get in the habit of turning equipment off each time you use it, especially if you are the last therapist of the day.

2. The hallway door must remain locked at all times, you will need the key to enter.

3. Act as if you are the last one in the building, turn off the lights.

4. When no one is available to receive clients/guests. If you are expecting clients and there is no reception person, you should stay near the lobby to receive your clients.

H. Mail Slots and Messages

All students have hanging file folders in the Note Room, located in the filing cabinet. Messages for staff are put in their respective mail slots. The administrative assistant does not routinely call students about messages. However, the administrative assistant will get the message to you by telling you in person, emailing the message, or posting it on PnC Calendar. The administrative assistant will call you in the event of a more urgent situation. Students are responsible for making sure the administrative assistant knows how to reach you in such situations.

I. Window Blinds

For confidentiality reasons, do not open window blinds during therapy sessions. Please make sure window blinds are shut prior to sessions.

J. Waiting Areas

The main client waiting area is located on the 3rd floor. Please remember to safeguard client confidentiality by not discussing cases in the waiting areas, hallways. When your clients have
children they MUST be supervised they cannot leave a child unattended in the waiting area, you and the parents are responsible for seeing that they do not disturb others in the building.

K. Computers/Chrome Books

The computers are in the Note Room and Chrome Books must be checked out at the Reception desk are for student clinical and academic use. These are periodically cleaned of personal files, so do not use these computers to store your academic or clinical files. If you need to print anything for clinical purposes, please feel free to use the copy machine in the 3rd floor work room (behind reception). The printer in the research room is just for printing 1-4 pages of clinically related documents. If you need to print other items, please use the TSC copy center or your own personal printer.

Do not load software onto any computer in the Note or Research Room without permission. Do not store identifiable client information on any computer or hard drive (use www.box.com instead). Inform the clinic coordinator or program director of problems with the computers or printers as soon as possible.

L. Therapy Rooms

The SCCE has many therapy rooms with observation. They are all handicapped accessible. Most rooms are equipped for live observation and supervision. All rooms have digital recording capability and are suitable for the playback of recorded sessions. Rooms must be scheduled on the EMS calendar. Never enter a therapy room without first checking at the reception desk to see if the room is occupied. Do not use any other rooms for therapy.

M. Appointments

Please email your appointments to the administrative assistant to be put on the PnC calendar weekly. Be respectful of therapists using the room after you by ending sessions on time. Be sure to let the administrative assistant know whenever there is any change to the appointment by email. To maximize the number of therapy sessions we can have, please schedule therapy sessions on the hour. Do not delete the appointment in the calendar. In the PnC calendar check the comments for information about appointment and the date and the initials for who made the change. On practicum nights, rooms are reserved for use from 3-6 PM. Use client last name in PointnClick calendar. When clients come for a session, client will be “Checked In” on PointnClick and client will pay for the session and fill out the assessment on the iPad.

N. Client Fees

Client Fee will be set up during the first session, the Fee Agreement must be filled out and signed. The fee amount will be entered into PnC by the administrative assistant and the amount will be paid each week after the client has checked in. Please do not discuss amount charged for the session in the main office, where other clients can hear. If the client needs to change the fee amount you need to discuss this with the program director and change the fee agreement and let the administrative assistant know to change the amount in PnC.
O. Digital Recording and Editing Equipment

We have expensive digital recording equipment in the SCCE. You will be trained in the use of the recording equipment. Report problems to the SCCE building coordinator Katelyn Oliver 797-0179 or katelyn.oliver@usu.edu immediately. Please check the equipment to be sure it is turned off each night.

P. Toys for Children

For Child or Play Therapy children’s books and toys are located in the 333, 341 and 349 therapy rooms. You are responsible to return toys and clean up the counseling room when you are finished by putting everything in its proper place. Please vacuum up any sand.

Q. MFT Library

The MFT program has used funds generated through client fees to purchase books and other materials that may be useful to students. Some books (APA manual, DSM, etc.) are purchased as general references. Do not remove reference books from the building.

MFT Library books are located in administrative assistant’s office room #423 and in the 3rd floor storage room. Some books are purchased for student use and may be checked out using the black binder in the administrative assistant’s office. Please show respect for others by keeping the books for only a couple of weeks at a time before returning them to the clinic and checking them back in.

Audio and video recordings are available for checking out. They are located in the Storage Room (Make sure you sign these out with the administrative assistant).

R Marketing

All students will market the clinic for 20 hours during the course of the program (5 hours during each Fall and Spring semester). Activities including posting flyers, talking with media (e.g., newspaper stories), radio or TV interviews, etc. Hours will be recorded each month and reported to practicum supervisors.

CLIENT-RELATED POLICIES AND PROCEDURES

A. Confidentiality

1. Professional, Legal Duty and HIPAA Training

Client confidentiality and privacy are of the utmost importance at the Sorenson Center for Clinical Excellence. By state and federal (HIPAA) law and by ethical practice, we provide our clients with privacy and confidentiality and we secure their PHI identifiable medical
information to the extent required and allowed by law. *Always contact your case supervisor when you have questions regarding confidentiality and professional ethics.*

We take confidentiality very seriously and will not tolerate lax behavior. You must not leave case notes or view digital recordings where others may see them. This includes the conference room during practicum, observation rooms, the computer/note room, the administrative assistant's office, or any other place other than a locked filing cabinet. Consequences will be immediate: On the first offense, you will write a 3-page paper (10 references) and potentially lose a letter grade from practicum (supervisor discretion); on the second offense, a letter grade will be lost; a third offense will lead to a charge of serious deficiency and a remediation plan.

You will be required to have HIPAA training every Fall and the Training form must be completed and turned in the Administrative assistant, then you will be trained to use PointnClick (Calendar, Client file, Case notes, Registration and Billing)

**Sound machines must be used whenever you are in session.**

2. **Case Progress Notes**

Case progress notes are required of all therapists seeing USU MFT Clinic clients. They are written at the conclusion of every therapy session conducted by you at the USU MFT Clinic. These notes, along with assessment, post-test, and release form material, as well as correspondence, constitute the official record of each case seen at the USU MFT Clinic.

Official records are often targeted by subpoenas. Thus, notes must be written in a manner sensitive to the consequences of the release of such material to a third party.

Case progress notes **must be completed** for each therapy session and for each phone call that is therapeutic in nature. Case notes need to be completed **within 48 hours** of the therapy session. Waiting longer than that to complete notes is unprofessional, even if you have hand-written notes from the session. Progress notes **must** be reviewed and signed by your Practicum supervisor. Failure to keep your case notes current will result in a reduction of your practicum grade. Chronic failure to keep case notes current will result in a formal remediation plan, which if not corrected, could lead to dismissal from the program.

3. **Client Files**

Active client files with assessment information and progress notes are kept in the filing cabinet in the Note Room. Files must be kept in the locked Note Room filing cabinet unless in **direct use. Do not** leave them where anyone could casually see them, including the Note/Research room (used by work-study students).

4. **Recording of Therapy Sessions**
We are fortunate to be able to produce high quality digital recordings of our sessions at the USU MFT Clinic. The recordings are used by you and your supervisors for case review and research. Recordings contain an extraordinary amount of information and, if released inappropriately, would violate clients' privacy and right to confidence. You should never allow friends, family, or non-USU MFT Program therapists to view the recordings without appropriate releases. Our initial recording informed consent form allows therapists to store recordings for short-term supervisory use. All persons 18 or older who appear in a recording must sign the release form(s). It is respectful to obtain the signature of those under 18.

Clients who are reluctant to sign informed consent forms should be given referrals elsewhere. It is our policy to not do therapy with clients who are unwilling to be observed or recorded since all therapy must be available for supervision.

5. Observation of Therapy Sessions

Observation of therapy sessions is limited to USU MFT Clinic supervisors and USU MFT Program members. No one else should be allowed to observe sessions without the approval of the program director. Clients unwilling to be observed should be given referrals elsewhere. It is the policy of our training program and Clinic that all therapy sessions are open to digital recording and observation. No exceptions are allowed.

6. Therapeutic letters and communication

Information (e.g., letters, etc.) sent out must be reviewed and approved by your supervisor or the Program Director before sending. All letters or mailings going out on MFT stationery must have the specific approval of the program director and faculty supervisor.

7. Referral and Other Professional Interaction

All client information is held confidential with certain exceptions as required by law (see below). Except when mandated by law, do not reveal client information, including their names or acknowledgment that they are clinic clients, unless a signed release for information form is obtained (see Appendix A-24 – Authorization to Release Professional Information). In those instances where you find it valuable to contact a referral source or other professional for information and consultation (or they contact you), you must obtain a special signed release for information. The family has the right to know and approve the release of any information related to their treatment, including the fact that they are in therapy. All clients on the treatment record should provide authorization for any information to be released. When using a release of information, make sure to keep the original in the client file. A copy should be sent to the person from whom information is being requested. Client ID should be on all forms. Always consult a supervisor before revealing any information except in an emergency when a supervisor is not available. Any information release outside the clinic must be signed off by the program director or practicum supervisor.
a. Informed Consent for Treatment

The basic informed consent form explains the nature of therapy and authorizes the digital recording and live observation of therapy sessions, and optional release for use of assessment data in research. All people age 18 and over who participate in therapy must sign a release form. It is respectful to ask those under 18 to sign.

b. Copies of Case Notes or Digital Recordings

If clients want copies of their case notes, we must have a written release for each individual who participated in the therapy. We require picture ID and the signature of the Program Director. Digital recordings are used only for supervision and research purposes. They are not part of the client file and therefore are not available for release.

8. The Limits of Confidentiality as Defined by Law
   a. Risk Assessment

   Risk assessment procedures are designed to assess for serious risk of harm to self or others. Involving family members or friends in safety plans is important and hospitalization should be considered only when you deem that the risk is imminent (ideation, plan, and intent present) and a realistic safety plan— with a safety watch—cannot be completed.

   Be sure to fill out a risk assessment document and safety plan for the client’s record. If you discover or assess for harm to self or others, or domestic violence, refer to our website, the Appendix (A-16 through A-23) in this document, or laminated protocols in the observation rooms. The Citizens against Physical and Sexual Abuse (CAPSA) crisis line is (435) 753-2500. Make sure that clients who may be in danger know this number. Fill out a risk assessment form for the chart.

   b. Child & Vulnerable Adult Abuse

   In order to provide protection for dependent people, Utah law requires that any person who has first-hand information that (a) a child or vulnerable adult has been abused or neglected; or (b) a child has witnessed domestic violence, this information be reported to the Division of Child and Family Services (435-787-3400) or the police. We can be prosecuted if something happens and we have not reported our suspicions. The law establishes immunity from liability for breaking client privilege to confidentiality for those persons who, in good faith, report child or vulnerable adult abuse or neglect. Each county has a special telephone listing under "Child Abuse - Youth Services" (Listed in US West Directory under Utah State Govt., Human Services, Division of Family Services)—435-787-3400 in Cache County. Our duty is to report suspected abuse, not to investigate or substantiate it. After the report, you must have client permission or a court order to release any information or discuss the case with anyone.

   c. Danger to Self and Others: Duty to Warn
Duty to warn is one of the special situations allowed by law to break client privilege to confidentiality. Clients who score 2 or 3 on the PHQ-9 on those items must have a formal risk assessment and safety plan completed and filed in the client’s chart. Most cases are not clear and require consultation. Duty to warn requires that we notify potential victims (or relatives in the case of self-harm) and appropriate authorities. Tell the client of your duty, establish a contract, and notify others as necessary. Document your actions in writing for the client file.

Violence and suicide assessment protocols are on our program website. Shorter versions of the protocols are in the Appendix (A-16 through A-23) and also can be found in the observation rooms.

d. Subpoenas and Court Orders

Client release is waived when the notes are subpoenaed by the court. Always contact the program director before responding to a subpoena. Most subpoenas are not court-ordered and need clarification to determine what information may be released. Client release may also be waived under conditions of mandatory reporting and duty-to-warn situations. Clients (except in rare circumstances with faculty approval) should be informed of reports and subpoenas. You should explain the purpose and reason for the report or subpoena, explain likely procedures, and offer to help the family through the process. Always consult your supervisor when any questions or concerns related to mandatory reporting or duty to warn arises.

e. Notification of Supervisor

Whenever you encounter a case-related emergency such as those described above, it is required that you consult with your supervisor immediately prior to making any reports. Also, be sure to document all actions taken by you in response to the emergency.

B. Intake Process

The script for client intake phone calls are in a folder marked “MFT Client Intake” on the administrative assistant’s desktop and in a file in the MFT drawer in the reception area.

1. The procedures of the clinic will be explained to potential clients in the initial phone call.

2. If the caller does not want to use our services, s/he will be referred to other community agencies/therapists if desired.

3. If the caller does want to use our services, the initial appointment will be scheduled and client’s important personal information PHI will be obtained.

4. Each therapist will provide the administrative assistant with their availabilities each semester. The administrative assistant will use these times for assigning a client to a therapist. **You will not be assigned new clients until your schedule is updated each semester.**
5. Cases are assigned to therapists depending on their client loads unless otherwise specified by the practicum supervisor.

6. Therapists must make themselves available for various appointment times -- daytime and evening.

7. Pre-prepared intake folders will be put in the assigned therapist’s hanging folder in the locked filing cabinet in the Note Room.

C. Initial Appointment Procedures

1. The program administrative assistant will set up the initial appointment. As soon as possible, the therapist must contact the clients to confirm the appointment, answer questions, and determine who should attend the first session.

2. Make sure that all the paperwork you may need is in the folder: Informed Consent for Treatment, Privacy Notice, Fee Agreement and Schedule, Authorization to Release form, contact sheet and research form. MFT Clinic will send Intake paperwork and Assessments on Qualtrics.com by email before the first appointment.

3. Initial Appointment:
   a. The front desk receptionist will typically greet the clients, welcome them, explain our procedures, explain our research, and help them fill out the informed consent for research. This person collects any informed consents for research from the client, signs as the witness (must be someone other than the therapist), and then prepares for filing. This person then checks in the client, client pays for 1st session, PnC will let the therapist know their clients have arrived. The therapist then greets the clients and takes them to the therapy room they will be using for therapy.

   b. The therapist explains the procedures of the clinic to the clients. They should have been told over the phone about the one-way mirrors and the recording, but should be explained again. Ask if they are willing to come to therapy under these conditions. If they are not, discuss possible alternatives with them.


   d. Criteria for Reducing Fees: Please remember that you MUST receive the OK of your supervisor to reduce fees. Do not offer a reduced fee to clients. They need to ask for this on their own and their request will be considered. Some of the reasons that clients may have fees reduced:
      a. Financial problems from a failing business or unemployment
      b. Health problems that are costing medical or related (e.g., travel) expenses
      c. Family members with special needs that cost extra
      d. Children in college
**Do not reduce fees on your own. Consult your supervisor.** When you show the fee chart to clients and they respond that they cannot afford the fee, ask them for the extenuating circumstance and for what they think they can afford. Tell them you will discuss it with your supervisor and that you will get back to them the next session. When a fee is changed you need your supervisor approval and client must sign the fee agreement form, let the administrative assistant know of the change and the adjustment will be changed in PnC.

e. Explain that the purpose of the initial appointment is to get some basic information to let them know about the clinic, to let you get acquainted, and to learn more about why they are here.

f. Refer to the information filled out by the clients on Qualtrics.com. Verify and complete missing information.

g. Using the form and information from your interview, determine whether any of critical items require consultation with a supervisor.

h. If any of the points in (g) are an issue, you must consult a supervisor before agreeing to continue therapy. If no supervisor is available during the session, tell the clients that you will review the case with a supervisor and discuss appropriateness for our clinic during their next appointment or by phone. Explain that some cases require resources that we cannot provide and that you will discuss this with them. Do NOT continue the interview with a couple if domestic violence is severe and ongoing. If necessary, assist with safety plans and information related to CAPSA and police. See Appendix (A-16 through A-23) for protocols for assessing violence and suicidality.

i. After gathering basic information and asking clarifying questions, ask the clients if they have any questions about treatment. Conduct the remainder of the interview and assessment as you wish, making sure that you go over the assessment instruments and scores with them. If they want to continue, schedule another appointment.

**D. Practice Issues**

1. **Liability Coverage**

All student therapists are covered by the University liability insurance policy when they are seeing USU MFT Clinic or Advanced Practicum clients. Students must be registered for at least one (1) credit hour each semester for liability purposes. Program requirements are 2 credits each semester starting the 2nd semester of the 1st year, accruing to 8 credits. You are also covered by your AAMFT student membership insurance which you must renew each year.

2. **Supervision**

All cases at the MFT Clinic must be supervised and case notes signed. You MUST submit a weekly case summary to your practicum supervisor. Practicum supervisors must be kept
apprised of all case activity. The focus of our Clinic is to provide good therapy while still providing a good learning environment; the faculty is here to make sure that happens. Remember that this is a training center and that accountability rests with the faculty. You should never be concerned that your questions are trivial or that the faculty will think badly of you for wanting to check something out. All concerns related to abuse, violence, ethical or legal concerns, or any other tense or potentially dangerous situations should be discussed with a supervisor as soon as possible. Even when you are sure that you are handling a case appropriately, you should inform your supervisor. In this way, we can facilitate the best therapeutic and learning environment, maintain consistency in the way that we handle various situations in our Clinic, and be sure that we are operating safely, legally, and ethically.

3. Supervision of Therapy and Case Notes

All therapy at the SCCE MFT Clinic must be supervised and case notes signed by a supervisor. Students must be supervised each week that they are clinically active, including breaks when there is no practicum class. Practicum supervisors will arrange times for supervision, and all students who are seeing clients during that time must be supervised by an AAMFT Approved Supervisor.

4. Professionalism

You are expected to present yourselves professionally at all times in the SCCE MFT Clinic. This includes appropriate dress, grooming, and demeanor. You should be at the clinic no later than 15 minutes prior to your sessions. This will allow you to prepare mentally for the session and consult file notes as needed.

5. Dress Code

Professional dress is expected whenever doing therapy and on practicum nights. Students are expected to dress and appear professional. Clothing should be modest, clean, pressed, and in good repair, without holes, rips or tears. Immodest or cut off clothes are not permitted. Unacceptable clothing and footwear include pants with rips or tears, mini-skirts, baseball hats, non-dress T-shirts (no silk screens, or logos) sweat pants/shirts/hoodies, athletic or track clothing, tight or revealing clothing, beach-type footwear made from foam, rubber, or similar material suitable for recreation, flip-flops, Velcro sandals, etc. Students must manage personal hygiene habits to control for cleanliness and avoid offensive body odors. Overpowering perfume, cologne or lotions should not be used since many clients and coworkers’ allergies may be irritated by the chemicals. Students may wear tasteful jewelry in moderation. Jewelry, if worn, should be professional and not excessive. Earrings and small studs for facial piercings are permitted as long as they do not distract from the professionalism of the clinic. Hair should be clean, combed, and neatly trimmed or arranged. Unkempt hair is not permitted. Sideburns, mustaches, and beards should be neatly trimmed. No visible tattoos or other body art shall be permitted in the clinic. Exceptions may be made for tattoos or body art that cannot be reasonably covered. Any concerns or questions about the dress code should be discussed with the program director.
E. Special Situations

1. Therapist Availability

Therapists are expected to be available to their clients. Starting in May of your first year, you are expected to have at least one evening available for your clients. Therapists do not give their home or cell phone numbers to clients. You are expected, however, to be accessible to receive email and phone messages from the clinic and to designate a back-up therapist when you are going to be unavailable.

2. Teammates and Backup

During your first semester of therapy (Spring), your faculty practicum supervisor is required to be behind the mirror. After that, you are required to have a therapist teammate behind the mirror until your supervisor approves otherwise. Be sure the teammates’ names are recorded in the comment section of the PnC calendar. Once your supervisor approves, you may conduct therapy at any time as long as there is another therapist, member of the clinical faculty/supervisor, or the program administrative assistant in the building. However, you should not assume that any of these people will be in the building and should make your own arrangements for someone to be in the building.

Consequences for not having a therapist in the building are severe: The first time, you will lose a letter grade immediately and will be required to write a 3-page paper (10 references) regarding liability and professional responsibilities with implications related to ethics. The second offense will lead to formal remediation procedures. See the “Procedures for Remediation” in this manual.

3. Vacation Requests

You must inform your practicum supervisor, administrative assistant, and complete an MFT vacation approval form (see MFT Vacation Request Form) if you will be unavailable or out of town for three business days or longer. The form should be completed and turned in to your practicum supervisor at least two weeks in advance.

You will also need to identify a backup therapist and make your clients aware of what they need to do if they need to schedule a session while you are away. If you have any cases that have involved (present or past) violence or other potentially dangerous circumstances (i.e., red flags), these need to be made explicitly known to the program director, your practicum supervisor, the administrative assistant, and the backup therapist. Once the form has been signed, turn it into the MFT administrative assistant so it can be updated on the PointnClick calendar, along with your backup’s name in the description comment box.

Even if you have time off from USU, you must also request time off from your advanced practicum site supervisor. Remember that you are working at a business and there will be times that you will still have to go to your advanced practicum site even though the
**USU clinic is closed.** Failure to be available or have explicit backup when you are seeing clients is unethical and will result in a remediation plan.

4. **Case Transfers**

If you cannot continue seeing a case that is not ready to terminate, you may arrange transfer to another SCCE MFT Clinic therapist in consultation with your supervisor (with the exception of when you graduate, this is a rare occurrence). The family should be given a choice between continued therapy at the SCCE MFT Clinic, referral to other community resources, or termination. If clients choose to be referred outside the SCCE MFT Clinic, at least three referrals should be provided. The Community Services Directory and your supervisor can assist you in identifying other community resources.

Please use the following procedures:

a. Discuss the case with a supervisor and explore options.

b. Inform the family *in session* of the change and outline options. The therapeutic relationship should be taken seriously; clients need time to adjust to such changes. Often, plans can be made to finish therapy.

c. If the family decides to continue therapy at the Clinic, discuss potential therapists with your supervisor.

d. Discuss the case with the potential therapist and obtain permission for the transfer. Be sure the new therapist knows about any previous or potential violence or substance abuse. Cases involving violence, abuse, or substance abuse should be considered at-risk and handled carefully.

e. Inform your client(s) and assist in the smooth transfer of the case, preferably by introducing the family to the new therapist. Be aware that this transition may be stressful for the family, but do not extend the transition unnecessarily. One session should be sufficient.

f. Inform the program administrative assistant of the successful transfer.

g. Be sure that your paperwork is up-to-date. Complete a Transfer Summary, using the Termination Summary form, including your recommendations for further treatment.

h. Be sensitive to potential problems the family may have during the transition, particularly if cases have involved abuse, substance abuse, or hospitalization.

i. Be sensitive to the fact that many transfers occur at the end of the academic year, potentially leaving a client family in limbo for a time. Make sure the family knows who to call in case of need.
5. In-House Emergency

If you need immediate assistance while in the SCCE MFT Clinic, call the University Police Department 797-1939. Call 911 if there is no response. Familiarize yourself with the location of the fire extinguisher on each floor of the SCCE and the location of fire alarms and emergency exits.

F. Therapy and Supervision Hours

1. Clinical Contact Hours (as defined by the COAMFTE)

   a. Direct client contact hours defined
   Direct client contact is defined as face-to-face (therapist and client) therapy with individuals, couples, families, and/or groups from a relational perspective. Activities such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision, are not considered direct client contact. Assessments may be counted as direct client contact if they are face-to-face processes that are more than clerical in nature and focus. Psychoeducation may be counted as direct client contact. Group hours with residents in residential treatment centers may count as relational hours.

   b. Contact hours requirements
   Students will complete a minimum of 500 supervised, contact hours. At least 400 of these hours must be direct client contact hours, as defined above. Up to 100 hours may consist of alternative therapeutic contact that is systemic and interactional. These include team hours and volunteer family interview hours. Students are encouraged to participate in group psychoeducation or therapy. Groups conducted with residents in residential treatment centers may count as relational hours. At least 250 of the required 500 hours of client contact must be with couples or families present in the therapy room (i.e., direct relational hours).

   c. Alternative hours
   In accordance with AAMFT Commission on Accreditation guidelines, members of a therapy team may also receive credit for therapy time, providing they are active as team members in an ongoing way and not merely observers. Up to 10 Volunteer Family Interviews may also be counted as defined in HDFS 6310.

   Many alternative hours may accrue as you serve as a team member – a co-therapist behind the mirror on each other’s cases. Other activities in the clinic and Advanced Practicum sites also may count toward the 100 allowed. These are defined as activities that are of a systemic, interactional nature and that add to your practicum experience. Except for volunteer interviews and MFT clinic teams, you must have your alternative hours approved by the Program Director (see Appendix A-7 - MFT Practicum Alternative Therapeutic Contact Hours).

   “Drop in” team hours are not permitted. If you do act as a team member, you must participate in planning, observing, and debriefing, and may count the hours toward your 100. Other observation hours may not count toward the clinical requirement.
d. Recording of hours
Client contact time and supervision hours are recorded on special forms for entering into the computer. Hours are pulled from Google docs on the 1st of each month for the previous month. Please get the appropriate supervisor’s or site representative’s signature(s) before handing them in to the administrative assistant. NOTE: Having your hours not updated by the 1st of each month will result in the following:
   a. first time – verbal warning
   b. second time – practicum grade reduced 1/3 grade
   c. third time – 25% reduction in the hours accrued
   d. fourth time- full grade reduction in practicum and hours will not be counted until a 5-page paper on professionalism is completed.

You will receive an updated report of your accumulated client contact and supervision hours once each month. Copies of your accumulated hours are kept in your clinical file in the locked file cabinet in the Note Room.

2. Definition of Supervision

Supervision of students will be live, digital/video, or case note supervision conducted by AAMFT Approved Supervisors or those who are in training under the supervision of an AAMFT approved supervisor. Supervisors must have access to digital/video, audio, or direct observation of students' clinical work at all sites.

Individual supervision is defined as supervision of one or two individuals. When a supervisor is conducting live supervision, the therapist(s) in the room with the client (up to two therapists) may count the time as individual supervision. A student who is simultaneously being supervised and having direct client contact may count both supervision time and direct client contact time. When there is only one student behind the mirror with the supervisor, that student may also count individual supervision (no more than two students’ altogether).

All students are required to receive individual supervision on a regular basis. This may be through live observation by a supervisor, no matter how many students are behind the mirror. During group supervision (3 or more students), this does not mean that the student whose work is focused on can count individual supervision. Individual supervision may occur either singly or with one other student and may be digital/video, audio, or case notes based supervision. All students must receive a minimum of three (3) hours of individual supervision per month unless released from this requirement by their supervisor. Supervisors may require more individual, live, or other supervision in practicum, but cannot require less than that described in this manual. Students are responsible for making sure that they get the appropriate supervision each month.

Students observing someone else’s clinical work may receive credit for group supervision provided that (a) at least one supervisor is present with the students, and (b) the supervisory experiences involve an interactional process between the therapist(s), the observing students, and the supervisor.
Supervision is not psychotherapy or teaching. That is, the time that is recorded for supervision must include discussion of cases, not required readings or administrative time. Faculty may not do therapy with students. If you or the faculty thinks that therapy would be helpful or necessary, we will be happy to provide with you referrals. If you have questions about this, please talk to your supervisor or the Program Director.

Students will receive at least 100 hours of face-to-face supervision, at least one hour of supervision for every five hours of direct client contact. Supervision of some form will occur at least once every week in which students have direct client contact hours. Individual supervision will occur at least once every other week in which students have direct client contact. Supervision is ongoing and cannot be accrued and used later. In other words, if you only receive 5 supervision hours one month, you can only count 25 therapy hours towards your total for that month. If clinical hours are not finished by the end of the Spring semester of the 2nd year, students will be responsible for their own supervision (not MFT faculty) to be approved by the MFT faculty.

G. Termination Procedures

A client’s file should be closed within **seven days** of the last session, if it has been negotiated between the therapist and client. If the therapist has not seen a client for **three weeks** and no pre-established agreement was made, then the therapist should send a termination letter to the client and close the file within one week of sending the letter.

Closing client files consists of writing up a termination summary, having it approved by your practicum supervisor, closing the file electronically, and putting the hard copy file in to the termination folder in the locked file cabinet in the Note Room, with the date of closure on the client contact sheet and a blue dot on the outside of the folder. The administrative assistant will record the termination date in the MFT client spreadsheet and remove the client number from your list of clients, then the file will be scanned and prepared for proper disposal.

H. Advanced Practicum

Students typically begin Advanced Practicum the summer following their first year. For liability reasons, students **must** have a completed and fully signed contract and example of the client Informed Consent for Treatment form on file **before** they may conduct therapy and turned in the administrative assistant to be kept on file.
PROCEDURES FOR REMEDIATION

Most students who enter a graduate program believe they are embarking on their chosen profession. Some discover that this is not what they desire, or that they lack the skills to perform effectively in the field of MFT, and drop out of the program. A few students, although lacking the skills to be effective, continue with their degree program. Because MFTs intervene in the lives of others, it is important that only competent beginning-level clinicians be allowed to graduate. Therefore, it is the responsibility of the MFT faculty to identify those students who are severely lacking in clinical skills and counsel them out of the program.

Counseling a student out of the program is a sad situation for both faculty and students. Because of this, faculty will work with those students who exhibit severe deficiencies to develop a workable remediation plan. Counseling a student out of the program is a very rare situation that we attempt to avoid at all costs.

The process for determining whether or not a student should receive remediation is admittedly a subjective one, requiring the utmost sensitivity on the parts of all involved. What follows are guidelines for determining whether or not a student may be inappropriate for the USU MFT Program and the procedures for dealing with this situation. The process is designed to provide both students and faculty with guidelines for dealing with situations that may otherwise be left unaddressed for too long. The process is designed to provide corrective feedback and contracts whenever possible.

A. Categories of Deficiencies
(Any deficiency could become severe if not attended to)

1. Students are expected to be able to *appropriately apply theoretical material* in the clinic setting. This relates to engaging clients in therapy, assessing problems and relationship dynamics, and designing and implementing intervention strategies. This does not mean that students must blindly follow the instructions of their supervisors, except in directed circumstances. Students are expected to be familiar with many family therapy theories, but not necessarily to be proficient in all. A deficiency may exist when a student appears to not be able to apply general tenets of systems theory or specific tenets of at least one family therapy theory as guided by the practicum supervisor. Students are expected to at least attempt to understand and apply family therapy theories as requested by practicum supervisors.

2. Students are expected to consistently succeed in their work with faculty, site supervisors, and other students in appropriate ways. Students are expected to behave in professional fashion, taking care to discuss cases in confidential and sensitive ways, approaching colleagues with respect, and responding to feedback given by faculty and site supervisors. When a student disagrees with the feedback of faculty or site supervisors, the student is expected to discuss this with that person and not passively dismiss it or discuss it as a problem with other students and faculty.

Similarly, students are expected to be sensitive when giving feedback to colleagues, recognizing that their advice may be ill-timed or inappropriate to the situation.
Students are expected to adhere to the AAMFT Code of Ethics and the laws of the State of Utah and the United States.

3. Students are expected to demonstrate *enough emotional strength and stability to avoid negative effects* on their clients or fellow students as judged by faculty or site supervisors.

4. Students are expected to either make *efforts to resolve personal problems* or, after engaging in therapy, make sufficient changes to continue in the practice of marriage and family therapy.

5. Students are expected to *perform well in class and to behave professionally* with other students and faculty. Students must maintain a 3.00 grade point average at all times while enrolled in the Department. They may earn no more than two “C’s” in their courses. Students who do not meet the minimum academic requirements will be removed from the program.

6. Students are expected to *maintain ethical and legal obligations* to clients as outlined in Utah law and the AAMFT code of ethics. Especially important is the need to preserve confidentiality, including the client’s identity. Confidentiality can be broken in many ways including careless talk in public places, leaving confidential notes in inappropriate places (such as observation rooms, the conference room during practicum, or the administrative assistant’s office), and thoughtless conversation.

This ethic is so important that we have special consequences for violating it. *For the first offense, the student will be asked to write a 3-page paper (double spaced, APA format) on confidentiality with at least 10 references*. The second offense will result in the loss of one letter grade, regardless of other issues in practicum that might result in a reduced grade. The third offense will result in the identification of a serious deficiency and the development of a remediation plan.

**B. Procedures**

Following are the procedures used in remediation or counseling a student out of the master's program in marriage and family therapy:

1. Strengths and deficient areas are discussed with students as part of their regular practicum evaluations. Strengths and concerns also are discussed among the MFT faculty as a part of students’ ongoing evaluation and supervision. When an area of concern is identified, specific goals and strategies are implemented. This is a common and desired occurrence in supervision. These issues may be passed along orally or in writing to the next supervisor as part of the regular transitions of practicum. Written evaluations are placed in student’s files. However, if the faculty or site supervisor believes that the problem fits within the category of a severe deficiency and it is not alleviated through initial goal setting and strategizing procedures, step two of the process will be implemented.

2. Any faculty member who believes a student is displaying a deficiency and has attempted unsuccessfully to resolve it through goal-setting and strategizing procedures will discuss the
concern with the entire MFT faculty prior to meeting with the student. The faculty will decide whether the problem is severe enough to warrant the label “severe deficiency.” If the problem is termed a severe deficiency, the faculty will move to step three. If not, the problem will remain as another concern area for the student to work on. The faculty will discuss alternate strategies to use with the student to facilitate growth.

3. Students will be notified of severe deficiencies by their practicum supervisor, advisor, or the Program Director. The student and faculty member will strategize and contract for specific steps the student can take to resolve this deficiency and decide on a time schedule for accomplishing this. This contract, which may include actions for faculty as well as the student, will be finalized in writing with a copy given to the student, a copy to remain in the student's file, and copies for all members of the faculty. If the student satisfactorily resolves the severe deficiency, he/she will receive a letter notifying him/her of such with a copy placed in his/her file and copies for all members of the faculty.

4. Students who do not satisfactorily resolve their deficiencies prior to the agreed upon date will meet with the entire MFT faculty to discuss the deficiency and alternate ways of resolving the problem. A new contract will be drawn up, stating the agreed upon plans for remediation and dates of completion.

5. Students who still do not resolve severe deficiencies will be asked to leave the program. They will meet with the MFT faculty to discuss the situation and will receive a letter from the Program Director notifying them of their dismissal from the program. Copies of the letter will also be sent to all MFT faculty members, graduate coordinator, and Department Head, with one placed in the student's file. The student's advisor or sponsor, the HDFS faculty, and DOPL also will be notified as needed.
CODE OF PROFESSIONAL CONDUCT AND GENERAL GRIEVANCE PROCEDURES
USU MARRIAGE AND FAMILY THERAPY PROGRAM

PREAMBLE

The key to maintaining a high level of trust and openness lies not so much in the establishment of formal grievance procedures or standards of professional conduct, but rather in a shared investment in more informal norms for relationships. Such norms are established through talking about how we want to treat each other and, even more importantly, through how we behave with each other. In other words, the written procedures and code of conduct below will be meaningless unless people are committed to the values and assumptions upon which they are based, and are continually reinforcing each other when relating in healthy ways.

A. Code of Professional Conduct

1. Program Values

   a. The program's members promote cooperation (win-win situations) rather than competition (win-lose situations).

   b. Members strive to encourage and empower others.

   c. Members recognize and respect that all individuals have different needs, talents, and areas for growth. However, all are qualified to be in this program.

   d. Acceptance and positive regard is fostered for all individuals in the program.

   e. Communication between members is respectful and, whenever possible, direct.

   f. Members respect individuals' rights for confidentiality to the extent possible, in both professional and private affairs.

   g. Members resolve to handle conflict in ways that foster trust and cooperation and attempt to resolve conflict in a mutually acceptable manner. When this is impossible, it is acceptable for members to agree to disagree.

   h. Sexism and bigotry, whether overt or subtle, is not tolerated. Program members resolve to help each other by sensitively and caringly drawing attention to subtle inappropriate behavior and to challenge each other's attitudes in a spirit of growth.

B. Specific Goals, Subgoals, and Recommended Procedures for Professional Conduct

1. Therapy Goals:
a. Supervisors and other therapists should be respectful toward the therapist and clients while observing therapy.

b. Behind-the-mirror comments are to be productive. These comments should also be consistent with the feedback during the post-briefing. Persons should refrain from making comments that they would not be willing to share with the therapist in person.

c. Individuals should whisper and refrain from loud talking or laughing behind the mirror.

d. Observers should have permission from the therapist before viewing a session.

2. Supervisors and other therapists should be respectful toward the client while observing therapy. For example, they should refrain from making derogatory comments about clients while behind the mirror.

3. Observers should offer comments to the therapist in a way that is respectful and will maximize personal growth.

4. Supervisors should offer evaluations (e.g., during post sessions, case consultations) to the therapist in a way that will maximize personal and professional growth for the therapist.

5. Individuals will respect individual differences in doing therapy. For example, individuals will seek to gain something valuable from each therapist, regardless of experience or orientation.

C. General (all settings)

1. It is unethical to circulate unsubstantiated derogatory remarks regarding graduate students and faculty. Concerns regarding the professional practice of colleagues should first be broached with the colleagues in question. It is the responsibility of students who hear unsubstantiated, derogatory remarks to notify the speaker that such statements are inappropriate and that rumor spreading is not tolerated.

2. Students and faculty will recognize that all individuals have unique talents and gifts from which others can benefit.

   a. Refrain from singling out or labeling individuals derogatorily--each is a unique individual with unique contributions to offer.

   b. Avoid making inappropriate or "off-hand" judgments or comments regarding a person's qualifications as a therapist.

3. Respect the confidentiality of colleagues by protecting both professional (e.g., grades) and personal information. Individuals will refrain from disclosing or discussing information about students or faculty without their knowledge or permission.
4. Although all systems are hierarchical to some extent, this does not imply that students have the right to wield coercive power over other students.

5. Faculty evaluations of students should include professional performance in course work, clinical practice in practica, and progress in thesis work. Good feedback should be descriptive and ideally should be done in conjunction with student self-evaluation on the same performance criteria. Criteria not related to the student's performance should not be included in formal evaluations.

6. A student's workspace and a faculty's office are considered private space. Be sure to ask permission prior to borrowing any materials from a student or faculty member.

D. MFT Program Grievance Procedure

1. If conflicts arise between students in the program, it is the responsibility of the aggrieved student(s) to initiate communication with the other student(s) and use conflict management and problem-solving skills to resolve the conflict to the satisfaction of all involved. This means that aggrieved students are first expected to resolve problems with other students directly and not to solicit involvement of faculty.

2. If a resolution appears to have been reached as a result of this initial contact and subsequently the aggrieved student(s) perceives the trigger situation to continue, then the aggrieved student(s) should initiate a second contact with the other student(s) of their concern, and seek further resolution to the issue. That is, aggrieved students are expected to persist in resolving problems with other students directly through a second effort if at all possible.

3. Should this second effort fail to satisfy the aggrieved student(s) or if the other student(s) refuses to acknowledge the need to work toward resolution of the problem, then the aggrieved student(s) may request that a faculty member act in the capacity of mediator (or arbiter, if both students agree) of the student dispute. It is the responsibility of the aggrieved student(s) to consult with the chosen faculty mediator and the other student(s) in order to arrange for a mediation session. (The faculty member may also assume an advisory role if it is clear that there has been a violation of MFT policies or procedures, or breach of ethical standards.)

4. Conflicts between students and faculty/staff should be dealt with as described above. If a neutral faculty member cannot successfully mediate the dispute, or chooses not to, the student may meet with the program director. If the grievance is with the program director, the student can meet with the graduate coordinator and/or the department head. If the matter is still not resolved, the student is referred to Article VII of the Code of Policies and Procedures for students at Utah State University published on the USU website http://www.usu.edu/studentservices/studentcode/.

5. There will be some situations in which the faculty may need to become involved quickly. Direct faculty intervention is required when the well-being of clients is in jeopardy; when there is evidence that students or faculty members have engaged in unethical behavior; and when students flagrantly and consistently disregard important policies, procedures, and corrective
feedback regarding professional performance. Such interventions will not be arbitrary but will ordinarily follow faculty discussion.

6. Students should be aware that a formal grievance procedure exists at university levels. Proper inquiry related to these procedures can be found in Article VII of the Code of Policies and Procedures for students at Utah State University published on the USU website http://www.usu.edu/studentservices/studentcode/.

7. Students have the right to be free from harassment or duress due to any sort of discrimination based on race, ethnicity, gender, sexual orientation, religion, country of origin, age, or physical ability. Students are encouraged to institute the program’s Code of Conduct and University policies and procedures.
APPENDIX
Marriage and Family Therapy Program

Agreement to Read P&P Manual

Name: ________________________________ Date: __________________________

I have read the USU MFT Policies and Procedures Manual, including:

- The introduction to the MFT Clinic
- Client-related procedures, including intake, confidentiality (including limits to the confidentiality privilege), release forms, consultation, and paperwork procedures
- Rules regarding recording client contact and supervision hours
- Academic criteria for remaining in the program
- The MFT curriculum requirements
- The MFT grievance procedure
- Procedures for counseling students out of the program
- Various paperwork forms and procedures
- The violence protocol
- The suicide protocol
- Theory of Change project
- Checklist for Forms Required in Student Folder for Graduation

I am also aware that I can find policies and procedures related to Departmental and University grievance procedures and fee refund procedures on the University’s website for the Student Code of Conduct.

Signature______________________________

Date:
☐ Fall, 1st Year
☐ Fall, 2nd Year
## Completion Tasks and Time Lines for All Graduate Degrees

<table>
<thead>
<tr>
<th>Action or Element</th>
<th>Master’s Plan A (Thesis)</th>
<th>Master’s Plan B (Paper/Project)</th>
<th>Master’s Plan C (Coursework Only)</th>
<th>Doctoral</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervisory Committee</strong></td>
<td>Supervisory committee form submitted to SGS by end of first semester (changes cannot be made to committee membership <strong>within 6 weeks of defense</strong>).</td>
<td>Supervisory committee form submitted to SGS by end of first semester (changes cannot be made to committee membership <strong>within 6 weeks of defense</strong>).</td>
<td>Supervisory committee form submitted to SGS <strong>by end of first semester</strong> (Some departments and programs require a committee form while some do not. Check with your department to determine whether or not one is required.)</td>
<td>Supervisory committee form submitted by end of second semester (CEHS interdepartmental may turn in only 3 members and need 5; they have until they turn in candidacy form to add two more members to committee, changes cannot be made to committee membership within 6 weeks of defense).</td>
</tr>
<tr>
<td><strong>2. Program of Study</strong></td>
<td>Program of Study submitted <strong>by end of second semester</strong> following matriculation and at least 2 months prior to the final defense (need to submit signed copy of proposal with Program of Study)</td>
<td>Program of Study submitted <strong>by end of second semester</strong> following matriculation and at least 2 months prior to the final defense (no proposal)</td>
<td>Program of Study submitted <strong>by end of second semester</strong></td>
<td>Program of Study submitted <strong>by end of third semester</strong> (CEHS signed by same number as on committee form)</td>
</tr>
<tr>
<td><strong>Comprehensive Exam</strong></td>
<td></td>
<td></td>
<td></td>
<td>Comprehensive exams (scheduled by departments)</td>
</tr>
<tr>
<td><strong>4. Proposal Defense</strong></td>
<td>Department schedules proposal defense as required by departmental guidelines</td>
<td>Department schedules proposal defense as required by departmental guideline</td>
<td>Department schedules proposal defense, Candidacy form &amp; signed copy of proposal turned in to SGS at least 3 months before final defense of dissertation</td>
<td></td>
</tr>
<tr>
<td><strong>Appointment for Examination</strong></td>
<td>Appointment for Examination form submitted to SGS at least 10 working days prior to desired defense date</td>
<td>Appointment for Examination form submitted to SGS at least 10 working days prior to desired defense date</td>
<td>Appointment for Examination form submitted to SGS at least 10 working days prior to desired defense date</td>
<td>Appointment for Examination form submitted to SGS at least 10 working days prior to desired defense date</td>
</tr>
<tr>
<td><strong>Plan C Completion Notification</strong></td>
<td></td>
<td></td>
<td>Plan C completion form sent by dept. to SGS <strong>first two weeks of final semester</strong></td>
<td></td>
</tr>
<tr>
<td>Completion Tasks and Time Lines for All Graduate Degrees</td>
<td></td>
<td></td>
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<tr>
<td>--------------------------------------------------------</td>
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<tr>
<td><strong>Thesis &amp; Dissertation Defense/Delivery of Graduation Paperwork</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Hold defense; give student graduation forms (graduation forms** are in defense packet)</td>
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<td></td>
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<tr>
<td>Hold defense; give student graduation forms (graduation forms** are in defense packet)</td>
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</tr>
<tr>
<td>SGS checks student's Program of Study and mails graduation forms** to student (no defense held)</td>
<td></td>
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</tr>
<tr>
<td>Hold defense; give student graduation forms (graduation forms** are in defense packet)</td>
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<tr>
<td><strong>Record of Examination</strong></td>
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</tr>
<tr>
<td>Return signed Record of Examination form (purple) to SGS indicating exam results</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Return signed Record of Examination form (orange) to SGS indicating exam results</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Return signed Record of Examination form (purple) to SGS indicating exam results</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Graduation Forms and Fees</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student pays diploma fee and submits graduation forms* to SGS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student pays diploma fee and submits graduation forms* to SGS</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Student pays diploma fee and submits graduation forms* to SGS</td>
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</tr>
<tr>
<td><strong>Thesis, Plan B, and Dissertation Completion</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>***Thesis is signed by all committee members and turned into SGS for review</td>
<td></td>
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</tr>
<tr>
<td>The project is signed by all committee members, but the document does not come to the SGS</td>
<td></td>
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</tr>
<tr>
<td>***Dissertation is signed by all committee members and turned into SGS for review</td>
<td></td>
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</tr>
<tr>
<td><strong>Thesis/Dissertation Review Process</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Allow 7 wks from defense to binding (allows time for revisions, reading, approvals, signatures, copying, binding)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Memo of completion sent to SGS from department</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Memo of completion sent to SGS from department near end of semester</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Binding Verification</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Binding receipt brought by student to SGS after thesis is taken to Merrill-Cazier Library for binding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Binding receipt is brought to the SGS after project is completed and filed with the Merrill-Cazier Library</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Binding receipt brought by student to SGS after dissertation is taken to Merrill-Cazier Library for binding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grace Semester and Late Fees</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>All graduate students (excepting international students because of visa restrictions) have a “grace semester” the semester after their defense (or semester after completion of coursework for Plan C students) to complete the process.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>A $100 Late Completion fee is assessed for each semester thereafter until the degree is posted.</td>
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</tr>
<tr>
<td><strong>Posting the Degree</strong></td>
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</tr>
<tr>
<td>Once all grades are entered and all paperwork is submitted the &quot;degree conferred&quot; date on the student's transcript will typically be the day the binding receipt was signed for Plan A, B, and doctoral students, and the last day of the semester in which all of the above requirements are completed for Plan C students. The date on the diploma will be the last day of the semester for all students.</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

* There will be a hold placed on your registration the next semester if your Program of Study has not been submitted.

** These forms include: Graduation Fee Payment form; Commencement Data card; Alumni File card; Graduate Survey.

*** This is a lengthy process. Anticipate several days and sometimes weeks for this process depending upon faculty availability and workload.

02/13/07
All courses are 3 credits unless otherwise specified

Programs of Study must be filed in the Graduate Studies office in the spring of the 1st year

Students are responsible for all requirements listed in this document, in the department Graduate Handbook, and in the University Catalog for the School of Graduate Studies.

You should select your major advisor and committee in the fall of your first year. However, it is acceptable to change this committee at any time.

File a Supervisory Committee Form (available on the grad school webpage; click on the box below ‘current students’ and select Forms) with the HDFS department administrative assistant.

Be sure to read ALL of this document CAREFULLY!!

Use the form from the Graduate School (www.usu.edu/graduate_school, click on ‘Select Link’ under ‘Current Graduate Students; the form also is linked from the important links page of the MFT program).

Information at the top of the page should include the following:

- Use your Aggiemail email address
- Degree sought: MS or MMFT
- Department: HDFS
- Specialization: Marriage and Family Therapy
- Specialization on transcript: Yes
- Plan A (for MS students; Plan B if MMFT)

If you took courses before starting the program, you’ll need to include those on the form before you start the Fall semester of your 1st year in the program part of the form.

If you entered the program the odd numbered years, use the following.

<table>
<thead>
<tr>
<th>Fall (1st year)</th>
<th>Spring (1st year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDFS 6060 Human Development</td>
<td>HDFS 6320 Foundations of MFT</td>
</tr>
<tr>
<td>HDFS 6310 Survey MFT</td>
<td>HDFS 6330 MFT Practice I</td>
</tr>
<tr>
<td>HDFS 6325 Cultural Diversity</td>
<td>HDFS 6355 Play Therapy</td>
</tr>
<tr>
<td>HDFS 6370 MFT Assessment</td>
<td>HDFS 6390 MFT Practicum (2 credits)</td>
</tr>
<tr>
<td>HDFS 6961 Teaching Assistant Orientation</td>
<td></td>
</tr>
</tbody>
</table>

Summer (1st year)
HDFS 6390 (2 credits)
### Fall (2nd year)
- HDFS 6070 Family Theories
- HDFS 6340 MFT Practice II
- HDFS 6350 MFT Clinical Practice
- HDFS 6390 Practicum MFT (2 credits)

### Spring (2nd year)
- EDUC 6050 Applied Statistics
- HDFS 6330 MFT Practice I
- HDFS 6355 Play Therapy
- HDFS 6390 MFT Practicum (2 credits)

### If you entered the program even numbered years, use the following:

#### Fall (1st year)
- HDFS 6060 Human Development
- HDFS 6310 Survey MFT
- HDFS 6325 Cultural Diversity
- HDFS 6390 Survey Research MFT
- HDFS 6961 Teaching Assistant Orientation

#### Spring (1st year)
- HDFS 6340 MFT Practice II
- HDFS 6350 MFT Clinical Practice
- HDFS 6390 Practicum MFT (2 credits)

**Thesis credits and other important requirements**

**MS students must also take 6-9 credits of thesis**

On the last page:
- Thesis title may be “TBD” (to be determined)
- Extra requirements (both MS and MMFT students): “Memo from MFT program director of successful completion of 500 clinical hours, 100 supervision hours, and theory of change project.”

After printing out the form, take it to the Program Director Dave Robinson for approval before having your committee sign it. After you get it signed by your committee, make a copy for your MFT file and give to the administrative assistant. Then, send it to the department head for his signature. After you get it back from the graduate school, take it again to the Program Director Dave Robinson for him to check it over. Make a copy for your file.

You can change your Program of Study easily after it has been filed by having your major advisor write a petition with details about the change. This might be because you take a different course, which must be approved by your committee, take a course out of order, etc.

If you change major advisors, be sure to give a copy of your PoS to the new person.

**Notes and important information**

- HDFS 6970 Thesis may be spread out as you desire (credits to total 6-9)
- Register for at least 2 credits of practicum each semester. You may register for more if you need to fill in for assistantship or other reason
• If you have finished 9 credits of HDFS 6970 but have not completed your thesis, register for HDFS 6990 Continuing Advisement. You must register for 3 credits every semester until finishing the degree except for one semester after successful thesis defense (the ‘grace’ semester).

• A graduate student who is not using University facilities or faculty time may meet the continuous registration requirement by paying the **Continuous Registration Fee** of $100 per semester (not necessary for summer semester). This alternative requires a written request from the department head, including verification that the student is not using University facilities and/or faculty time.

• Students may continue doing therapy in their practicum sites if the sites and the faculty approve for *one year only* after finishing coursework and clinical hours. Students must register for at least one credit of practicum during those semesters and provide the program director with updates.

*Your Program of Study MUST be reviewed and approved by the Program Director BEFORE your committee signs it and again after it is approved by the graduate school. You are responsible for taking your PoS to the Program Director EACH of these times.*
<table>
<thead>
<tr>
<th>Semester/Year</th>
<th>Course Code/Title</th>
<th>Professor</th>
<th>Date/Time</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall 2019</strong></td>
<td>HDFS 6060 Human Development – 1st &amp; 2nd Years</td>
<td>Troy</td>
<td>Wed 3:30-6:00</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HDFS 6310 Survey MFT – 1st Year</td>
<td>Dave</td>
<td>Wed 9:30-12:00</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HDFS 6370 MFT Assessment – 1st &amp; 2nd Years</td>
<td>TBD</td>
<td>Tues 9:00-11:30</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HDFS 6390 MFT Practicum – 2nd Years</td>
<td>Megan</td>
<td>Tues 1:00-6:30</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>HDFS 6325 Cultural Diversity – 1st &amp; 2nd Years</td>
<td>Megan</td>
<td>Mon 9:00-11:30</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HDFS 6961 Teaching Assistant Orientation – 1st Years</td>
<td>TBA</td>
<td>Wed 3:30-6:00</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HDFS 7320 Advanced Theories – Doctoral</td>
<td>Ryan</td>
<td>TBD</td>
<td>2</td>
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<tr>
<td></td>
<td><strong>Total Cr.</strong></td>
<td></td>
<td></td>
<td><strong>1st</strong> 13 <strong>2nd</strong> 11</td>
</tr>
<tr>
<td><strong>Spring 2020</strong></td>
<td>EDUC 6050 Applied Statistics – 2nd Years</td>
<td>TBD</td>
<td>Mon 1:30 – 4:30</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HDFS 6330 MFT Practice I – 1st &amp; 2nd Years</td>
<td>Dave</td>
<td>Mon 9:00-11:30</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HDFS 6355 Play Therapy – 1st &amp; 2nd Years</td>
<td>Megan</td>
<td>Tues 9:00-11:30</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HDFS 6320 Foundations MFT – 1st Year</td>
<td>Ryan</td>
<td>Mon 9:00-11:30</td>
<td>3</td>
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<tr>
<td></td>
<td>HDFS 6390 MFT Practicum (2 credits)</td>
<td>Spencer (2nd)</td>
<td>Tues 1:00-6:30</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>HDFS 7900.- Topical Seminar</td>
<td>Ryan (1st)</td>
<td>Mon 1:00-6:30</td>
<td>2</td>
</tr>
<tr>
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<td><strong>Total Cr.</strong></td>
<td>Spencer</td>
<td>TBA</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>1st</strong> 11 <strong>2nd</strong> 11</td>
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<td></td>
<td></td>
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<tr>
<td><strong>Summer 2020</strong></td>
<td>HDFS 6390 (2 credits)</td>
<td>Dave</td>
<td>Mon 1:30-6:30</td>
<td>2</td>
</tr>
<tr>
<td><strong>Fall 2020</strong></td>
<td>HDFS 6060 Human Development – 1st Years</td>
<td>Troy</td>
<td>Wed 3:30-6:00</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HDFS 6070 Family Theories – 2nd Years</td>
<td>Kay</td>
<td>Tues 3:30-6:00</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HDFS 6310 Survey MFT – 1st Years</td>
<td>Dave</td>
<td>Wed 9:00-11:30</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HDFS 6360 Ethics Prof Dev MFT – 1st &amp; 2nd Years</td>
<td>Kay</td>
<td>Mon 9:00-11:30</td>
<td>3</td>
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<tr>
<td></td>
<td>HDFS 6380 Survey Research MFT – 1st &amp; 2nd Years</td>
<td>Ryan</td>
<td>Tues 9:00-11:30</td>
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</tr>
<tr>
<td></td>
<td>HDFS 6390 Practicum MFT (2 credits) – 2nd Years</td>
<td>Megan</td>
<td>Tues 1:00-6:30</td>
<td>2</td>
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<tr>
<td></td>
<td>HDFS 6961 Teaching Assistant Orientation – 1st Years</td>
<td>TBA</td>
<td>Wed 1:00-6:30</td>
<td>3</td>
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<td></td>
<td>HDFS 7320 Foundations of MFT Ed – Doctoral</td>
<td>Dave</td>
<td>TBD</td>
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</tr>
<tr>
<td></td>
<td><strong>Total Cr.</strong></td>
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<td></td>
<td><strong>1st</strong> 13 <strong>2nd</strong> 11</td>
</tr>
<tr>
<td><strong>Spring 2021</strong></td>
<td>EDUC 6050 Applied Statistics – 2nd Years</td>
<td>TBD</td>
<td>Mon 1:30 – 4:30</td>
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<td>HDFS 6320 Foundations of MFT – 1st Years</td>
<td>Ryan</td>
<td>Wed 9:00-11:30</td>
<td>3</td>
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<tr>
<td></td>
<td>HDFS 6340 MFT Practice II: 1st &amp; 2nd Years</td>
<td>Dave</td>
<td>Mon 9:00-11:30</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HDFS 6350 MFT Clinical Practice – 1st &amp; 2nd Years</td>
<td>Megan</td>
<td>Mon 9:00-11:30</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HDFS 6390 Practicum MFT (2 credits) – 2nd Years</td>
<td>Josh (2nd)</td>
<td>Tues 1:00-6:30</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>HDFS 7310 Contemporary Issues – Doctoral</td>
<td>Ryan (1st)</td>
<td>Mon 1:00-6:30</td>
<td>2</td>
</tr>
<tr>
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<td>11</td>
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</table>

| MMFT Program Total Credit Hours | 48 |
| MS Program Total Credit Hours   | 54 |
MFT Practicum Alternative Therapeutic Contact Hours

Up to 100 hours of your 500 hours of clinical experience may be alternative therapeutic contact. Except for volunteer and MFT Clinic team hours, hours must be approved by the Program Director. Alternative hours must be face-to-face, systemic, interactional (between you and the clients — not just lecture or presentation in groups), and add diversity to your practicum experience. An informed consent or therapeutic contract with the client(s) must exist that includes a description of the activity, expected outcomes, risks and benefits, limits of confidentiality, and explanations of supervision, taping, and other activities.

Psychoeducation and other groups may count toward the basic 400 hours if they meet certain conditions. Consult with your supervisor or the Program Director.

Your name: ___________________________ Date of request: _____________

Site (name, address, contact person, phone): _____________________________

Proposed hours and dates of service: ________________________________

Proposed AAMFT Approved Supervisor: ______________________________

Using 2-3 sentences, respond to the following:
1. How will this work be systemic and interactional?

2. How will this client contact add diversity to your practicum experience?

Attach a blank copy of the informed consent or therapeutic contract. Attach a list of 2-3 references you will read or have read related to the content or process of this activity.

After providing the hours, you must provide a brief write-up of your experience, describing the experience, evaluations from clients, and a description of what you learned from the experience. Attach a log of your client contact hours to this form along with your paper and the informed consent/therapeutic contract and turn in to the Program Director. Hours should NOT be included on your monthly logs, but reserved until you complete the activity. Exceptions will be made for ongoing groups.

Approval ___________________________ Date _____________

57
Theory of Change Projects

The Theory of Therapy and Change (T of TC) project is an opportunity for you to integrate your understanding of various theories and skills into a personal model that reflects and drives the manner in which you do therapy. Your model should be theory driven and allow you to articulate and demonstrate your ideas about the relationship between theory and intervention, and intervention and outcome or change. This project allows you to sharpen your awareness of your own theoretical frames of reference as they apply to therapy, apply this framework in varying contexts taking cultural competence and ethical decision making into consideration, and to understand why it is that your interventions effectively promote change. The faculty expects that these ideas will change throughout the program as you increase your competence as a therapist.

The Big Picture

The MFT faculty members are interested in your general philosophies of relationships and interpersonal dynamics: how you think about people, the difficulties that bring people to therapy, and how your philosophies affect the way you do therapy. You are introduced to many models of therapy in the program, mostly in broad strokes. For this project, as you identify various models that best reflect your philosophies of therapy, you are asked to demonstrate familiarity with the model(s) through readings beyond those assigned in class using original and secondary sources. Papers must demonstrate an integration and logical flow beginning with broad paradigms, moving to theory and related therapies as well as how change occurs through your interventions, and how therapy outcomes are evaluated. You must also integrate and articulate your theories within a systems framework throughout your paper. Students repeatedly have demonstrated that those who are able to understand and clearly articulate their ideas are more effective in therapy.

Theory of Therapy and Change Project Outline

Note: The outline below provides the sections that need to be included in the TOC. You can determine their order in a way that works with the flow in your paper.

Section 1: Introduction (~1/2 page)

In this section, you will introduce the reader to your model(s) and provide an overview of your paper. You will also need to find a way to engage your readers and make them want to read it.

Section 2: Worldview (~1 page)

Worldview illustrates how values, ideologies, and beliefs about human nature influence what we choose to consider or neglect in the process of therapy. It becomes the active paradigm or lens through which therapists view the client context and integrate systems concepts with other models of therapy.

Section 3: Normal Family Development (~1-2 pages)

An understanding of human development is important for therapists trying to facilitate change. This section will address factors that you feel are important in the individual and relationship development. Whether or not explicitly mentioned, your model(s) can help you identify specific elements of individual and relationship experiences that are important to you.
Section 4: How Problems Arise (~1-2 pages)
In this section, you will provide your beliefs about how problems arise in the lives of individuals, couples, and families. This builds upon your worldview and beliefs about normal family development to explain how problems arise and the nature of those problems. Even though you are talking about problems generally, use your terminology from your model as a guide.

Section 5: Assessment/Diagnosis (~1 page)
Having just explained your beliefs about problems more generally, you will now address the therapeutic implications in this section by explaining your philosophy of assessment and diagnosis. Make sure to address the role of assessment and diagnosis in your work and how you use them to inform treatment process.

Section 6: How Change Occurs (~2-3 pages)
In this section, you will talk about how change occurs generally. You will discuss more about therapeutic change later. Your purpose here is to think about how people make changes in their lives (whether it be in therapy or not). When they make those changes, what are the primary mechanisms of change? Although you are not just discussing therapeutic change in this section, your ideas should align with how change occurs within your model(s).

Section 7: Goals and Interventions (~2-3 pages)
Having just explained change more generally, you will now explain how you facilitate that change in a therapeutic setting, using your model(s). You can discuss both process (i.e., the therapeutic setting that you are working towards) and outcome goals (specific outcomes for the client). Then you will illustrate several interventions that help clients meet their goals.

Section 8: Role of the Therapist (~1-2 pages)
In this section, you will address your role as the therapist in helping clients move towards change. Unless addressed elsewhere, it is also important to address your responsibility toward ethical practice and cultural humility.

Section 9: Evaluating Therapeutic Effectiveness (~1-2 pages)
In this section, you will address your philosophy for evaluating your therapeutic effectiveness. You will also clearly explain how you measure your effectiveness and how that process helps you become a better therapist.

Section 10: Case Study (~2-3 pages)
Applying your model(s) to a personal case allows you to demonstrate competence in transferring knowledge to application. This should be an integration of information from worldview, therapy models, assessment, competency with diversity, context, self of the therapist, and so forth.

Section 11: Conclusion (~1/2 page)
In your conclusion, make sure you bring everything together and really help your readers understand what you want them to take from your paper. As part of this, you can also reflect on how your ideas have change over time, the strengths you have discovered, and next steps in your development as an MFT.
**Project Process**
During your first semester of your first year, in HDFS 6310, you will develop sections 1-3. You will also begin looking carefully at one or more theories of therapy as you prepare to see clients. The HDFS 6310 instructor will evaluate these sections and provide feedback.

During the second semester of the first year, in HDFS 6320, you will develop sections 4, 6, 7, and 8. These are closely related to the model(s) you have chosen, and HDFS 6320 is designed for you to gain more depth in your model(s). The HDFS 6320 instructor will evaluate these sections and provide feedback.

During the summer semester, as part of practicum, you will combine all the sections you have done thus far into one document and submit it to at least one other student for peer evaluation.

Section 5 will be addressed in HDFS 6370 (taught in Fall of odd years), and section 9 will be addressed in HDFS 6380 (taught in Fall of even years). Your instructor in each of these courses will evaluate these sections and provide feedback.

During Fall semester of your second year, you will further develop your paper as part of practicum (HDFS 6390). In particular, you will also gain further guidance in measuring your effectiveness and writing up your case study. Your practicum instructor will evaluate your paper and provide feedback.

You are expected to make substantive reviews to your paper after each round of feedback. On **January 31** of your second year, you will submit your T of TC to the faculty. The faculty will review and provide unified feedback by **February 28**.

You will use the unified feedback to further polish your papers and resubmit the paper to the faculty on **March 31**. **In this draft you will submit an overview of the changes you have made in your paper.** The faculty will review by **April 15**. At this point, you will find out if you pass and whether any additional changes are needed before the presentation.

Our experience is that those students who talk about their ideas frequently and in depth have better understandings of their therapy and are more effective in therapy.

**Miscellaneous Details**
- There is a 25-page limit for your paper (including title page, tables, figures, and references).
- Becvar & Becvar and Nichols & Schwartz may be used only for references in the systems concepts and integration sections of the paper
- Papers must be written in APA (6th edition) format

**Theory of Therapy and Change Presentation**
The T of TC presentations typically are scheduled during finals week of spring semester. The exact dates and times are determined by faculty. In preparing for the presentation, it is important for you to understand that the presentation is an expansion, not a reiteration, of your papers. Experiential
exercises are welcomed, but should be brief and not use the bulk of the presentation time. Exercises should reflect practices that are used in therapy. The presentation is limited to 25 minutes: 20 minutes for you to present your ideas, and 5 minutes for questions from the audience, excluding faculty. Presentations should include your ideas about your strengths and what you plan on focusing on in the next phase of your training.

Invited guests, including the Department Head and Dean of the College may attend the presentation, which hopefully spurs you on to excellence.

All students must attend the T of TC presentations. First year students will read all of the T of TC papers and have at least two questions about each of the second-year students’ theory/paper. These should be brought to the Theory of Therapy Change presentations. You are encouraged but not required to provide presenting students with your feedback.
# Theory of Change Grading Rubric

Student Name_______________________________

<table>
<thead>
<tr>
<th>Category</th>
<th>Inadequate</th>
<th>Emerging</th>
<th>Meets expectations</th>
<th>Exceeds Expectations</th>
<th>Exceptional</th>
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</thead>
<tbody>
<tr>
<td>World View/Theoretical Formulation</td>
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<tr>
<td>Normal Family Development</td>
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<tr>
<td>How Problems Arise</td>
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<td>Assessment/Diagnosis</td>
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<tr>
<td>How Change Occurs</td>
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<tr>
<td>Goals and Interventions</td>
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<td>Role of Therapist</td>
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<td>Evaluating Therapy Effectiveness</td>
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<tr>
<td>Case Study</td>
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<td>Integration of Culture and Diversity</td>
<td>Poor</td>
<td>Fair</td>
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<td>Exceptional</td>
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Competence for Theory of Change minimum of 80 MS or 96 MMFT
# MFT Student Graduation Tracking Sheet and SLO Verification

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Completed</th>
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<tbody>
<tr>
<td>Initial Program of Study approved by director</td>
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<tr>
<td>Advanced Practicum Contract Signed</td>
<td>Site 1</td>
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<tr>
<td>SLO 1 Achieved</td>
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<tr>
<td>SLO 3 Achieved</td>
<td>SLO 4 Achieved</td>
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<tr>
<td>SLO 5 Achieved</td>
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</tbody>
</table>

**SLO 1:** Students will demonstrate the ability to integrate systemic/MFT theory into their clinical practice.

**SLO 3:** Demonstrate competence in the assessment, diagnosis, treatment, and client management of individuals, couples, and families.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Fall Year 1</th>
<th>Competence Met</th>
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<tbody>
<tr>
<td>Pre-Clinical Objective Structured Clinical Examination: Course 6310</td>
<td>___/5</td>
<td>Competence - ≥3</td>
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<tr>
<td>Assessment of Core Therapeutic Skills: Course 6390 –USU Practicum</td>
<td>Spring ___/3 min</td>
<td>Summer ___/3 min</td>
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<tr>
<td>Assessment of Core Therapeutic Skills: Advanced Practicum Site</td>
<td>Summer ___/3 min</td>
<td>Fall ___/3 min</td>
</tr>
<tr>
<td>Personal Theory of Therapy and Change Paper &amp; Presentation</td>
<td>Paper ____/ (min. 104/130)</td>
<td>Competence met ( )</td>
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<tr>
<td></td>
<td>Presentation ____/60 (min. 42)</td>
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**SLO 2:** Students will demonstrate the ability to interpret and integrate scholarly work into their clinical practice.

**Clinical Research Portfolio**

- ___/____ ( ) Competence ____

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<td>Paper ____/ (min. 104/130)</td>
<td>Competence met ( )</td>
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</table>

**SLO 4:** Students will demonstrate cultural understanding and humility for others (i.e., clients, colleagues, faculty, supervisors, and the public) from diverse social identities and backgrounds.

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<td>Paper <strong><strong>/</strong></strong>_ ( ) Competence ≥ 80%</td>
<td>Presentation <strong><strong>/</strong></strong>_ ( ) Competence ≥ 80%</td>
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<td>Summer ___/3 min</td>
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<td>Fall ___/3 min</td>
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<tr>
<td>___/100 ( ) Comp</td>
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<tr>
<td>SLO 5: Students will demonstrate understanding and application of ethical principles and decision making to their clinical practice</td>
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<td>Supervisory Committee Approval by Program Director/Committee</td>
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Violence Assessment and Intervention

It is often quite difficult to assess and/or intervene in a couple’s sequence of violence. We are learning more and more that couples therapy is not indicated for severe violence and may or may not be indicated when violence is mild to moderate. We also are learning that couples do not typically tell us about their violence and that many more couples in therapy have experienced or currently are experiencing violence.

Therapy at our clinic is not indicated when there is ongoing physical violence or when there is a high risk for violence. Currently, the Family Institute of Northern Utah has a state contract for treating intimate violence and clients should be referred there.

Safety for all parties must be a therapist’s first priority. Other work at changing the situation is restricted in a context that includes the possibility of abuse and/or violence. Being clear with the couple that violent behavior cannot occur no matter what emphasizes the seriousness of the situation and sets up an expectation in therapy that change not only must, but can and will occur. There can be no tentativeness about this; if people want to be treated in our clinic, there must be no violence. Other treatment centers are better equipped to handle these complex issues.

General Assessment:
Routinely ask couples what happens when they disagree about something. Remember that people’s definitions of disagreements, arguments, fights, and so forth differ. You may want to routinely interview individual partners separately to ask about how they disagree.

Valuable types of questions to ask (conjointly or separately):

- Ask whether anyone has been concerned that someone might get hurt or feel threatened, physically or emotionally.
- Ask whether each knows how to de-escalate arguments? How?
- Ask whether there has been any shoving, pushing, hitting, throwing of objects (whether at a person or elsewhere), or hitting of walls or furniture.
- Ask whether any children have heard or seen severe arguments.
- Ask how each person manages to keep things from getting worse.
- Ask about safety plans – do they know what to do when things get heated? Do they do those things?
- Are each willing and able to take responsibility for their behavior?
- Does the person who seems to be the offender blame the other for the problem?
- Is either depressed, anxious, or agitated? Other mental health issues?
- Has either been court-ordered to counseling?
- Is alcohol or substance abuse a part of the picture?
Violence Assessment and Intervention, Continued

Specific Issues to assess:

A. **Level of severity:** have arguments been limited to raised voices and name-calling? This is considered *mild*. Have arguments included throwing objects at walls, hitting furniture, controlling behaviors, or threats of violence? This is considered *moderate*. Have arguments included hitting, shoving, slapping, kicking, painful restraining, or use of objects? This is considered *severe violence*. *If the violence is severe and ongoing, assist with a safety plan and refer to another agency* (CAPSA, police, Family Institute of Northern Utah).

B. If there has been a *single* instance, verified by the victim in an individual interview *and* if the victim is willing to take responsibility for his/her safety, *and* if the offender admits to and is willing to take responsibility for her/his behavior, continue the interview and then *discuss with a supervisor* as soon as possible.

C. If the violence is *mild to moderate*, *continue the interview and consult with your supervisor*.

D. **Safety plans:** do both offender and victim know how to prevent violence and, in fact, do they do those things? Ask for specific behaviors and instances where they have used these skills. If this is the case and if violence has been mild to moderate, continue.

Safety plans should include several things:

A. Offender willing to admit to and accept responsibility for behavior, willing to develop safety plan and to use it.

B. Victim willing to take responsibility for safety, to develop safety plan, and to use it.

C. Alternatives to escalating behavior: timeout with no attempt on part of partner to continue arguing works very well. Both must agree to not interfere with the timeout.

D. Victims should have plans for leaving the house (with children and with pets if possible – CAPSA can help to arrange pet care). Alternatives include calling the police, having an extra set of keys hidden, having a friend or relative willing to help, etc. People willing to help should be contacted by the client and willingness to help verified by the therapist. Get signed release.

E. Offenders should have plans for cooling off: driving around may not be a good idea – get alternative plans. Going to friends can be helpful; going to the public places or the police station where people usually are able to control their behavior is also good. Friends should be willing to be helpful and contacted by the therapist. (These therapeutic activities “close the loop” and also are helpful with suicidal clients.)
Violence Assessment and Intervention, Continued

“No harm” Agreements:

These agreements are non-binding and do not excuse us from liability should someone break them. They are good mostly because the put a verbal “fix” on an agreement. They can be written or verbal, whichever is called for or preferred, and should be specific.

Examples:
“I agree to not hit, swear at, threaten, or in any other way hurt or intimidate my partner and to ___________________________ instead.”
“I agree to keep myself safe by ______________________________.”
“I agree to not interfere with my partner’s safety plan.”
“We agree to not argue between sessions and will bring our concerns and issues to therapy to discuss.”

Remember that these are not real “contracts.” Be sure to assess and reassess the safety plans throughout therapy. Violent couples always have the potential for becoming violent again.

Follow up
Follow up should be frequent with clients who have been violent in their relationship, even when it seems that the violence is long gone. Understanding the stressors that may trigger escalated arguments can help immensely.
Intimate Partner Violence Assessment

Routinely ask couples what happens when they disagree about something. Remember that people’s definitions of disagreements, arguments, fights, and so forth differ. You may want to routinely interview individual partners separately to ask about how they disagree. Whether conjointly or separately,

☐ Ask whether anyone has been concerned that someone might get hurt or feel threatened, physically or emotionally.

☐ Ask whether each knows how to de-escalate arguments? How?

☐ Ask whether there has been any shoving, pushing, hitting, throwing of objects (whether at a person or elsewhere), or hitting of walls or furniture.

☐ Ask whether any children have heard or seen severe arguments.

☐ Ask how each person manages to keep things from getting worse.

☐ Ask about safety plans – do they know what to do when things get heated? Do they do those things?

☐ Are each willing and able to take responsibility for their behavior?

☐ Does the person who seems to be the offender blame the other for the problem?

☐ Is either depressed, anxious, or agitated? Other mental health issues?

☐ Has either been court-ordered to counseling?

☐ Is alcohol or substance abuse a part of the picture?
Suicidal Ideation/Suicide Assessment and Intervention

Assessment

Assess for mood, level of hope/despair, ideation, plan, means, lethality, availability, barriers, and support system. The most important factors are intent and lethality (Fiske, 2008).

It is good to focus on hope and future plans as ways to expand the person’s vision. Ask what kept them from hurting themselves already. Suicide assessment and intervention is a process, not an event and as long as the person is sitting in front of you, you have time to explore many areas, always focusing on hope and safety. Safety plans should be about the client’s safety, not ours.

a. Depression: Assess for depression: sleep, appetite, mood, affect. How has the person dealt with depression or down times in the past that were helpful?
b. History: Ask if s/he has had thoughts hurting him/herself in the past? Recently? How often? How intense? Ever tried? How? Ever been hospitalized? If the ideation or attempts have been frequent, find out how they’ve stayed alive this long.
c. Plan: Ask him/her if s/he has thought about how to hurt self. How detailed is the plan? The more detail there is, the more you should focus on safety.
d. Means: Does s/he have the means of carrying out this plan? How lethal are the means? Again, the more present and available the means and the more lethal, the more serious the situation and the need to focus on safety.
e. Barriers: Ask what has prevented them from carrying out the plan. How have they coped, however little, up to this point? Who has helped, even a little? Check for barriers, resiliency, and signs of safety. Religion? Children? Compliment their ability to think of others, even a little bit.
f. Barriers related to others: Ask how others might realistically react. Be ready to point out adverse effects, particularly on people (e.g., children) they don’t want to hurt. Again, compliment them on their caring, especially given how badly they are feeling.
e. No harm agreement: Ask if they are willing to agree to talk with you first should they feel a desire to hurt themselves.

Intervention

Make as many connections in the client’s natural system as possible. Include yourself, but as a professional and resource, not as a rescuer. Assist and mobilize the client to mobilize resources. Get as many specific details as possible so that you have a complete picture.

No-harm Agreement and Plan

a. Don’t make a contract in which the client agrees to not commit suicide. People know that if they want to break such a contract, they can. Instead, ask them to agree to not hurt themselves until they have talked with you. This puts a future perspective to the process, puts you into it, emphasizes that suicide is not an individual event, and buys time that often helps the person get through a moment of despair. This means you must be reasonably available within several hours or a day, at least by phone. It may also mean that you may check in with the client at pre-planned times for a few days. You can ask them to check in at pre-determined times, using an answering machine or service to take messages. Help the client plan activities they will use while they wait.
b. Put other people into the process. Assess the partner’s or parent’s ability to be watchful and to prevent an attempt. It’s often useful to include a third person: relative, minister, friend, neighbor, social worker, AA sponsor, etc. Ask the client about people who might be willing to help out. Tell him/her you want him/her to contact this person, tell him/her they’ve been feeling down and would like the person to be available to talk if things get too rough. The client should secure the person’s willingness. Sometimes just knowing there is such a person available can be helpful. Tell the client you want him/her to contact that person as soon as possible and work out a concrete plan for doing so. Finally, tell the client you want to call the helper yourself to insure his/her willingness to be available. Get a written release for this purpose only (be clear that you won’t be revealing any other information and that the client is free to disclose as much or as little as s/he wishes) and then call the person. This completes a circle of links that provides a measure of protection for the client as well as measure of responsibility on the client’s part. It emphasizes your concern for the client without your taking over.

Family or friends may be willing to provide a safety watch for a time as an alternative to hospitalization. If you use this method, be sure the plan is concrete and detailed with the time limits and responsibilities defined clearly.

All means for self-harm should be removed from the house, not simply locked up. The client should not be informed where they are. Prescribed medications can be meted out by someone else.

A safety watch is constant – there can be no opportunities for the client to hurt him- or herself. That means in the bathroom, also. People deserve privacy and can agree to talk continuously through an unlocked or slightly open door or develop another plan that assures safety. It usually works better to have the people involved come up with plans; if you direct things too much, the plans can more easily be forgotten or abandoned.

You should have contact with the client and caregivers regularly to decide when the watch can be lifted.

You can write the plan, conditions, arrangements, etc. and have everyone sign if you think this will help. Just remember that such written agreements are not binding. They can be referred to and modified in later sessions.

c. Be ready to assist with hospitalization or commitment. Voluntary hospitalization is preferable and usually can be accomplished if you are patient, calm, and clear. For example, you can say that you are quite concerned and think the client needs the safety of the hospital for a time. Once you decide that hospitalization is needed, do not back down unless you have new information from potential people for a 24-hour safety watch. Have them contact a friend or relative to come and get them if none are present; do NOT take the person to the hospital yourself.

If the person refuses or if no one is available to assist, call the police. Tell them that the client is an imminent threat to him- or herself and you need their assistance and that you cannot take the client to the hospital yourself. Call a supervisor if necessary.
d. Risk assessment and management are not complete at this point.
1. *Consult with a supervisor* as soon as possible; check to see if one is in the building and do not hesitate to interrupt.
2. Document everything that has happened, including assessment and intervention, immediately for the case file.
3. Notify the Clinic Director at the next opportunity.
4. Follow up on plans to assist with watches and other times as agreed on.
5. Follow up in subsequent sessions if OQ scores on the suicidal ideation question are 2 or greater.
### Self-Harm Assessment and Management Form

Client Name:
Age: Gender: Date: Assessor:

Others present during interview:

<table>
<thead>
<tr>
<th>Concerns (Use 1-10 ratings: higher ratings mean higher concern)</th>
<th>Concern</th>
<th>Safety</th>
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</thead>
<tbody>
<tr>
<td>Mood, suicidal ideation, intensity</td>
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<tr>
<td>Plan: What is the plan? How lethal is the probability?</td>
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<tr>
<td>Means to carry out plan:</td>
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<tr>
<td>Specifics about plan:</td>
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<tr>
<td>History: Attempts? How many? How? Hospitalized?</td>
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<tr>
<td>DSM Diagnosis and mental status (depression, ability to think clearly)</td>
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<tr>
<td>Substance abuse:</td>
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<tr>
<td>substances used</td>
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<tr>
<td>last time used</td>
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<tr>
<td>Anger: Towards whom or what? Intensity</td>
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<tr>
<td>Psychosocial stressors rating (number and type of responsibilities):</td>
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<tr>
<td>List most significant</td>
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<td></td>
</tr>
<tr>
<td>Family history of suicide- Number of 1st degree family members-</td>
<td></td>
<td></td>
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<tr>
<td>Other family members-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Safety (higher ratings mean higher safety):

Level of hope (list reasons or signs):
Social support:
- Marriage (Marital quality)
- Children (Ages; Relationship quality)
- Social network (Extended family, Friends, Co-workers)
- Spiritual support (self, clergy, others)

Ability to provide details of a better future (specify details on safety plan sheet):
Mood at end of interview (higher means safer):
Concern rating average (higher=concern):
Safety rating average (higher=safe):
Subjective notes:

Initials/Date: _____________________ Supervisor Initials/Date _____________________

Safety Action Plan

Client: ___________________________  Date: ___________________________
Therapist: ________________________

Others involved in plan:

Details indicating possibility of increased hope:

Details of no-harm agreement:

Details of safety watch:

Other action (e.g., notification of others; attempt to get signed permission):

Consultation (indicate peers or supervisor):

Signature: ________________________  Date: ________________________

Supervisor Signature: _______________  Date: ________________________
Therapeutic Safety Plan

Section One
I, _________, agree to not harm myself. If I do feel that I am in danger of harming myself or anyone else, I will adhere to the following guidelines prior to such behavior:
1. I will communicate these feelings of self-harm with my wife, __________, whether by phone, in person or any other means.
2. If I continue to have feelings to harm myself, I will communicate these feelings to my therapist, __________.
3. If I continue to have feelings to harm myself, I will check myself in at Logan Regional Hospital for an evaluation and consultation. I will give them permission to observe my behavior and to assist me in maintaining safety for myself.
4. If the above mentioned criteria are not followed, I will permit law enforcement agencies to assist me to the hospital as needed. As an added safety measure, on a daily basis I will call my therapist, __________, to communicate to him that I am not in danger of self-harm. The time schedule at the bottom of the page will be adhered to when contacting Mr. __________. If I do not talk with Mr. __________, he will contact the Logan Police Department to notify them that __________ is at danger to himself. The police will then have a pick up order to transport __________ to the hospital.
I, __________, agree to the above contract.

Signature___________________________ Date____________

I, _________, do not agree to the above contract.

Signature___________________________ Date_______

Section Two
I, ____________________, agree to the following conditions:
1. I will watch and monitor _______ behavior, in regard to his ideas of self-harm.
2. I will prevent ____________ from harming himself, to the best of my abilities.
3. If I cannot prevent __________ from harming himself, I will take ____________ to the hospital and have him checked in for evaluation and consultation.
4. If I cannot physically take __________ to the hospital, I will notify the police of his intentions to harm himself and ask them to pick him up where ever he may be.
5. I will contact our therapist, ____________, immediately if I have any degree of concern for my husband’s safety or the safety of anyone else.
I, ______________________________, agree to the above contract.

Signature___________________________ Date____________

I, ______________________________, do not agree to the above contract.

Signature___________________________ Date____________
Authorization to Release Professional Information

I/we do hereby authorize the exchange of information regarding:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Name</th>
<th>Date of Birth</th>
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<tbody>
<tr>
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</tbody>
</table>

between ______________________ (The Sorenson Center for Clinical Excellence MFT Student Therapist) and

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
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</tr>
</tbody>
</table>

_______________________________________________________________________________

Street Address

_______________________________________________________________________________

City State Zip

_______________________________________________________________________________

Phone Fax

For the purpose of ______________________________________________________________

Information to be released:

_____ Treatment summary _____ Client Assessment

_____ Progress Notes _____ Other ______________________

I fully understand the nature of the intent of this authorization. I understand that my consent is completely voluntary; that I may withdraw this authorization, in writing, at any time; and that this consent will automatically expire 90 days after my file is terminated. I understand that no services will be denied to me solely on the basis of my refusal to consent to this release of information. I also understand that all adults who have attended any session must sign this release before information can be released. If other adults attend sessions after the date on this release, they also must sign for new releases of information.

Signature of MFT Intern ____________________________

Print Name of Intern ____________________________

Date

* ____________________________ DL# ____________________________

Signature of MFT Director ____________________________

* ____________________________ DL# ____________________________

*Signatures of all Client(s) or Legally Authorized Representative(s).

The Marriage and Family Clinic requires a Driver’s License or picture ID for verification of signatures.
USU MFT Curriculum Map

<table>
<thead>
<tr>
<th>Student Learning Outcome and PMFTPs</th>
<th>Course Syllabi</th>
</tr>
</thead>
<tbody>
<tr>
<td>(List SLOs below)</td>
<td>(List courses for the program and indicate where SLOs and PMFTPs are infused in the curriculum)</td>
</tr>
<tr>
<td><strong>SLO 1:</strong> Students will demonstrate the ability to integrate systemic/MFT theory into their clinical practice. <strong>SLO 3:</strong> Demonstrate competence in the assessment, diagnosis, treatment, and client management of individuals, couples, and families</td>
<td><strong>Course #</strong></td>
</tr>
<tr>
<td>**PMFTP ***</td>
<td>6310</td>
</tr>
<tr>
<td><strong>SLO 2:</strong> Interpret and integrate scholarly work into their clinical work</td>
<td>**PMFTP ***</td>
</tr>
<tr>
<td><strong>SLO 4:</strong> Demonstrate cultural competence and sensitivity to clients, colleagues, supervisors and faculty and the public</td>
<td>**PMFTP ***</td>
</tr>
<tr>
<td><strong>SLO 5:</strong> Understand and apply ethical principles and decision making to clinical practice</td>
<td>**PMFTP ***</td>
</tr>
</tbody>
</table>

* Programs are required to select a combination of Professional Marriage and Family Principles (PMFTPs) that inform the program’s outcomes and curriculum. Programs must indicate where in courses the selected PMFTPs are met by using the following legend:

- Educational Guidelines – EG
- Core Competencies – CC
- AAMFT Code of Ethics – CE
- AAMFTRB Exam Domains – E
## Racial and cultural composition of faculty, students and supervisors

### PROGRAM COMPOSITION

(Based on IPEDS Classification)

Utah State University Marriage and Family Therapy Program (MS or MMFT)

#### Program Composition

<table>
<thead>
<tr>
<th>Item</th>
<th>Current Students</th>
<th>Graduates</th>
<th>Faculty</th>
<th>Supervisors</th>
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<td>0</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>13</td>
<td>73</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Checklist-Master of Marriage and Family Therapy (MMFT)

- Students have a maximum of 6 years from the time they matriculate to complete all degree requirements.
- Supervisory Committee form is approved and up-to-date (end of second semester). (A revised Supervisory Committee form must be submitted to the School of Graduate Studies (SGS) if there are changes in the composition of the Supervisory Committee.)

SCAF form (works best in Internet Explorer):

- Program of Study (POS) is approved by the end of the second semester. Meet with your advisor and create a program of study. Contact RaNae Wamsley (ranae.wamsley@usu.edu) and she will enter the POS into the DegreeWorks system and generate a POS that you and your supervisory committee will electronically sign through DocuSign. If you need to make changes to your POS, please submit a POS Revision form to RaNae Wamsley (ranae.wamsley@usu.edu).

POS Revision form (works best in Internet Explorer):
http://rgs.usu.edu/graduateschool/files/uploads/Program_of_Study_Revision_Form_20140110.pdf

- Residency Requirement: at least 24 of the credits used to satisfy degree requirements are from Utah State University.
- Coursework on the POS taken more than 8 years prior to the defense is considered out of date and will need to be retaken.
- Appointment for Examination form is submitted to the SGS at least 15 working days before the final examination. Please fill out the form and submit to RaNae Wamsley (ranae.wamsley@usu.edu).

Appointment for Examination form (works best in Internet Explorer):

- Must be registered for at least 3 credit hours the semester of defense.
- Record of Exam Completion form is signed by the entire committee and submitted to the SGS. This form is not available online and will be brought to your defense by a member of your supervisory committee.
- Incomplete grades for research credits are changed by the major professor.
- Information in Banner is current, graduation surveys completed, and the diploma fee paid.
- Banner: Permanent address and diploma mailing address (diplomas are mailed 8-10 weeks after the end of the semester)
- Graduate Report/Creative Project Approval form (provided at the final defense) is signed and taken to the Merrill-Cazier Library with your report/project.
- Letter of Completion, verifying all coursework and other degree requirements have been completed is submitted by the department head no later than the last day of the semester of completion.
- Plan B binding receipt from the library is returned to the SGS.
- Note: All requirements, forms, and the Graduation Information Checklist must be completed by the last day of the semester you plan to complete your program.
- More information can be found at the following website:

  http://rgs.usu.edu/graduateschool/htm/forms
Checklist-Master of Science Plan A (MS)

- Students have a maximum of 6 years from the time they matriculate to complete all degree requirements.
- Supervisory Committee form is approved and up-to-date (end of second semester). (A revised Supervisory Committee form must be submitted to the School of Graduate Studies (SGS) if there are changes in the composition of the Supervisory Committee.)

  SCAF form (works best in Internet Explorer):

- Program of Study (POS) is approved by the end of the second semester. Meet with your advisor and create a program of study. Contact RaNae Wamsley (ranae.wamsley@usu.edu) and she will enter the POS into the DegreeWorks system and generate a POS that you and your supervisory committee will electronically sign through DocuSign. If you need to make changes to your POS, please submit a POS Revision form to RaNae Wamsley (ranae.wamsley@usu.edu).

  POS Revision form (works best in Internet Explorer):
  http://rgs.usu.edu/graduateschool/files/uploads/Program_of_Study_Revision_Form_20140110.pdf

- Residency Requirement: at least 24 of the credits used to satisfy degree requirements are from Utah State University.
- Thesis proposal is signed by all committee members and submitted to the SGS.
- Master’s Thesis/Project Proposal Defense form is signed by the entire committee and submitted to the SGS. Please fill out form and submit to RaNae Wamsley (ranae.wamsley@usu.edu).

  Master’s Thesis/Project Proposal Defense form (works best in Internet Explorer):

- Coursework on the POS taken more than 8 years prior to the defense is considered out of date and will need to be retaken.
- Appointment for Examination form is submitted to the SGS at least 15 working days before the final examination. Please fill out the form and submit to RaNae Wamsley (ranae.wamsley@usu.edu).

  Appointment for Examination form (works best in Internet Explorer):

- Must be registered for at least 3 credit hours the semester of defense.
- Record of Exam Completion form is signed by the entire committee and submitted to the SGS. This form is not available online and will be brought to your defense by a member of your supervisory committee.
- Incomplete grades for research credits are changed by the major professor.
- Information in Banner is current, graduation surveys completed, and the diploma fee paid.
- Banner: Permanent address and diploma mailing address (diplomas are mailed 8-10 weeks after the end of the semester)
▪ Electronic Thesis and Dissertation (ETD) Approval form (provided at the final defense) is signed and taken to the Merrill-Cazier Library with the thesis.
▪ Thesis is completed and signed by all committee members, after which it is submitted to the assistant dean in the SGS for review. When satisfactory, the SGS dean will sign the thesis and it must be picked up from the SGS office, copied, and taken to the second floor of the Merrill-Cazier Library for binding. Binding fees will be paid to the library at this time. Please note the university requires that one copy of the dissertation will remain in the library.
▪ After the dean has signed the thesis, the student’s file is reviewed for completion and processed for graduation.
▪ Binding Clearance form is returned to the SGS signaling the completion of degree.
▪ Note: All requirements, forms, and the Graduation Information Checklist must be completed by the last day of the semester you plan to complete your program.
▪ More information can be found at the following website: http://rgs.usu.edu/graduateschool/htm/forms
# MFT Vacation Request Form

Therapist Name ___________________________ Date __________________________

Dates Out of Office ____________________________________________
Travel Form turned into Staff Assistant? Y  N
At least two weeks prior? Y  N
Clients contacted? Y  N
PointnClick updated? (Cancel appointments) Y  N
Email Staff Assistant with Appt updates? Y  N

<table>
<thead>
<tr>
<th>Client #</th>
<th>Back up Therapist</th>
<th>Red Flags:</th>
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<tbody>
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Approval signature MFT Director ___________________________ Date __________________
Approval signature MFT Supervisor ___________________________ Date __________________
Approval signature AP Site ________________________________ Date __________________

You must inform your practicum supervisor, administrative assistant, and complete an MFT vacation approval form (see Appendix) if you will be unavailable or out of town for three business days or longer. The form should be completed at turned in to your practicum supervisor at least two weeks in advance. You will also need to identify a backup therapist and make your clients aware of what they need to do if they need to schedule a session while you are away. If you have any cases that have involved (present or past) violence or other potentially dangerous circumstances (i.e., red flags), these need to be made explicitly known to the program director, your practicum supervisor, the administrative assistant, and the backup therapist. These should also be noted on the vacation approval form. This may be a teammate or another therapist who is aware of cases.

When approval form is completed please turn in to administrative assistant to be updated on the Pointnclick calendar, along with the name of your backup added in the description comment box.

Failure to be available or have explicit backup when you are seeing clients is unethical and will result in a remediation plan.