



# **CLINICAL TRAINING AND PLACEMENT HANDBOOK**

**FALL 2020 – SPRING 2021**

**Master of Marriage and Family Therapy Program**

*Updates to the Clinical Training and Placement Handbook occur each term.*

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**PHILLIPS GRADUATE INSTITUTE  
LOS ANGELES EDUCATION CENTER OF CAMPBELLVILLE UNIVERSITY  
Master of Marriage and Family Therapy**

**Clinical Training and Placement Handbook**

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Master of Marriage and Family Therapy**

**Clinical Training and Placement Handbook**

**I INTRODUCTION**

**1.0 Purpose of this Handbook.**

This Clinical Training and Placement Handbook pertains to the Master of Marriage and Family Therapy degree program at Phillips Graduate Institute, Los Angeles Education Center of Campbellsville University (Phillips). The purpose of the Handbook is to guide students through the clinical training experience requirements and procedures of the program in order to support students' achievement of the Program's Goals and Student Learning Outcomes and insure preparation and eligibility for licensure as a Marriage and Family Therapist (LMFT) in California. This Handbook is also located on the Phillips website, [phillips.campbellsville.edu](http://phillips.campbellsville.edu).

Students are responsible for knowing the requirements and procedures outlined in this Handbook. Class instruction is provided every term to assist students through the clinical experience component of the program. All students are required to attend all class meetings, take an in-class quiz, and read this Handbook to ensure they have this essential information.

Students are held to the requirements published in the Handbook and other institutional publications for the year admitted to the program. If any change(s) to clinical/practicum requirements or policies occur once a student is admitted, then students will be given adequate notice of the change(s). Any change(s) in procedures that may be implemented for improvements in communication or recordkeeping shall also be communicated to students. Every effort will be made to minimize disruption.

**1.1 Students' Personal Preparation.**

Students generally consider the clinical experience to be the heart of their preparation and often anticipate it with both excitement and a little anxiousness. This is understandable! Once involved in clinical work, students most often find that it is very rewarding, brings great learning and expanded perspectives, and achieves long desired dreams. It is also a very demanding phase of the program, both in terms of the time demands on the students' commitment to the program and impacts on other aspects of life, both pragmatically and emotionally. Students must anticipate adjusting and reducing other life commitments including work schedules to complete the program within the advertised time for completion. While faculty and supervisors work to provide a supportive learning environment with respect for the many demands of students' lives and work with students to generate a clinical experience that meets students' experience and life needs, the requirements may not be altered.

## **II FRAMEWORK FOR PROGRAM AND CLINICAL TRAINING EXPERIENCE**

### **2.0 What is the Clinical Training Experience?**

Clinical training is the MFT program component in which students provide individual, couple, family, and group therapies in approved settings under approved supervision. Students provide therapy with a broad range of client populations that include diversity in identities and backgrounds as well as in presenting problems and diagnoses. Services may be provided in a wide variety of settings, such as a residential facility, a multi-service community mental health center, schools, or home-based program. Students participate in a variety of activities at the training site that may include therapy, assessment, intake, treatment planning, case management, clinical supervision, trainings, and clinical documentation. While students' participation in these activities and others is essential to a well-rounded learning experience, all activities are not counted towards graduation and licensure equally (**see Section XI: Guidelines for Documenting Clinical Hours**). Students may work alone or as co-therapist in providing therapy services.

### **2.1 Systemic/Relational Base for Training.**

Theories and practice models with their roots in a systemic/relational perspective underpin most courses in the program (e.g. Bowenian, Solution-Focused, Structural, Narrative therapies). Systemic/relational theory and practices are applied in the clinical experience component and advanced through systemic/relational supervision. Students are also introduced to a variety of individual-based models and approaches throughout the program and in clinical training placements. These approaches enhance learning and provide the opportunity to view human behavior through different lenses and integrate different ideas.

### **2.2 Professional Marriage and Family Therapy Principles.**

The Professional Marriage and Family Therapy Principles (PMFTPs) are a set of principles identified by the American Association for Marriage and Family Therapy (AAMFT) as core to the national identity of and preparation for the MFT field. This set of principles shapes the licensure laws in all states and underpins the national licensure exam in MFT. The PMFTPs include: state licensure laws and regulations (for California, the Board of Behavioral Sciences (BBS)); the AAMFT Core Competencies, a set of 128 specific competencies expected for the entry level MFT (**Appendix D**); the Association of Marriage and Family Therapy Regulatory Board (AMFTRB) Domains of Knowledge assessed through the national MFT exam; and the AAMFT Code of Ethics (**Appendix E**), the national standards for professional and ethical behavior.

While all sets of PMFTPs are embedded in the Phillips program and clinical training, the expectations for clinical training that emerge from the national MFT identity and principles of the AMFTRB, Core Competencies, and AAMFT Code of Ethics and the expectations for clinical training that emerge from the California MFT identity and BBS laws and regulations for licensure lead to some important differences in clinical training requirements. The MFT program and clinical training requirements align with the national PMFTPs and maximize the opportunities for students and graduates to achieve licensure and employment both inside and outside of California. These requirements pertain to completion requirements for the Phillips MFT Master program.

### **2.3 Board of Behavioral Sciences, California State Licensing Board.**

The California Board of Behavioral Sciences (BBS) is the state Consumer Protection agency that regulates the practice of Marriage and Family Therapy through legislation that defines the educational and practice requirements and procedures for attaining MFT licensure and enforcing legal practice of MFT professionals. The BBS prescribes requirements both for the Master degree and for additional post-degree clinical experience to be eligible to take the state licensing exam in MFT. The academic and clinical experience requirements of the program are designed to insure students' eligibility for licensure. To become licensed as an MFT, graduates must complete and pass all program requirements, complete additional clinical hours under supervision and, sometimes, additional coursework post-graduation (for applicants with out-of-state degrees), and successfully pass two written exams administered by the BBS.

**2.4 Students must complete all academic and clinical requirements of the Phillips MFT Program. Because of the differences between the national and state clinical training requirements, students are required to maintain two sets of documentation of clinical hours of experience to demonstrate achievement of each (see Section XI: Guidelines for Documenting Clinical Hours). The BBS and AAMFT PMFTPs sometimes use different terminology and different definitions to describe clinical experience components. This Handbook will identify and clarify these differences.**

### **2.5 Mission Statement, Program Goals and Student Learning Outcomes.**

#### ***Phillips Graduate Institute Los Angeles Education Center of Campbellsville University, Marriage and Family Program Mission Statement***

*The mission of the Master of Marriage and Family Therapy program at Phillips is to create an educational experience that fosters collaborative learning and provides students with the academic knowledge, clinical competency, and professional development necessary for beginning practice as marriage and family therapists within a multicultural environment. Students who complete the program are responsive to the many aspects of diversity that exist within human relationships. They demonstrate self-awareness, a commitment to ethical practice, and relational responsibility in service to individuals, couples and families, to their communities, and to the profession of marriage and family therapy. Students who complete this program will have met the educational requirements for the LMFT licensure in California.*

While Program Goals and Student Learning Outcomes are addressed with varying focus throughout the coursework, clinical experience is where they are integrated and continually practiced.

***MFT Program Goal #1: Knowledge of a variety of developmental theories, relational/systemic theoretical models, as well as other models of human behavior.***

- 1.1 Students are able to identify, demonstrate an understanding of, and apply a variety of models of human development throughout the lifespan.***
- 1.2 Students are able to identify, demonstrate an understanding of, and apply a variety of systemic/relational as well as other theoretical models in marriage & family therapy.***



***MFT Program Goal #2: Knowledge and skills in the assessment, diagnosis, and research-informed treatment of individuals and relational systems.***

- 2.1 Students apply appropriate skills in the assessment, diagnosis, and treatment of individuals, couples, and families in the development of comprehensive treatment plans.*
- 2.2 Students apply knowledge of human behavior in health and mental illness to the practice of marriage and family therapy.*
- 2.3 Students locate, critically evaluate, and apply published research in the development of comprehensive treatment plans.*

***MFT Program Goal #3: Practice of relational/systemic therapy in a manner that is consistently responsive to the impact of culture and diversity on all relationships.***

- 3.1 Students demonstrate an awareness and knowledge of current and historical sociocultural factors that influence human interactions, and which impact both client and therapist within the therapeutic relationship.*
- 3.2 Students effectively apply culturally responsive perspectives in the practice of marriage and family therapy.*

***MFT Program Goal #4: Practice of relational/systemic therapy in a manner that is grounded in relevant legal principles and based on ethically sound decision-making.***

- 4.1 Students identify legal and ethical principles underlying the practice of marriage & family therapy.*
- 4.2 Students use an ethical decision-making process in their professional practice as marriage & family therapists.*

***MFT Program Goal #5: Practice of relational/systemic therapy in a manner that demonstrates relational responsibility and professional behavior.***

- 5.1 Students demonstrate professional behavior and relational responsibility in all interactions with peers, faculty, staff, clients, site supervisors, and other professionals.*
- 5.2 Students demonstrate respect, warmth, and attending behavior in collaboration with clients in a treatment setting.*

***MFT Program Goal #6: Completion of the MFT program with the self-awareness, personal growth, foundational skills, and competence required to begin the practice of research-informed relational/systemic therapy.***

- 6.1 Students demonstrate an awareness of personal beliefs, attitudes, and experiences that influence their practice of marriage and family therapy.*
- 6.2 Students demonstrate personal growth in their response to a variety of challenges experienced in the practice of marriage and family therapy.*

**2.6 The Following Specific Learning Objectives of the Clinical Training Experience Support the Achievement of the Student Learning Outcomes Identified Above:**

- The ability to discern when a case falls within the scope of their practice (SLOs 2.2, 4.1, 4.2, 6.1).
- The skills to assess and diagnose a range of clinical problems and to develop a treatment plan based on the clinical assessment (SLOs 2.1, 2.2).
- The ability to apply a systemic theoretical orientation in the treatment of marital, family and interpersonal dysfunction (SLOs 1.2, 3.1).

- The ability to formulate and implement appropriate treatment plans and to demonstrate the practical application and use of various treatment methods, techniques, interventions and specialties (SLOs 1.1, 1.2, 2.1, 2.3).
- The ability to understand, interpret, and apply legal/ethical standards in specific practice situations (SLOs 4.1, 4.2).
- The knowledge of management practices and the ability to appropriately implement them (SLOs 4.2).
- The experience and training of providing clinical services to individuals, couples, families, and groups from diverse socioeconomic, racial, and ethnic backgrounds (SLOs 3.1, 3.2, 5.1, 6.1).
- The experience of determining and implementing appropriate community referrals (SLOs 3.2, 5.1, 5.2, 6.2).

### **III CLINICAL TRAINING ADMINISTRATION AND STAFF: ROLES AND RESPONSIBILITIES**

Our Phillips clinical training and placement services provide a valuable link to community resources and professional activities for students. Several members of the Phillips staff provide specific roles and assistance to students during the clinical training component of the program.

#### **3.0 Co-Director(s), Clinical Training.**

Two Co-Directors of Clinical Training provide guidance and oversight of the MFT Traineeship experience. Generally, they provide classes and individual guidance on preparing for the Practicum/Traineeships, all paperwork and documentation of experience, monitoring of progress and oversight of evaluation, and support and problem-solving as needed.

- Qualifications: Licensed MFT; AAMFT Approved Supervisor or AAMFT Supervisor Candidate; full-time Phillips faculty; active practitioner.
- Oversees and coordinates the MFT Traineeships.
- MFT Traineeship oversight includes overseeing the process of and opportunities for student placement, community agency-Phillips agreements and ongoing working relationships, student progress, and evaluation.
- Provide class instruction throughout the program on placement opportunities, practicum course policies, MFT program practicum requirements, program forms, BBS forms, and California licensure regulations.
- Monitor students' progress in their Traineeships.
- Produce the Clinical Training and Placement Handbook.
- Visit approved agencies to ensure appropriate clinical training.
- Monitor any concerns regarding the Traineeship or supervision.
- Coordinate the annual Placement Fair when held.
- Develop and monitor remediation agreements as needed.
- Coordinate trainee status certification.
- Liaison between the school and the California licensing board (BBS) and attend local meetings.
- Attend MFT Education Consortium meetings.
- Inform faculty and students of changes in the statutes and regulations related to the MFT license requirements in California.
- Quality control of student training files.

#### **3.1 Clinical Training Coordinator.**

- Support Co-Directors of Clinical Training.
- Prepare Clinical Training files for incoming students.
- Prepare Clinical Training tracking chart for students.
- Track students' Notice of Intent to Pursue a Degree.
- Update approved Placement Site charts.
- Prepare Trainee Status Letters and Certificates.
- Filing of Clinical Training documents in students' files.

- Update Clinical Training tracking list with Notification of Clinical Placement forms: site information, supervisors, insurance information (continuous).
- Update Clinical Training tracking list with MFT Trainee Evaluations and MFT program hour requirements.
- Update Clinical Training tracking list with Documentation of Personal Psychotherapy.
- Assist with Clinical Placement Fair when held.
- Update Students' Academic Plans.
- Prepare and maintain Site Affiliation Agreements (between placement sites and the institution) as directed by Co-Directors of Clinical Training.
- Track student evaluations of sites and supervision.
- Interface with students regarding status on completion of graduation requirements.
- Input data for MFT Assessment Coordinator re: Clinical Training.
- Other duties as assigned by MFT Site Director and/or required by accreditation and/or regulatory changes.

## IV OVERVIEW OF THE CLINICAL TRAINING SEQUENCE AND REQUIREMENTS

### 4.0 Program of Study and Courses that Provide Clinical Experience and/or Supervision.

The table below shows a sample full-time sequence of study for students beginning in a fall term. Courses that provide clinical experience and/or supervision are in bold, italics. Courses offered in the fall of year 1 are also offered in the spring; courses that are offered in spring of year 1 are also offered in the summer. These repeated offerings are to insure that students who enter the program in the spring term can maintain a full course load and advance through the program in the advertised length of time to achieve graduation.

Year	Fall	Spring	Summer
1	MFC 502 Family Therapy: Systemic Approaches MFC 507 Foundations of Counseling and Psychotherapy MFC 503 Developmental Psychology MFC 518 Intro to Research I <b><i>MFC 519 Case Conference: Pragmatics of Human Communication</i></b>	MFC 504 Diversity & Social Justice in Families, Schools and Other Systems MFC 505 Family Therapy: Evolving Systemic Approaches MFC 520 Abnormal Psychology MFC 524 Assessment & Treatment In a Developmental Context <b><i>MFC 523 Case Conference/Practicum</i></b>	MFC 550 MFTs in Community Mental Health <b><i>MFC 529 Group Dynamics/Practicum</i></b> MFC 600 Fundamentals of Addiction MFC 549 Psychological Testing
2	MFC 539 Legal, Ethical, & Professional Issues MFC 528 Couple Therapy MFC 532 Sexuality and Sex Therapy <b><i>MFC 531 Applied Therapeutic Methodology: Relational Therapy I</i></b> <b><i>MFC 533 Practicum I</i></b> MFC 521 Research II	MFC 547 Psychopharmacology <b><i>MFC 534 Applied Therapeutic Methodology: Relational Therapy II</i></b> <b><i>MFC 535 Practicum II</i></b> MFC 522 Professional Project MFC 540 Professional Issues	<b><i>MFC 596 Field Study Practicum</i></b>
3	<b><i>MFC 596 Field Study Practicum as needed</i></b>	<b><i>MFC 596 Field Study Practicum as needed</i></b>	

#### 4.1 Clinical Training Settings.

The clinical training process is a multi-term progressive course and training process to build skills in the practice of marriage and family therapy.

- Clinical experience is gained in different clinical learning settings as part of the sequence of experience. The clinical experience progresses from a primary focus on observation and group processing of cases with an initial opportunity for direct contact with several clients in co-therapy and under direct supervision to a more individually-managed experience of a larger caseload with both supervision by direct observation and interaction and case report.
- Students will participate in clinical experiences through the MFC 519 Case Conference, MFC 523 Case Conference/Practicum, and in an approved MFT Traineeship(s). The MFT Traineeship experience also meets the BBS definition and requirements for the Traineeship.
- Clinical learning setting #1. The **MFC 519 Case Conference** experience in term one of the program and **MFC 523 Case Conference/Practicum** experience in term two of the program provide beginning opportunities to observe and participate in live therapy, led by faculty supervisors. Students have a chance to co-conduct several sessions of therapy with a faculty supervisor, observe therapy sessions, and operate as part of team contributing to the direction of the therapy. Students receive feedback from supervisors on the following basic clinical skills:
  - > Basic Clinical Microskills: Skills include attending behavior, use of questions, use of encouragers, use of paraphrases, reflection of feelings without interpretation, use of empathy, and use of summarizing statements;
  - > Personal functioning: Skills include awareness of self/impact on others, use of supervision, and management of personal stress; and
  - > Knowledge and Application of Professional Standards. Skills include ethics, relevant mental health law, and professional behavior.
- Clinical learning setting #2. The part of the Traineeship experience that takes place in **the MFT Traineeship Site** begins in the spring or summer of year one of the program. Students get a broad-based experience with individual, couple, family, and group therapy experience in this component of the clinical training experience. Students also participate in a variety of other clinically related activities that are part of professional development and the responsibilities of MFTs in community and private practice. Student growth as well as client and agency safety are supported by regular and qualifying supervision.

Students must be able to have sufficient live and/or video supervision to meet requirements. Sometimes, students elect to sign on for two MFT Traineeships concurrently.

- The program requires that students be engaged in the clinical training sequence for a minimum 12 consecutive months (not including MFC 519 Case Conference). The BBS requires that students be engaged in clinical experience for a minimum of six term (semester) units.
- Upon program approval to begin clinical experience at the end of term one, the program recommends that students start the Traineeship experience in the second term of the program to maximize the opportunity to complete required clinical hours within the five term program. Students may elect for personal reasons to begin Traineeship in term three; however, they should plan to add at least one additional term to their sequence of study.

#### 4.2 Summary of Clinical Contact Experience Requirements for Posting Your Degree and Graduation and Key Definitions.

<b>CLINICAL PRACTICE HOURS</b>	<b>PROGRAM REQUIREMENTS</b>	<b>BBS</b>
Total number of hours	500 total hours required (see breakdown below).	225 hours required (see breakdown below).
Direct client contact	Minimum of 400	Minimum of 150
Relational therapy hours	Relational hours: couples, families, groups, other ongoing relationship systems. Minimum of 200.	Includes couples, families, children – no set amount required.
Individual therapy hours	Individual hours: includes adult, adolescent, children. Maximum of 200	Individual hours: includes adults over age 18; no set amount required.
Group therapy hours	Group therapy: included as part of relational or individual hours depending on whether it is with unrelated individuals or household/ family groups. No set amount.	No set amount.
Alternative hours	Up to 100 hours: includes, for example, parent education groups, client advocacy, reflecting teams, telephone consultation.	Client-Centered Advocacy: Up to 75 hours.
Title of student in training	Up to the program: In this program, called Trainee and Practicum student.	Trainee.
Length of clinical training	Minimum of 12 consecutive months.	Minimum of 6 term (semester) units.

## ***Key Definitions related to Clinical Training Structure and Process***

***MFC 519 Case Conference and MFC 523 Case Conference/Practicum*** in the first and second terms of year one are introductory clinical experiences during which students participate in reflecting teams and in co-therapy with a faculty supervisor. Students must complete MFC 519 Case Conference before being approved for Practicum. Students are assessed during the first term of the program in MFC 519 Case Conference for both academic progress and personal and professional development readiness to participate in the MFT Traineeship. Students are able to count the Case Conference alternative hours for graduation but not towards BBS hours.

***Trainee*** is the term used by the BBS for Practicum and the period of clinical training in which students document hours of experience towards graduation and licensure. The student-in-training is called a Trainee. The BBS requires that students complete 12 (term) semester academic units before being assigned the Trainee designation, before being able to be approved to engage in clinical activity and before being able to count/document hours of clinical experience. This requirement is different from the basic program requirement and requires separate documentation of hours for the BBS. This difference does not disadvantage students in their pace of completion of the requirements because the BBS requires significantly fewer hours of direct clinical experience than the program requires. Hours earned during the program also count towards the total 3000 hours required by the BBS for licensure, along with post-graduate clinical hours of experience.

***Practicum*** is the term used for the class that supports the clinical experience gained in the MFT Traineeships. Practicum is the same as Traineeship in that it addresses the clinical training experience engaged after the first term or 13 term (semester) units of the program. By completing all Practicum requirements of the program, students will also have completed the BBS Traineeship requirements; however, these experiences need to be documented separately to be able to demonstrate to the BBS and the program that all requirements are fulfilled.

***Direct clinical contact hours*** are defined as therapist and client therapeutic meetings in the same physical location. Activities such as telephone contact for changing appointment times, observation of therapy, recordkeeping are not considered direct client contact. Assessments may be counted if they are face-to-face processes that are more than clerical in nature. Sessions with other systems besides legally/biologically related families may also count as direct clinical contact relational hours (e.g., foster families, social workers that come to therapy with a client). A 45-minute session must be counted as 45 minutes; more than 45 minutes may be counted as an hour.

***Individual client contact*** involves one person in therapy in the room with the therapist or co-therapy team.

***Relational client contact*** involves therapy with couples, families, groups and/or unrelated individuals in an ongoing relationship (e.g., housemates, business partners). **For the program**, multi-couple, sibling, multi-family, residential treatment groups of individuals qualify as group hours/relational. Unrelated individuals working on individual issues in a group setting counts as group hours/individual. Group hours are documented in the relational or individual categories, not separately as group hours. **For the BBS**, all group hours are counted the same and are documented separately as group hours.

***Alternative client contact for the program*** is a clinical activity that contributes to competency development and/or provides clinical support to the progress of therapy. It includes researching, identifying, and accessing resources, or other activities (e.g., reflecting team participation),



*related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy. Further this information is brought back/communicated directly to clients to assist in obtaining or managing services/treatment.*

***Client-centered advocacy for the BBS*** involves an activity that acts in support of the rights of clients (e.g., for housing, for parents' voices in schools, and/or for other services). Other client-centered advocacy and community-based activities need to be evaluated individually and approved by the student's supervisor. **(Note: For the program, some of these are included in Alternative Hours).**

#### **4.3. Summary of the Supervision Hours Requirement for Posting Your Degree and Graduation and Key Definitions.**

<b>SUPERVISION HOURS</b>	<b>PROGRAM REQUIREMENTS</b>	<b>BBS/MFT TRAINEESHIP REQUIREMENTS</b>
Total number	100 (no published ratio).	Must maintain ratio of 1 unit of supervision for every 5 hours of client contact. This requirement may be satisfied by either individual or group supervision (for trainees – group supervision is most common).  No set total.
Individual supervision	Supervision may be individual or group. Two supervisees may be included in an individual supervision session (triadic supervision).  1 hour of individual or group supervision per week for each week seeing clients.  Supervisor must be AAMFT Approved Supervisor or Approved Supervisor Candidate.  Total hours required: 100 (may be individual and group supervision combined).	Individual supervision includes two supervisees in an individual supervision session (triadic supervision).  1 unit of individual supervision equals one hour of individual supervision for every 5 hours of client contact.  Supervisor must be State Approved.
Group supervision	Up to 8 individuals in a group.  No minimum or maximum number of hours for group supervision.  Total hours required: 100 hours (may be individual and group supervision combined).  Same qualifications for supervisor as above.	Up to 8 individuals in a group.  1 unit of group supervision equals two hours of group supervision for every 5 hours of client contact. For trainees, group supervision is most common.  Supervisor must be State Approved.
Use of observable data in supervision i.e., live supervision or video recorded supervision.	Minimum of 50 hours. Some of these hours occur through Case Conference and ATM.	No requirement.

## **Key Definitions Related to Supervision**

**Individual supervision.** *For the program*, individual supervision is a session in which a supervisor meets with one or two supervisees (triadic supervision) for the purpose of reviewing and providing guidance for clinical cases. **For the BBS**, individual supervision is a session in which a supervisor meets with one or two supervisees (triadic supervision) for the purpose of reviewing and providing guidance for clinical cases. Students document individual supervision separately on the Phillips and BBS designated clinical documentation forms.

**Group supervision** consists of one supervisor and no more than eight supervisees. If there is more than one supervisor present, the maximum supervisee number allowed is still eight.

**Case report supervision** relies on the student therapist's verbal report of what happened in therapy.

- **Live, video or digital supervision** refers to supervision in which in which the supervisor has visual access to the actual case material either by direct observation and interaction from behind a one-way mirror, co-therapy or reflecting team, use of digital technology to review therapy in real time but not in the same place as the supervisor, or via video recording. The majority of supervision may not be via distance-bridging technologies. The value of video based supervision is that the supervisor and supervisee can see directly what is occurring in the session. As learners, supervisees may omit important information or have a different perspective on what was important in the session. Video supervision provides an invaluable opportunity to view oneself and reflect and contribute to the case discussion from an observational vantage point. Similarly, live supervision allows the supervisor to see the actual data of therapy. Additionally, it affords the opportunity to provide guidance during a session. Typically, live supervision is conducted from behind a one-way mirror; however, it can also be conducted if doing co-therapy with the supervisor. **For the program**, a minimum of 50 hours must access actual therapy via live, video, and/or digital technologies for supervision. Some of these hours occur through Case Conference and ATM. **For the BBS**, all supervision may be via Case Report. No live, video, and/or digital supervision is required.

**American Association for Marriage and Family Therapy (AAMFT) Approved Supervisor** is a designation of supervisor granted by AAMFT, the national professional association, to licensed clinicians who have completed a specific and extensive training in systemic/relational supervision. An **Approved Supervisor Candidate** is a qualified MFT who in the process of fulfilling the requirements to become an Approved Supervisor. All Phillips faculty supervisors are Approved Supervisors or Approved Supervisor Candidates. Supervision by Approved Supervisors or Candidates is required for licensure in many outside-of-California states and under AAMFT Regulatory Boards.

**State Approved Supervisor** is a designation provided by the California Board of Behavioral Sciences (BBS) to clinicians who are state licensed, have completed a 6-hour supervision course, and completed two years of practice in psychotherapy. All supervision must be provided by a State Approved Supervisor. State Approved Supervisors may or may not have primary training and practice in systemic/relational therapies and supervision.

BBS post-graduate requirements for licensure are addressed in **Section XV: BBS MFT Associate Registration**

#### **4.4 Intent to Pursue a License in another State.**

The Phillips Master of Marriage and Family Therapy degree is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and qualifies students to pursue the MFT license in the State of California. Although the Phillips program has been revised to maximize the opportunity to qualify for licensure in other states, some states may have some different requirements, such as requiring additional clinical hours of experience pre-graduation. Students planning to move after graduation should research that state's educational and current licensing requirements and work with their academic advisor and MFT Site Director in order to incorporate additional requirements into their Master program. Please refer to the process in the Master of Marriage and Family Therapy Program Handbook.

The AAMFT website provides links to the MFT regulatory boards of other states:

[https://www.aamft.org/Directories/MFT\\_Licensing\\_Boards.aspx](https://www.aamft.org/Directories/MFT_Licensing_Boards.aspx)

Phillips strongly advises all students to consult with their academic advisor, MFT Site Director and gather this necessary information prior to closing their degree.

## **V BEFORE WE BEGIN: NURTURING THE THERAPIST-IN-TRAINING**

Therapy practice can be exhilarating, rewarding, discouraging, powerful, frustrating, poignant, surprising, fun, slow, consuming, and emotionally and pragmatically transformative – for both the client and the therapist. Therapy is also hard work. Therefore, as you go forward into this phase of your journey to become an MFT, your mentors wish to pass along some perspectives to take with you:

### **5.1 Be Compassionate to Yourself as well as your Clients.**

Remember that becoming a therapist is a long, developmental process that only begins in the program. Our students go into Practicum/Traineeship with intentions of doing their best and often hold expectations that they will be helpful to all of their clients. While we endorse bringing this kind of focus and commitment to your work, we also know that this is a learning process and there will be surprises and disappointments when encountering constraints to progress. Constraints may come in the form of the very difficult nature of clients' lives and their obstacles to fully engaging in therapy, therapists' beginning skill levels and personal triggers, history, and experiences, and the unpredictable stressors and demands of life outside of the program. Your supervisors and instructors are here to support you through the journey while encouraging you to remain open to the input and guidance on both the clinical skills aspect of learning as well as the growth in the "self-of-the-therapist."

Attending to the "self-of-the-therapist" in supervision means reflecting on the personal, familial and other social experiences of the Trainee that both enhance and constrain therapy work. While the supervisor focuses on these aspects of self as they affect relationships with clients and therapeutic progress, Trainees can also benefit from personal therapy both to sort out personal issues, manage triggers, as well as enhance understanding of your clients' perspectives of being in the client position. Twenty-four hours of personal therapy are required by the program.

### **5.2 Honor the Complexity of the Student's Life as a Professional-in-Training.**

Making the decision to pursue a graduate degree in the profession of MFT usually brings significant additional complexity into students' lives. You may already have started a career or job path in another area and are now starting on the path to a new profession and professional identity. You may be working part or full time and now you are adding the responsibility and extensive time commitment of preparation for a whole new field: you will have clients with needs for your undivided attention and your own needs to take care of in your personal life; you must complete the clinical hours requirement; you are a student who must take care of assignments and receive grades on them and you are a therapist-in-training who must act ethically, professionally, and competently in a clinic or agency under supervision. These multiple roles require ongoing effort to balance between students' individual needs and clients' needs. This balancing should not be an either-or but will require prioritizing needs, striving for a both-and approach to resolving these tensions, and remaining open to the fact that life balance will shift a lot during the program.

In the clinical setting, students often feel the pressure of getting enough countable clinical hours and particularly relational hours. To complete the clinical hours within the 5 term program, students need to SEE about 7-8 clients/couples/families a week, which means maintaining a caseload of about 10-11. There will be "no shows" and cancellations and possible therapist absences (very infrequent!!). Also, building a caseload is a graduated process. Trainees start with several clients per week and build a caseload over time. Ability to attend, manage and maintain

higher numbers of complex, intense cases also builds over time. Supervisors will assist Trainees with arranging co-therapies and other opportunities to gain hours of experience. Supervisors will also assist with maintaining a position of openness to balancing attention to client needs and to therapist-in-training needs.

### **5.3 Share and Enjoy the Journey with your Peers.**

Given the hectic nature of students' lives, it may seem difficult to cultivate relationships within the program, especially during Practicum/Traineeship – and may not have been what you thought you came for! You will likely be traveling together through most of your classes and will have the opportunity to learn from not only faculty and supervisors but also each other, work as clinical teams and do co-therapy. You each bring different backgrounds, life experiences, strengths, vulnerabilities and ways of learning and resolving dilemmas. Your relationships with each other – and with faculty and supervisors – will enhance your experiences, learning, and joys with the program. We encourage you to enjoy, respect, collaborate, and embrace each other's unique contributions and journeys.

Now, let's begin the heart of your clinical training and open the door to becoming the therapist you have all the potential to be!

## **VI PHASE I - BEGINNING THE CLINICAL TRAINING EXPERIENCE: FROM CASE CONFERENCE TO APPROVAL FOR TRAINEESHIP/PRACTICUM**

### **6.0 MFC 519 Case Conference**

In term one of the program students take the MFC 519 Case Conference course, described in 4.1 above.

#### **6.0.1 Beginning Documentation of Clinical Hours of Experience:**

Reminder: Students will earn beginning clinical and supervision hours towards graduation, as prescribed by the program; however, students may not count these hours towards the BBS required hours because students are not designated as Trainees and eligible to earn hours until they have completed a minimum of 13 term (semester) hours of academic coursework. The instructor will train students on how to use the documentation form. Also see **Section XI: Guidelines for Documenting Clinical Hours** in this Handbook. Students are expected to maintain these logs throughout the term – and throughout the program. Because there will not be a large number of hours earned in Case Conference, students will hold on to the logs until the end of the term. Students will turn in a *copy* of the log to the Clinical Training Coordinator at the end of the term. In future terms, students will also turn in all logs at the end of the term. The program will maintain a file of logs to indicate progress towards the required clinical and supervision hours; however, students are also expected to maintain a file of their logs. Some of these logs will be needed post-graduation for licensure application.

#### **6.0.2 Membership in AAMFT and/or CAMFT and Professional Liability Insurance:**

In order to see clients, all students must join the professional organizations of AAMFT and/or CAMFT as a Student Member and obtain Professional Liability Insurance through one of these organizations. Students must attach proof of insurance to *The Notification of Clinical Placement* form and submit it to the Clinical Training Coordinator before they are allowed to see clients. Professional Liability Insurance protects the student from any liability.

Liability insurance may be obtained through several insurance carriers. The national professional association of the American Association for Marriage and Family Therapy ([www.aamft.org](http://www.aamft.org)) and the state professional association of the California Association of Marriage and Family Therapists ([www.camft.org](http://www.camft.org)) (two separate and distinct associations) both provide access to free insurance for students through CPH and Associates with a paid membership.

Further, Campbellsville University ***must*** be named as an additional insured. Students are responsible for renewing membership in AAMFT and/or CAMFT and Professional Liability Insurance as the expiration date approaches. If Professional Liability Insurance is not renewed then traineeship hours cannot be counted toward the graduation practicum requirement.

#### **6.0.3 Evaluation and Approval for Traineeship/Practicum:**

MFC 519 Case Conference provides the data by which supervisors and faculty assess students' readiness to being Traineeship/Practicum. The process for designation as a Trainee/Practicum student is as follows:

- a. **Evaluation by the Case Conference Supervisors/Instructors:** The Case Conference instructor (MFC 519) as well as the student complete a written evaluation and recommendation pertaining to the student's overall readiness for beginning clinical practice. To be eligible to be approved as a Trainee, students must have completed 13 units, have a GPA of 3.0 or above and have demonstrated professional behavior. The instructor provides students with feedback on the following basic clinical skills:
  - **Basic Clinical Microskills:** Skills include attending behavior, use of questions, use of encouragers, use of paraphrases, reflection of feelings without interpretation, use of empathy, and use of summarizing statements;
  - **Personal functioning:** Skills include awareness of self/impact on others, use of supervision, and management of personal stress; and
  - **Knowledge and Application of Professional Standards:** Skills include ethics, relevant mental health law, and professional behavior.
- b. **Evaluation by the Faculty:** Evaluation by faculty members will be based on student assignments and their observation of students' interaction with faculty, staff, and students. Evaluation may include such aspects as the student's demonstration of clinical awareness, professional behavior, appropriate use of questions and comments, and willingness to participate in discussions and case conference reflecting teams.
- c. Successful completion of in-class Clinical Placement and Training Handbook quiz.
- d. **Department Issues Approval Letter:** Upon approval by the faculty for designation of Trainee, the department will issue an approval letter to the student.
- e. **Certificate Issued:** A certificate designating Trainee status will also be issued to the student by the department.

Full-time students are expected to receive Trainee status by the end of the first term or beginning of second term in order to begin clinical practice in the second term. Students not approved for Trainee status are first notified by the Co-Director(s) of Clinical Training and their academic advisor, and a remediation plan will be developed. These students are then re-evaluated for Trainee status at either the end of the term or the beginning of the next term. Students returning after a leave of absence (LOA) are also re-evaluated by the faculty.

## **6.1 Forms and/or Actions Required (see Section XVI for descriptions of the forms).**

- Statement of Intent to Pursue a Post-Degree Title (completed by student)

### **(Form I)**

- Purchase membership in AAMFT and/or CAMFT (by student)
- Obtain and submit verification of Professional Liability Insurance (by student)
- Phillips Clinical Hours of Experience Form (by student and signed by Supervisor)

**(Form VIII)**

- Faculty evaluation of student's readiness to begin Traineeship/Practice (by Faculty/supervisor)
  - > Successful completion of in-class Clinical Handbook quiz
  - > Department Approval Letter for designation as Trainee (by MFT department)
  - > Certificate issued designating Trainee status (by MFT department)



## **VII PHASE 2 - CLINICAL EXPERIENCE: PREPARATIONS AND REQUIREMENTS FOR TRAINEESHIP/PRACTICUM**

### **7.0 Courses that Contribute to the Practicum/Traineeship Experience.**

#### **MFC 519 Case Conference: Pragmatics and Human Communication (3 units) Letter Grade**

This course provides an experiential and practical demonstration of the foundational concepts presented in the first (1<sup>st</sup>) term coursework. Students are oriented to the practice of psychotherapy/counseling with a focus on systemic/relational practices and a multicultural perspective. Additionally, students begin developing clinical skills, including establishing and understanding confidentiality, avoiding dual relationships and handling personal information in an ethical manner. Throughout the course, students observe actual therapy/counseling behind a one-way mirror and participate as co-therapists with the instructor and on reflecting teams. Following the session, students participate in discussions with the instructor/school counselor about what has been experienced and observed. Communication principles and skills that enhance professional effectiveness are introduced, demonstrated and practiced.

#### **MFC 523 Case Conference/Practicum (3 units) Letter Grade**

Students continue the observational process from first term with clients, deepening their understanding of the concepts and practices introduced in the first term. Observing and participating as co-therapists and reflecting team members with a different client, students will apply their growing knowledge of theory, assessment and diagnosis. Students will begin to explore their personal functioning, that is their awareness of their impact on others, both in class and as they begin their traineeships and field placements. Theoretical, assessment and treatment concepts presented in term two (2) are demonstrated and applied in the clinical/counseling work with the case conference client.

#### **MFC 529 Group Dynamics/Practicum (3 units) Letter Grade**

Understanding group dynamics from the perspective of both participant and leader is an essential skill for professionals in the field of marriage and family therapy. In this experiential course, students learn the theory and practice of group dynamics. The course includes both didactic instruction on the theories of Yalom and others, and a “laboratory” experience of being in a group. Students are encouraged to utilize this experience to enhance their personal and professional growth. Although not therapy, the experience can be therapeutic for those who participate fully. Students in clinical placement will utilize the group experience as an adjunct to their official group or individual supervision. The instructor and the group will offer monitoring and support as the student deals informally with personal and professional issues related to their clinical work.

#### **MFC 531 Applied Therapeutic Methodology: Relational Therapy I (3 units) Letter Grade**

This course involves the application of theory to practice in marriage and family therapy. Relational and systemic theoretical models are utilized in the assessment and treatment of individuals, couples, families and children within a multicultural context. Students will formulate a relational and systemic theoretical position as a foundation for their clinical practice as Marriage and Family Therapists. The application of clinical skills is reviewed, including assessment, development of a therapeutic alliance, establishment of clinical goals, interventions, and the ongoing evaluation of treatment. Aspects of professional communications in the mental

health profession will also be covered. This course must be taken concurrently with 533, Practicum.

### **MFC 534 Applied Therapeutic Methodology: Relational Therapy II (3 units) Letter Grade**

This course continues the application of theory to practice in marriage and family therapy. Relational and systemic theoretical models continue to be emphasized in the assessment and treatment of individuals, couples, families, and children. Knowledge of theory, the foundations of psychotherapy, and Marriage and Family Therapy learned in the first year are reviewed and applied to cases from the Practicum experience. This course supports the student's experience in supervised Practicum with readings, assignments and resources relevant to the populations being served by the students. Students will continue to formulate a relational and systemic theoretical position as a foundation for their professional identity as Marriage and Family Therapists. Comprehensive written and oral examinations are part of this course. The course must be taken concurrently with MFC 535, Practicum.

### **MFC 533 Practicum - I (2 units) (CR/NC)**

In this course students gain direct clinical experience with individuals, couples, families and/or groups at placement sites approved by the Clinical Training Directors. The MFT Program practicum requirements as well as MFT licensure requirements in California are presented. The MFT Program requires that students obtain a minimum of 350 direct clinical hours and 100 alternative hours while in a Practicum and prior to graduation. The MFT Program at Phillips has affiliations with a variety of placements, including the California Family Counseling Center (CalFam), the Phillips onsite counseling center.

### **MFC 535 Practicum - II (2 units) (CR/NC)**

In this course students continue to gain direct clinical experience with individuals, couples, families and/or groups at placement sites approved by the Clinical Training Directors. The Phillips MFT Program practicum requirements as well as MFT licensure requirements in California are presented. The MFT Program requires that students obtain a minimum of 400 direct clinical hours and 100 alternative hours while in a Practicum and prior to graduation. The MFT Program has affiliations with a variety of placements, including the California Family Counseling Center (CalFam), the Phillips onsite counseling center.

### **MFC 596 Field Study Practicum (1-3 units) (CR/NC)**

In this course, students meet regularly with supervising faculty to discuss clinical work and to explore related issues. Faculty design specific reading and research assignments relevant to the populations being served by the student. MFC 596 functions to assist students who extend Practicum in the program and to meet the licensing board's requirement that, except for short breaks between terms, a student must be registered in Practicum while seeing clients as a trainee. Course may be repeated for credit.

## **7.1 Educational and Procedural Requirements to Begin Traineeship/Practicum.**

- Have successfully completed 13 term (semester) units.
- Maintain a minimum of a 3.0 GPA.
- Adhere to School Policies: The Master of Marriage and Family Therapy Handbook contains policies and standards of conduct pertinent to the emerging professional role. Student

behavior in school and the quality of participation in required academic activities are expected to meet these standards.

- Been evaluated and received Designation as a Trainee from the program.
- Provide evidence of membership in AAMFT and/or CAMFT and Professional Liability Insurance.
- Submit a Notification of Clinical Placement Form upon selection and approval of the site by the Clinical Training Co-Director(s).
- Enroll in the appropriate Practicum course(s).

## **7.2 Program's Coordination and Accountability for Students in Clinical Settings.**

Both the national PMFTPS, the BBS, and the Phillips program understand that the program is responsible for ensuring that students are in a safe, appropriate, and productive clinical training setting and that students perform responsibly, ethically, and skillfully in that setting. The BBS regulations (Business and Professional Code 4999.32) state that “all hours of experience gained as a trainee shall be coordinated between the school and the site where the hours are being accrued.” The Clinical Training Co-Director(s) at Phillips are the responsible agents on behalf of the BBS and profession in approving and monitoring the student's clinical practice.

Phillips monitors a Trainee's clinical hours of experience through the Practicum courses. Students must be enrolled in a Practicum course while they are accruing clinical hours of experience at an approved MFT Traineeship. Therefore, students in clinical settings must be enrolled in a Practicum course for a minimum of 12 months. The ATM/Practicum course faculty supervisors assist students having difficulty at the site, collaborate with the clinical supervisor, and track student progress in addition to providing weekly supervision.

## **7.3 Traineeship/Practicum in an MFT Traineeship: Activities, Expectations, Protocols, Requirements of Site.**

While different placements will offer different learning and activity opportunities, all sites provide opportunities to provide therapy with individuals, couples, and families and sometimes groups, of diverse backgrounds and needs. Trainees strive to maintain an average caseload of 8-10 client situations. All sites provide weekly individual and/or group supervision. All sites require the maintenance of treatment progress notes and other recordkeeping in compliance with many external authorizing and funding mandates and professional standards. In addition, sites may provide opportunities to participate in activities such as in-service training, advocacy, crisis intervention or assessment and build understanding of and collaboration with the intersections of multiple community and social services in the lives of clients. Students may also get special population understanding and skills such as with substance abuse, trauma, schools and families, and military families.

Students are expected to obtain 50 hours of live supervision in the program. Students should discuss with the MFT Traineeship site about fulfilling this requirement. Students must adhere to all MFT Traineeship site policies and procedures regarding video recording of sessions.

**Please Note:** Students will receive some hours toward their live supervision requirement both in Case Conference and in ATM.

## **7.4 Selection and Approval of an MFT Traineeship.**

### **7.4.1 California Family Counseling Center (CalFam):**

All MFT Program students will begin their Traineeship experience at the California Family Counseling Center (CalFam). CalFam cannot guarantee all required practicum hours can be obtained at the site. Therefore, Trainees should consider adding an outside placement site after the second term. If a student is employed with an agency and will be obtaining Traineeship hours at the site of employment then they must speak with the Co-Director(s) of Clinical Placement to receive an exemption from the requirement. If a student would like to add a Traineeship Site in addition to the California Family Counseling Center (CalFam) then they must speak with the Co-Director(s) of Clinical Placement as well as their Academic Advisor. Students may also choose to extend the program a term, enroll in Practicum MFC 596 and continue obtaining the required MFT program practicum graduation requirement.

#### **7.4.1.a Annual Placement Fair:**

Phillips may sponsor a Placement Fair. Should a Fair be held, then students should attend in order to become acquainted with the variety of agencies that offer Traineeships and Associateships (post-graduate clinical training required for licensure), to receive information about training program requirements, and to become familiar with the numerous community resources available for clients. Agencies send representatives to speak with students about their clinical services, training programs, and employment opportunities. Students are to dress professionally and come prepared to distribute resumes to agencies of interest.

### **7.4.2 Traineeship Lists:**

Phillips Clinical Training Services provides Traineeship lists of Approved Agencies. The Approved Agency List provides information regarding each approved agency's training program and specific requirements. Students may receive suggestions from the Clinical Training Co-Director(s), Academic Advisors, or Case Conference Instructors/Supervisors, as to the type of clinical setting that would be a "best fit." Students must always verify that the agency of interest is approved by Clinical Training.

### **7.4.3 Approval of MFT Traineeship Sites:**

The BBS Business and Professional Code of California, Chapter 13, states that all approved Traineeships must "lawfully and regularly provide mental health counseling or psychotherapy." The Clinical Training Co-Director(s) evaluate agencies that would like to offer clinical training opportunities to Phillips students. Part of the approval process is to ensure that approved Traineeships provide the type of mental health experience that supports learning the practice of the profession of Marriage and Family Therapy, adequate support and oversight for the therapist-in-training and support the Phillips educational experience.

The basic requirements for an approved Traineeship site are:

- The setting lawfully and regularly provides mental health counseling or psychotherapy to individuals (adults or children), couples, families, or groups (BBS Chapter 13).
- Provides 5 client hours of experience per week with relevant therapy activity.
- Provides opportunity for individual, couple, family, and/or group therapy experience.

- Provides a minimum of one hour individual/triadic or two hours group supervision weekly.
- Supervision is with a State Approved Supervisor who may also be an AAMFT Approved Supervisor.
- Must allow case information to be discussed in group supervision at Phillips, with protection of confidentiality.
- Must allow case information to be used for Capstone presentation at Phillips, with protection of confidentiality.
- Preferred (but not required) that site uses video or live supervision.
- Supports open communication with Phillips ATM Instructor/Supervisor and Clinical Training Co-Director(s).
- Formalizes approval for Traineeship through a Phillips Clinical Training Affiliation Agreement.

The Clinical Training Co-Director(s) formalize a Clinical Training Affiliation Agreement that is signed by the school's Clinical Training Co-Director(s) and the agency's Clinical Director and Clinical Supervisor. This Clinical Training Affiliation Agreement outlines services trainees will provide, the training and supervision trainees will receive, the agency's responsibilities, the legal responsibilities of the supervisor, the evaluation process, and the school's responsibilities. Clinical Training Affiliation Agreements are filed with the Clinical Training Co-Director(s) and are available for students to review. Traineeships must have a current Clinical Training Affiliation Agreement. The agency is considered to be an "Approved Traineeship" after Phillips and agency representatives have signed the Affiliation Agreement.

If students identify an agency of interest that is not currently on the Approved Traineeship list, they may request that the agency be reviewed for approval. Students should consult the Clinical Training Co-Director(s) about the approval process before they start Practicum courses.

The Clinical Training Co-Director(s) are available for consultation on Traineeship decision-making and approval by appointment.

#### **7.4.4 MFT Traineeship Selection:**

All MFT Program students will begin their Traineeship experience at the California Family Counseling Center (CalFam). CalFam cannot guarantee all required practicum hours can be obtained at the site. Therefore, Trainees should consider adding an outside placement site after the second term. If a student is employed with an agency and will be obtaining Traineeship hours at the site of employment then they must speak with the Co-Director(s) of Clinical Placement to receive an exemption from the requirement. If a student would like to add a Traineeship Site in addition to the California Family Counseling Center (CalFam) then they must speak with the Co-Director(s) of Clinical Placement as well as their Academic Advisor. If a student wishes to add a Traineeship site, then the student should begin their search for a second Traineeship site toward the middle of the term prior to starting the Traineeship. Students may also choose to extend the program a term, enroll in Practicum MFC 596 and continue obtaining the required MFT program practicum graduation requirement.

Students cannot provide clinical services to clients until they receive a Trainee Status Letter and Certificate and their *Notification of Placement Form* has been approved by the designated Clinical Training Co-Director(s). The designated Clinical Training Co-Director(s) provide students with individual advisement and information on approved Traineeships. It is the responsibility of the student to apply and secure a second Traineeship to fulfill the Practicum graduation requirement. The Co-Director(s) do not assign placements.

- **Research:** Students are encouraged to research placement sites (general site information, populations served, application process and deadlines) via the internet. Many sites require an on-line application process.
- **Resume:** Most agencies request a resume from students applying for a Traineeship. The resume may be a business resume or one specific to the task of seeking a Traineeship. It is understood by training agencies that most students do not have clinical experience. The agencies want to know the extent of the student's personal and professional experience, compassion for others, adaptability to the wide range of backgrounds and problem situations that clients bring, commitment to learning, sense of responsibility to follow through, readiness to take on less interesting tasks (paperwork!!), and overall maturity. Also, prepare a brief cover letter to accompany your resume. It is preferable to submit your resume to an identified contact person.
- **Follow-up:** Many agencies require students to complete an application, provide a resume, and provide letters of recommendation and/or personal references. Since the application, interviews and selection process vary for each agency, it is in the student's best interest to clarify the application process and timeline with an agency representative or through the agency's website.
- **Interview:** The agency directors and/or clinical supervisors will want to schedule an interview to meet with the student to see if they are a match for their training program. Professionalism is an important part of the interview process. Students should arrive to the interview on time and dressed professionally.
- **Professionalism:** Students are expected to conduct themselves in a professional and ethical manner at their Traineeships. Students are expected to be familiar with and abide by the BBS statutes and regulations governing the practice of MFT and with the national AAMFT and state CAMFT Codes of Ethics.

Students should carefully review the agency's training program before committing to the agency. If students have concerns about their Traineeship, they are expected to consult and follow through on recommendations of the Clinical Training Co-Director(s).

## **7.5 Specific Traineeship Requirements of the Board of Behavioral Sciences (which are, therefore, also required by the Phillips program).**

The BBS also requires documentation of all Traineeship arrangements with agencies, supervisors, and schools. This documentation must be kept as evidence of compliance with BBS Laws and Regulations from the beginning of Traineeship through the actual attainment of licensure. The program recommends beginning a file and locating a safe storage location for this documentation. The most recent BBS forms are on the BBS website: [www.bbs.ca.gov/forms](http://www.bbs.ca.gov/forms). Specific information on how to count clinical hours for the BBS is located in "Frequently Asked Questions." [www.bbs.ca.gov/pdf/publications/mft\\_faq.pdf](http://www.bbs.ca.gov/pdf/publications/mft_faq.pdf).

### **7.5.1 BBS Supervisor Responsibility Statement:**

This form is completed by the student and signed by the official supervisor. If the Trainee has more than one supervisor, then a separate form is completed for each supervisor. One copy of this form for each supervisor must be submitted with the *Notification of Clinical Placement* form to the Clinical Training Co-Director(s) and the original should be retained by the student/Trainee.

### **7.5.2 Volunteer Experience:**

Students may gain Practicum hours where they currently volunteer or have previously volunteered, as long as the site meets the requirements for Approval of a Traineeship site as stated in 7.5.3. The student will need to consult with the designated Clinical Training Co-Director(s) regarding the approval process.

### **7.5.3 Paid Experience for Students:**

Students may receive monetary compensation for the services they provide in an approved Traineeship. This can occur in two ways: 1) a student may be hired as a full or part-time employee by the agency, or 2) a student may receive a stipend from the agency. Students need to be paid with all governmental deductions (W-2 employee) when they are hired by an agency. Students may receive a stipend without governmental deductions if the stipend is not more than \$500 a month and it is considered a reimbursement of the student's expenses. Students may not be paid as an independent contractor. Therefore, they may not work as an independent practitioner in a private practice.

Students may receive their Practicum hours at their employment site if the agency is approved by Phillips to have met the qualifications in 7.4.3. The employment setting must meet all of the criteria in 7.4.3 with the addition of providing the student with a W-2 statement, if the student is paid.

If a student's employment setting is approved as a Traineeship, the student's Practicum grade and progress with clinical hours of experience are at risk if the student's employment status is terminated during the school year. Should the student's employment status with the agency end before the Practicum course is completed, the student will need to immediately secure another approved Traineeship in order to remain enrolled in **MFC 531/534 Approved Therapeutic Methodology – Relational Therapy I and II** and still be eligible for a grade of "Credit" for the Practicum course.

### **7.5.4 Summary of Restrictions of Traineeship Experience:**

The school adheres to the BBS restrictions of clinical services that include:

- Students may not gain hours of experience if the therapy performed is not consistent with the student's education, training, and experience.
- Students may not gain hours of experience in the private practice of a licensed professional.
- Students may not be hired as an independent contractor.
- Students who provide volunteer services may not receive monetary reimbursement that exceeds a \$500 stipend each month.

## **7.6 Forms and/or Actions Required (see Section XI Forms).**

- *Notification of Clinical Placement*
- *BBS Supervisor Responsibility Statement*
- *Clinical Affiliation Agreement (between Phillips and agency)*
- *Evidence of Supervisor's Qualifications (stated in the Clinical Affiliation Agreement between Phillips and agency)*



## **VIII PHASE 3 - CLINICAL EXPERIENCE: IN TRAINEESHIP/PRACTICUM**

### **8.0 Clinical Responsibilities and Activities in the MFT Traineeship: See 7.3 above.**

### **8.1 Case File Documentation and Case Management.**

#### **8.1.1 Paperwork:**

Students are expected to maintain and stay current with all paperwork required at the MFT Traineeship site. Agencies' funding, authorization, and accreditation are jeopardized by incomplete recordkeeping. Supervisors or other agency personnel review case records periodically.

#### **8.1.2 Case Management Tasks:**

Students are expected to respond promptly to case management tasks such as returning client phone calls or consulting with other service providers involved with a case situation (e.g., DCFS, school counselors).

#### **8.1.3 Crises:**

Students are expected to consult with their supervisor promptly with any situation that the therapist-in-training is unsure about, particularly emotionally volatile situations or any situation at risk for a crisis.

### **8.2. Documentation of Clinical Hours of Experience (See also Section XI: Guidelines for Documenting Clinical Hours).**

#### **8.2.1 Weekly Logs:**

Students maintain weekly logs of clinical hours of experience for both clinical activity and supervision. Forms are available electronically – links to the BBS forms can be found in **Section XVI: Forms**. There are different forms for the **program** requirements and the **BBS** requirements. **Guidelines for Documenting Clinical Hours** are provided in **Section XI**. The primary forms for weekly logs are:

- *Phillips Clinical Experience Hour Log*
- *BBS Weekly Summary of Hours of Experience*

Traineeship site supervisors sign logs from the MFT Traineeship site. **MFC 531/534** **ATM** instructors/supervisors sign logs for the ATM Supervision. Logs are turned in to the Coordinator of Clinical Training at the end of the term. Trainees should keep the original of these forms for their personal clinical experience files.

### **8.3 Professionalism.**

#### **8.3.1 Attire:**

Professional attire is expected whenever you are working with clients and engaging with other professionals. While the level of formality may differ from site to site and therapists do not want to dress in ways that do not fit the environment. Students are responsible to ask the agency for dress code/attire expectations/policies. If a student is advised by his/her supervisor to modify his/her dress, the student is expected to comply.

### **8.3.2 Frustrating Interactions:**

Agencies are made up of human beings who at times get frustrated and may handle situations in less than desirable ways. Students/Trainees are also human beings who also at times are displeased with situations at the site and may handle situations in less than desirable ways. Students/Trainees are encouraged to bring to supervision these situations and to consult on ways to handle them. At times a meeting with personnel at the site may be called for; however, most situations can be resolved by consultation and by taking an opportunity to step back and consider other perspectives.

## **8.4. Evaluation of Trainee.**

### **8.4.1 MFT Trainee Evaluation Form:**

The *MFT Trainee Evaluation Form* provides a review of student training and performance at Traineeships by the clinical supervisors. The form also serves as summary documentation of the required hours for Practicum and required hours for graduation for the term. This form must be completed every term a student is accruing clinical hours and is due on the student's last class day of the term. Phillips instructors/supervisors provide students with this evaluation form. The student is responsible for taking the form to the MFT Traineeship supervisor to complete; then the student returns the completed form to the Clinical Training Coordinator by the designated date. If a student does not turn in the evaluation by the designated date then the hours accrued for the term do not count toward the program's graduation requirement.

If the Trainee has multiple Traineeships, a supervisor from each agency must complete the *MFT Trainee Evaluation Form*. All original forms remain in the student's permanent educational file at Phillips. Students must keep copies of the evaluation forms with their *Weekly Summary of Hours of Experience form*. Please see **Form IV in Section XVI: Forms** of the Handbook. This form is also found on the Phillips website, [phillips.campbellsville.edu](http://phillips.campbellsville.edu).

The Clinical Training Co-Director(s) may contact clinical supervisors mid-term regarding Trainee progress. This allows time for remediation before the final *MFT Trainee Evaluation Form* is submitted at the end of the term.

### **8.4.2 Separate Evaluation by the ATM Instructor/Supervisor:**

The ATM instructor/supervisor completes an evaluation form on each student. The student also completes a self-evaluation as well. The form is located in the ATM Syllabus.

## **8.5 Notification of Traineeship Changes.**

The *Notification of Traineeship Changes Form* is used to notify the designated Clinical Training Co-Director(s) of any changes at their current Traineeship, such as additional supervisors, change of supervisors, or change of treatment program. Please see **Form V in Section XVI: Forms** in the Handbook. This form is also found on the Phillips website, [phillips.campbellsville.edu](http://phillips.campbellsville.edu).

## **8.6 Request to Terminate a Traineeship.**

Before students terminate a Traineeship, they must consult with their Academic advisor and the Clinical Training Co-Director(s). Consultation is required so the student has proper guidance

during this process and for the student's growth and professional development. If the termination is approved, a student must complete a *Request to Terminate Traineeship Form*. This form is used to officially notify the designated Clinical Training Co-Director(s) of the termination. Signatures of an agency representative, the Co-Director(s) of Clinical Training and the student are required.

Students also need to complete the BBS form, *Experience Verification Form*, required upon termination from any Traineeship in order to document accumulated hours of experience from the site toward the Practicum requirement. The program's *Request to Terminate a Traineeship Form* is **Form VI in Section XVI: Forms** in this Handbook.

### **8.7 Student/School Vacations and Trainee Responsibility to the Traineeship.**

Because of the responsibility to the continuity of client care, students/Trainees are expected to consider the Traineeship as a job and to maintain continuous participation through school breaks if the placement site remains open during the school break. While on occasion it may be reasonable for a student/Trainee to be absent, all time away needs to be scheduled with and approved by the Traineeship supervisor. Any absences, whether unexpected due to illness or planned for other reasons require making arrangement to make up for missed work.

### **8.8. Forms and/or Actions Required (See Section XVI: Forms).**

- *Phillips Clinical Experience Hours Form (Form VIII)*
- *BBS Weekly Summary of Hours of Experience (Form X)*
- *Trainee Evaluation Form (Form IV)*
- *Notification of Traineeship Changes (Form III)*
- *Request to Terminate a Traineeship (Form VI)*
- *BBS Experience Verification Form (Form XI)*

## **IX PHASE 4 - CLINICAL EXPERIENCE: COMPLETION AND TERMINATION**

### **9.0 The Final Term and Completion of the 450 Hours (minimum of 350 clinical and maximum of 100 alternative hours).**

Completion of the clinical experience component of the program is determined by satisfactory, documented, and approved completion of the required hours of clinical practice and supervision and submission of all required paperwork and evaluations. All students will complete a minimum twelve months of consecutive clinical experience.

#### **9.0.1 Closure Plan:**

Students should work with their site supervisors to make a closure plan so that clients are terminated and/referred with care and in relation to their needs. Students should work with their site supervisors to determine when not to accept new clients.

#### **9.0.2 Mid-Term Termination:**

Students may not terminate in the middle of the term if they have achieved the required hours. Students are committed for the full term. Students are expected to provide full care to clients and involvement in the placement site as a professional.

### **9.1 Incomplete Hours.**

Given the complexity of students' lives and the work of clinical practice, it is likely that some students will not complete the clinical hours requirements in the consecutive twelve months. If students project that they will not be able to complete all clinical requirements by the end of the final term, the following guidelines apply:

#### **9.1.1 Plan:**

Toward the end of the final term of the program, students who anticipate not completing the requirements should notify and meet with their academic advisor and the Clinical Training Co-Director(s) to make a plan for completion.

#### **9.1.2 Practicum:**

Students will need to enroll in practicum for another term in **MFC 596 Field Study Practicum**. Students may not be in placement accruing hours without accompanying Phillips faculty supervision and an active Traineeship agreement.

#### **9.1.3 Liability Insurance Renewal:**

Students should renew their membership in AAMFT and/or CAMFT and Professional Liability Insurance if approaching the expiration date. If Liability Insurance is not renewed then hours accrued at a traineeship during the lapsed period will not be counted toward the graduation practicum requirement.

### **9.2 Closure Requirements.**

#### **9.2.1 Completion and Approval of Clinical Documentation:**

All clinical documentation forms must be completed, approved and signed by the student and all supervisors. All forms must be turned in by student's last day of class in the term in order to be approved for graduation. In addition to the *Phillips Clinical Hours of Experience Log* and *BBS Weekly Hours of Experience Form*, students must complete, with the Traineeship Supervisor's approval and signature, the *BBS Experience*

*Verification Form*. Students should maintain a file of all original BBS clinical documentation forms for the application for state licensure.

### **9.2.2 Final MFT Trainee Evaluation:**

The final *MFT Trainee Evaluation Form(s)* must be completed and turned in to the Clinical Training Coordinator by the student's last day of class of the term in order to be approved for graduation. Both the MFT Traineeship site supervisor and the MFC 534 ATM instructor/supervisor must complete either the *MFT Trainee Evaluation* or *ATM Student Evaluation*.

If a student does not turn in the evaluation by the designated date then the hours accrued for the term do not count toward the program's graduation requirement.

### **9.2.3 Student Evaluation of Traineeship Experience:**

Students complete the *Student Evaluation of Traineeship* form. This form provides feedback to the program on the overall quality of training experience and helps the program to maintain high quality training site resources. This form must be completed by the student and turned in to the Coordinator of Clinical Training by the student's last day of class of the term in order to receive credit for MFC 535 and be approved for graduation.

## **9.3 Forms and/or Actions Required (See Section XVI: Forms).**

- *MFT Trainee Evaluation Form (Form IV)*
- *Student Evaluation of Traineeship Form (Form VII)*
- *Phillips Clinical Hours of Experience Form (Form VIII)*
- *BBS Experience Verification Form + all clinical documentation forms (Forms XI, X)*

## **X SUPERVISION**

### **10.0 (also 4.3) Summary of the Supervision Hours Requirement for Posting Your Degree and Graduation.**

<b>SUPERVISION HOURS</b>	<b>PROGRAM REQUIREMENTS</b>	<b>BBS/MFT TRAINEESHIP REQUIREMENTS</b>
Total number	100 (no published ratio).	Must maintain ratio of 1 unit of supervision for every 5 hours of client contact. This requirement may be satisfied by either individual or group supervision (for trainees – group supervision is most common).  No set total.
Individual supervision	Supervision may be individual or group. Two supervisees may be included in an individual supervision session (triadic supervision).  1 hour of individual or group supervision per week for each week seeing clients.  Supervisor must be AAMFT Approved Supervisor or Approved Supervisor Candidate.  Total hours required: 100 (may be individual and group supervision combined).	Individual supervision includes one or two supervisees which is also known as triadic supervision.  1 unit of individual/triadic supervision equals one hour of individual supervision for every 5 hours of client contact.  Supervisor must be State Approved.
Group supervision	Up to 8 individuals in a group.  No minimum or maximum number of hours for group supervision.  Total hours required: 100 hours (may be individual and group supervision combined).  Same qualifications for supervisor as above.	Up to 8 individuals in a group.  1 unit of group supervision equals two hours of group supervision for every 5 hours of client contact. For trainees, group supervision is most common.  Supervisor must be State Approved.
Use of observable data in supervision i.e., live supervision or video recorded supervision.	Minimum of 50 hours. Some of these hours occur through Case Conference and ATM.	No requirement.

### 10.0.1 Summary of Table Above:

- Students must have a minimum of 100 hours of supervision for the program. While the **BBS** requires a ratio of one unit of supervision for five hours of client contact, this is compatible with the **program's** requirement of 100 hours. When a student completes the 450 hours (350 minimum clinical + 100 maximum alternative), the ratio will remain < 1:5. Students will likely exceed the 100 hours of supervision.
- **Both sets** of requirements allow for eight students in a supervision group. Both sets of requirements allow for either individual/triadic or group supervision.
- The **program** requires that 50 of the 100 hours of supervision be conducted via video or live supervision; the **BBS** does not have this requirement. **Please note:** Students will receive some of these hours through Case Conference and ATM.
- **The program** requires that students receive weekly supervision from an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate; the **BBS** requires that the supervisor be a State Approved Supervisor. AAMFT Approved Supervisors have focused training in systemic/relational approaches to supervision with an extensive multiyear training; State Supervisors are generically trained in supervision and complete a six-hour course every two years. All Phillips supervisors are AAMFT Approved Supervisors/Candidates and State Approved; MFT Traineeship Supervisors typically are State Approved, although some may be AAMFT Approved Supervisors/Candidate.

## 10.1 Definition and Functions of Supervision.

Supervision is the oversight and guidance of students in the interaction with clients in therapy and all professional tasks. All clinical work is an interactive experience, at minimum, between clients and therapist. While many factors affect the progress of therapy, the growth and building of competency as a clinician are most critically advanced through the student's openness to supervision that includes guidance in the application of knowledge and skills as well as awareness and adjustments with the self of the therapist. Supervision may be provided through case report, live and video methods (See **Section 4.3** for definitions related to supervision). Supervision may utilize digital and distance technologies in which students and supervisor are not in the same location, as long as confidentiality is insured. All supervision may not be via digital and distance technologies.

### 10.1.1 Monitor Client Welfare:

The primary ethical responsibility of a supervisor is to monitor the welfare of the clients seen by the trainee. The supervisor is legally responsible for the quality of care provided by the trainee. Trainees must follow all supervisory directives and must receive a conceptual explanation of those directives.

### 10.1.2 Evaluate Progress:

An essential function of supervision is to provide continuous feedback to the trainee on his or her professional development. Supervisors should articulate their criteria for successful supervision and what is required for successful supervision to occur. This includes

knowing what training and learning objectives will be used and what forms of feedback or direct training they will provide to the trainees.

The standard method that supervisors use to keep informed of trainee clinical performance is through case reports presented in supervision and a review of session notes. Agencies are encouraged to have supervisors monitor the trainee's clinical work by direct observation at least once during the term. Some agencies have the ability to directly observe Trainee's clinical performance through audio recording, video recording, one-way mirrors, or working as a co-therapist with the Trainee.

### **10.1.3 Enhance Professional Development and Competence:**

The major task for a Trainee in a placement is to receive training in the application of counseling principles and methods in marriage and family therapy and in the use of various psychotherapeutic techniques and modalities. Supervisors work to provide safety to try new methods through supportive behaviors while also challenging students to go beyond their own comfort zones in therapeutic conversations and interventions in the interests of helping clients.

## **10.2 Qualifications and Requirements for Supervisors.**

Because the **program** and the **BBS** have different preparation and credential requirements for supervisors, **program** and **BBS** requirements are listed separately. The program insures that the supervision process and supervisors meet both sets of requirements.

### **10.2.1 Qualifications and Requirements for Phillips Faculty Supervisors:**

- Must be AAMFT Approved Supervisor or Approved Supervisor Candidate. Students must have weekly supervision with an AAMFT Approved Supervisor or Approved Supervisor Candidate for each week in which they see clients. Students obtain this qualifying supervision through **MFC 519 Case Conference, MFC 523 Case Conference/Practicum, MFC 529 Group Dynamics/Practicum, MFC 531/534 ATM and Practicum, MFC 533/535 ATM and Practicum, and MFC 596 Field Study Practicum** sections which meet weekly. Additional supervision may be provided by AAMFT Approved Supervisors, Approved Supervisor Candidates or State Approved Supervisor.
- Must be California licensed clinician and trained in systemic/relationship therapies.
- Must also be a State Approved Supervisor.
- Supervision from a qualified supervisor who is a family member, personal therapist or has another form of personal relationship with the student is not allowed. Supervisors avoid dual relationships with students.
- Program must have evidence of current license and AAMFT Approved Supervisor/Candidate on file with Phillips.
- Must oversee and sign for documentation of clinical hours on *Phillips Clinical Hours of Experience Log*.
- Must require students to present cases in supervision via live or video methods as well as case report.
- Supervision may be either individual or group. Individual supervision may include either one or two students (triadic supervision). Group supervision may include no



more than eight students in the group. If there are two supervisors covering a group, the group is still limited to no more than eight students.

- Will provide weekly group supervision but must be available for one on one contact if students have urgent need for a client situation under their supervision. (If the primary supervisor is not available, students may seek consultation with a Clinical Training Co-Director(s) or other Phillips Approved Supervisor.)
- Must complete *MFT Trainee Evaluation* of the students at the end of term the student is enrolled in the clinical training designated courses.
- Maintain ongoing clear communication with the student about the student progress so that the student is not surprised by evaluations or information at the end of a term. If a pattern of concern over student progress, the supervisor should inform the student's Academic advisor, the Clinical Training Co-Director(s) and MFT Program Director.

#### **10.2.2 Qualifications for MFT Traineeship Site Supervisors:**

- Must be State Approved Supervisors.
- Must be California licensed as MFT, Clinical Psychologist, Social Worker, Professional Clinical Counselor or Psychiatrist.
- Must have practiced psychotherapy for at least of two of the last five years within the five-year period immediately preceding the supervision and have an average of at least five client contact hours per week.
- Program must have evidence of current license and State Approved qualification (completion of 6-hour supervision course every two years).
- Must have knowledge of the statutes and regulations in California pertaining to supervision of graduate students and the experience required for licensure as an MFT in California.
- Supervision from a qualified supervisor who is a family member, personal therapist or has another form of personal relationship with the student is not allowed. Supervisors avoid dual relationships with students.
- Must complete the *BBS Supervisor Responsibility Statement* upon beginning a supervisory commitment.
- Must oversee and sign for documentation of clinical hours of experience on the *BBS Weekly Summary of Hours of Experience form* and upon termination of a supervisory relationship on the *BBS Experience Verification Form*.
- Must provide one hour of individual/triadic or two hours of group supervision per week. Group supervision should include no more than eight students.
- Must provide *MFT Trainee Evaluation* of the students at the end of term the student is enrolled in the clinical training designated courses.
- Maintain ongoing clear communication with the student about the student progress so that the student is not surprised by evaluations or information at the end of a term. If a pattern of concern over student progress, the supervisor should inform the Co-Director(s) of Clinical Training and the MFT Site Director.

### **10.3 Students' Responsibilities for Supervision.**

- Attend all scheduled supervision sessions. Students are expected to arrange their schedules to allow for regular attendance in supervision.
- Be prepared with at least one case to present in each supervision session. Supervisors will provide instruction on how to present cases.
- Students are expected to obtain 50 hours of live supervision in the program. Students should discuss with the MFT Traineeship site about fulfilling this requirement. Students must adhere to all MFT Traineeship site policies and procedures regarding video recording of sessions. As available, students may substitute a live supervision session for a video presentation. Some MFT Traineeships may not offer the opportunity to video record sessions. Audio recording may not substitute for video recording. Students must receive written informed consent to videotape sessions from all clients. Students must contact the Co-Director(s) of Clinical Training if the site does not allow video recording of sessions.
- Students are expected to stay current on all paperwork required at clinical sites, including but not limited to assessments, treatment plans, progress notes, and consent forms and bring to the supervisor for signature regularly.
- Students are expected to stay current on all clinical documentation and bring to the supervisor for signature regularly.
- Students are expected to report to their supervisor(s) any crises with individuals, couples or families that place persons at risk or to report any situations that students are questioning the level of risk.
- Students should not see any clients outside of the agency or other clinical settings without specific permission of the supervisor (e.g., a client and family seen in an agency setting may request therapist attendance at a school evaluation meeting).

#### **10.4 Management of Recorded Sessions.**

Students should consult and follow the Agency's policy for recording of client sessions and using recorded session(s) in MFC 531/534 ATM.

#### **10.5 Supervision between Terms or when Phillips is not in Session.**

Supervision continues at the MFT Traineeship. The hours obtained during this time count toward the BBS requirement; however, they do not count toward the program's requirement unless student has arranged to meet with AAMFT Approved Supervisor/Supervisor Candidate for one hour each week.

#### **10.6 Managing Difficulties and Plans for Remediation.**

At times, differences of perspective may arise about student performance or a site's fulfillment of its responsibilities. Students are advised to address concerns directly with their supervisor first. If misunderstandings or other problems continue, students should consult with the Co-Director(s) of Clinical Training. When needed, the Clinical Training Co-Director(s) will arrange a three-way meeting to assist with a resolution.

At times, a supervisor may evaluate a student's performance as requiring a behavioral change due to concerns for the welfare of clients or underperformance of the agency's requirements. The supervisor will inform the student of the evaluation and initiate a meeting with the Clinical Training Co-Director(s), and student to clarify and discuss the concerns and make a formal and written plan for improvement. If the student does not meet the conditions of the plan for remediation, the Traineeship could be interrupted or terminated.

### **10.7 Forms and/or Actions Required (See Section XVI: Forms).**

- *Phillips Clinical Hours of Experience Log (Form VIII)*
- *BBS Weekly Summary of Hours of Clinical Experience Form (Form X)*
- *BBS Experience Verification Form (Form XI)*
- *BBS Supervisor Responsibility Statement (Form IX)*

## **XI GUIDELINES FOR DOCUMENTING CLINICAL HOURS**

### **11.0 Phillips and BBS Documentation Systems.**

There are two separate systems for documenting clinical hours of experience. The *Phillips Clinical Hours of Experience Log* reflects the program's specific clinical training requirements that have been revised to more closely reflect national standards for the field of Marriage and Family Therapy and will enhance graduates' ability to qualify for MFT licensure out of state. The BBS forms, the *Weekly Summary of Hours of Experience Form* and the *Experience Verification Form*, are specifically designed to meet Board of Behavioral Science requirements in California. Students must maintain both sets of forms.

### **11.1 Guidelines for Completing the *Phillips Clinical Hours of Experience Log*.**

#### **11.1.1 Weekly Documentation:**

This form can be used to document hours of client service and supervision. Each vertical column records one week's hours. Definitions for each category of client service and supervision experience are provided in **Section 4.3**.

#### **11.1.2 Supervisor Signature:**

Forms should be completed and signed by the MFC 519/523 Case Conference, MFC 529 Group Dynamics/Practicum, MFC 531/534 ATM or MFC 596 Field Study Practicum faculty supervisor weekly. At the end of each term, the student keeps the original form. The student is responsible for providing a copy of the documents to the Coordinator of Clinical Training.

#### **11.1.3 Therapy or Client Contact Hour:**

Contact should be counted in 15-minute increments. In other words, a session that runs 45 minutes, counts as  $\frac{3}{4}$  hour. Between 45 and 60 minute sessions count as one hour. If a session goes beyond one hour, add 15 minutes for each quarter hour.

#### **11.1.4 Individual or Relational/Family Hours:**

Therapy with one person in the room with a therapist is considered individual therapy. Even if the therapist also sees the individual with family members or in couple therapy at other times, the particular session with that member of the family is considered an individual session. A relational session is one in which there is more than one person in the room, those persons are in a significant relationship to each other such as a couple, parent-child, siblings, group home residents, grandparents, parents, and children, roommates or individuals living or functioning within a shared system and the purpose of the session is presented as helping one person in the room, the relationships of the system as a whole, and/or assisting someone who is not in the room.

#### **11.1.5 Alternative Hour:**

Alternative Hour is a clinical activity that contributes to competency development and/or provides clinical support to the progress of therapy. It includes researching, identifying, and accessing resources, or other activities (e.g., reflecting team participation), related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy. Further this information is brought back/communicated directly to clients to assist in obtaining or managing services/treatment.

#### **11.1.6 Co-Therapy:**

When a student conducts co-therapy with another student, both students receive credit for the clinical hour.

#### **11.1.7 Group Therapy:**

A student conducting a therapy group with unrelated individuals counts the time as individual hours. On the Phillips form, there is no separate category for group therapy. The student only receives credit for the actual time of the group session, not for each individual member. In other words, a group therapy of seven individuals that meets for 1½ hours, documents this experience as 1½ hours. A student conducting a therapy group with related individuals, such as a group of couples or parents with adolescents may count these hours as relational. A group of individuals being coached in Bowenian family-of-origin work may also count these hours as relational. Again, on the Phillips form, there is no separate category for group therapy. The student only receives credit for the actual time of the group session, not for each individual member. See Section 4.2 and 11.1.4 for definitions of relational client contact.

#### **11.1.8 Individual or Group Supervision:**

Within the 100 hours required, there is no required minimum or maximum of individual or group supervision. Hours of supervision are counted in 15 minute increments like client service hours. One hour/60 minutes of individual supervision = one hour; two hours/120 minutes of group supervision = two hours. Reminder: Individual supervision may include one or two supervisees (triadic supervision) with the supervisor; group supervision may include up to eight supervisees with the supervisor.

#### **11.1.9 Case Report, Video or Live Supervision:**

Case report supervision relies on the supervisee's description of what is occurring in therapy. Supervisors may require formal oral or written case presentations with identities of clients protected. Some case report supervision may be a brief consultation on a case.

Video supervision requires that the supervisee video record sessions. The value of video based supervision is that the supervisor and supervisee can see directly what is occurring in the session. As learners, supervisees may omit important information or have a different perspective on what was important in the session. Video supervision provides an invaluable opportunity to view oneself and reflect and contribute to the case discussion from an observational vantage point. Similarly, live supervision allows the supervisor to see the actual data of therapy. Additionally, it affords the opportunity to provide guidance during a session. Typically, live supervision is conducted from behind a one-way mirror; however, it can also be conducted if doing co-therapy with the supervisor.

#### **11.1.10 Simultaneous Therapy and Live Supervision:**

If a student is simultaneously conducting a therapy session and receiving live supervision, the student may count the hour both for therapy and live supervision.

#### **11.1.11 Video Presentation in Group Supervision:**

If one student in group supervision is sharing a video of a case and all are participating in the discussion, all students may count the time as video group supervision. For example, if three students in group supervision present three videos during a 1½ hour group supervision session for about ½ hour each, all students may count this time as 1½ hours of video group supervision.

#### **11.1.12 Exclusions from Counting:**

Students may not count writing progress notes and other paperwork or trainings and seminars towards the required program hours. Telephone contact that is for scheduling or other routine purposes may not be counted.

### **11.2 Sample Phillips Clinical Hour of Experience Log See Form VIII.**

### **11.3 Guidelines for Completing the BBS Weekly Summary of Hours of Experience Hours Form.**

There are two form options. Trainees should use Option 1-New Streamlined Method. Option 2 is used by Associates who will be submitting an *Application for Licensure and Examination* postmarked no later than December 31, 2020.

#### **11.3.1 Weekly Summary of Experience Form Documentation:**

This form can be used to document client service and supervision hours. Each vertical column records one week's hours. Currently totals must be tallied manually. Definitions for most categories are in section 4.3. The requirements below are for a Trainee while in a graduate program. Total BBS requirements for licensure that include both Trainee (pre-graduate) and Associate (post-graduate) hours are listed in **Appendix B: Summary of Hours of Experience from the BBS for Licensure**.

#### **11.3.2 Supervisor Signature:**

Forms should be completed and signed by the MFT Traineeship site supervisor weekly. At the end of each term, the student keeps the original form and provides a copy to the Clinical Training Coordinator.

#### **11.3.3 Direct Counseling with Individuals, Groups, Couples or Families – Category A:**

All direct counseling hours with individuals, groups, couples or families are recorded in this category.

##### **11.3.3.a Individuals:**

Refers to therapy with an individual adult over 18 years old. Therapy may be conducted from any theoretical frame or approach. There is no minimum or maximum individual hour limit within the total 225 required by the BBS for Trainees to graduate; however, Trainees must complete a minimum of 150 direct therapy hours from the categories of individual hours, couples, families, children hours, and group hours.

##### **11.3.3.b Couples, Families and Children:**

Therapy may be conducted with couples, families and individual children under 18 years old. This is a different understanding of “family hours” than in 11.1.4. There is no specific required number of couple, family and children hours as Trainees while in an MFT program; however, the BBS requires Trainees complete a minimum of 150 direct therapy hours from the categories of individual hours, couples, families, children hours, and group hours.

#### **11.3.3.c Group Therapy or Counseling:**

Therapy may be conducted with groups of unrelated or related individuals from any group-centered theoretical frame or approach. There is no specific required number of group hours required by the BBS as a Trainee while in an MFT program; however, Trainees must complete a minimum of 150 direct therapy hours from the categories of individual hours, couples, families, children hours, and group hours.

#### **11.3.3.d Telehealth Counseling:**

This category refers to mode of delivering health care via information and communication technologies, including, but not limited to, telephone and/or internet. These hours may be counted both pre and post degree.

### **11.3.4 Non-Clinical Experience – Category B:**

All non-clinical experience hours such as supervision, writing clinical reports, writing progress notes, client-centered advocacy, and workshops, seminar, training sessions or conferences are logged in this category.

#### **11.3.4.a Written Clinical Reports, etc.:**

These hours may be counted both pre- and post-degree. These hours may not be included in the 225 hour total.

#### **11.3.4.b Workshops, Seminars, Training Sessions, Conferences:**

These hours include training sessions beyond the program that are relevant to the MFT field towards licensure hours. Students should receive approval from their supervisors before attending and retain receipts or certificates for trainings or workshops as part of the documentation for licensure. These hours may be counted both pre and post degree. These hours may not be included in the total of 225.

#### **11.3.4.c Client Centered Advocacy (CCA):**

Includes, but is not limited to, researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services. Up to 75 hours of CCA may be included in the 225 hour total.

### **11.3.5 Non-Clinical Experience – Supervision Category B1 and B2**

#### **11.3.5.a Individual/Triadic Supervision – Category B1:**

Refers to one or two supervisee(s) with one supervisor. Trainees must maintain a ratio of one unit of supervision for every five hours of client contact. One unit of individual supervision equals one hour. Trainees may not count more than five hours of supervision in one week. Trainees must receive one hour of individual/triadic (or two hours of group) supervision in one week.

#### **11.3.5.b Group Supervision – Category B2:**

Refers to one supervisor with up to eight supervisees. Trainees must maintain a ratio of one unit of supervision for every five hours of client contact. One unit of group supervision equals two hours. This is the most common type of supervision for Trainees.

**11.4 Sample BBS Weekly Summary Hours of Experience Form**  
**See Form X.**

**11.5 Forms and/or Actions Required (see Section XVI: Forms).**

- *Phillips Clinical Hours of Experience Form (Form VIII)*
- *BBS Weekly Summary of Hours of Experience Form (Form X)*
- *BBS Experience Verification Form (**Form XI**)*



## **XII PERSONAL PSYCHOTHERAPY**

### **12.0 Purpose of a Personal Psychotherapy Experience.**

Personal psychotherapy offers the student an opportunity to explore his or her own personal or family issues, the experience of being the “client,” and learning from the modeling provided by one’s own therapist. Many Traineeships recommend or require that applicants have the experience of being in their own therapy. The MFT program at Phillips maintains a directory of psychotherapists that provide students’ personal therapy at a sliding scale rate. The directory is located at the MFT Program Coordinator’s desk.

### **12.1 BBS State Policy regarding Personal Psychotherapy for MFT Trainees and Associates.**

California’s licensing codes encourage Trainees and Associates who are pursuing the practice of MFT to undergo the experience of their own psychotherapy. In fact, the law states that part of the role of a clinical supervisor is to “advise and encourage his or her Trainees regarding the necessity or value and appropriateness of the Trainee engaging in personal psychotherapy, so as to enable the Trainee to become a more competent marriage and family therapist.”

### **12.2 Phillips School Policy.**

Phillips requires that students obtain their own personal psychotherapy prior to graduation. Students are required to have a minimum of 24 sessions of personal, couple, or family therapy by an LMFT, licensed Clinical Psychologist, Psychiatrist, LPCC, or LCSW during their program. Group therapy is not acceptable in this category for MFT students. Sessions with an unlicensed MFT Associate also meet the graduation requirement. Psychotherapy sessions are eligible to be counted toward the graduation requirement for all sessions attended beginning the first day of class for the student. The *Documentation of Personal Psychotherapy Form* must be completed, signed, and submitted to the Co-Directors of Clinical Training to comply with graduation requirements.

### **12.3 Forms and/or Actions Required (see Section XVI: Forms).**

- *Documentation of Personal Psychotherapy Form (Form II)*

## **XIII PROFESSIONAL ORGANIZATIONS**

### **13.0 American Association for Marriage and Family Therapy (AAMFT).**

The American Association for Marriage Family Therapy (AAMFT) is a national organization for the field of Marriage and Family Therapy. Its national and international membership includes professionals from Psychiatry, psychology, social work, and family therapy (such as LMFTs). Therapists licensed as LMFTs in California may become Clinical Fellows of AAMFT. Students can join as Student members and post-graduate Pre-Clinical members prior to obtaining a state license. AAMFT publishes the *Family Therapy* magazine and the *Journal of Marital & Family Therapy*; student members receive both publications, the opportunity for free liability coverage, legal consultation, and other benefits. AAMFT sponsors an annual conference in the fall, mid-year advanced institutes, and other on-line training throughout the year. It also includes a Research and Education Foundation, the Commission on Accreditation for Marriage and Family Therapy Education, Minority Fellowship Program, job connections, and a therapist locator.

AAMFT is the leading organization in family therapy providing standards, training, research, and political advocacy in the nation's capital.

American Association for Marriage and Family Therapy  
112 South Alfred Street  
Alexandria, VA 22314  
Phone: 703-838-9808  
Website: <http://www.aamft.org>

### **13.1 California Association for Marriage and Family Therapists (CAMFT).**

The California Association for Marriage and Family Therapists (CAMFT) is a state organization for licensed Marriage and Family Therapists in California. Students can join as a pre-licensed member, and graduates can continue their membership as associate members. The clinical membership requires a state license. As the organization for the profession of LMFTs in California, CAMFT provides excellent advocacy in the state legislature and collaborates with the licensing board on issues related to the profession. Its publication, *The California Therapist*, is the best source of information regarding the practice of marriage and family therapy as well as changes in the statutes and regulations pertaining to LMFTs. Student membership includes a subscription to *The California Therapist*, access to the Association's legal staff, the opportunity for free liability coverage, and other benefits. CAMFT sponsors an annual conference in early May and several professional seminars throughout the year.

California Association of Marriage and Family Therapists  
7901 Raytheon Road  
San Diego, CA 92111  
Phone: (858) 29-CAMFT (292-2638) or (888) 892-2638  
Website: <http://www.camft.org>

## **XIV PROFESSIONAL ETHICS**

### **14.0 Ethical Standards for Marriage and Family Therapists.**

Students need to be familiar with, and knowledgeable of, the ethical standards in the practice of marriage and family therapy at both the national and state level. Students are expected to abide by the professional codes of conduct and behavior whether or not they are members of a professional organization. Many of these codes relate specifically to the practice of unlicensed persons, such as graduate students in a marriage and family therapy program. Students are required to review, understand and adhere to the American Association of Marriage and Family Therapy (AAMFT) Code of Ethics and the California Association of Marriage and Family Therapists (CAMFT) Code of Ethics. The standards can be found on the website for each organization – AAMFT.org

([http://www.aamft.org/imis15/AAMFT/Content/Legal\\_Ethics/Code\\_of\\_Ethics.aspx](http://www.aamft.org/imis15/AAMFT/Content/Legal_Ethics/Code_of_Ethics.aspx)) and CAMFT.org. (<http://www.camft.org/ias/images/PDFs/CodeOfEthics.pdf>)

### **14.1 Professional Therapy Never Includes Sex.**

Sexual contact between a therapist and a client is illegal, and unethical and clients can suffer long-lasting psychological effects. The pamphlet *Professional Therapy Never Includes Sex* was developed to help persons who have been sexually exploited by their therapists. All psychotherapists who are advised by a client of sexual involvement with another therapist are required by law to give the client the pamphlet Professional Therapy Never Includes Sex. The pamphlet may be downloaded on the BBS website at [www.bbs.ca.gov/forms](http://www.bbs.ca.gov/forms).

Psychotherapists are not legally required to report misconduct by colleagues. Sexual misconduct requires the victim to make a complaint. Therapist-client confidentiality laws make it impossible for a Psychotherapist to file a complaint on behalf of a client unless the client has given written authorization. There is no statute of limitations on reporting sexual misconduct, and the client should be encouraged to report the incident.

## XV BBS – MFT ASSOCIATE REGISTRATION

### 15.0 Introduction.

Once students graduate, they no longer collect clinical hours of experience as an MFT Trainee. Students who plan to pursue the MFT license in California are required to register with the Board of Behavioral Sciences (BBS). The state defines an “MFT Associate” as an unlicensed person who has earned a qualifying degree in marriage and family therapy and is registered with the BBS.

The BBS issues a “MFT Associate Registration Number” with an official state document. The associate registration status is in effect for one year and needs to be renewed each subsequent year. MFT Associate status may be renewed five times. Therefore, a graduate may continue to accumulate hours of experience as an MFT Associate for six years. The “Six-Year Rule” allows an associate to count hours of experience in the six years preceding the date of the MFT license application.

**See Appendix C: Summary of Hours of Experience from BBS for Licensure** and the BBS website ([www.bbs.ca.gov](http://www.bbs.ca.gov)) for the complete description of licensure requirements and the application process.

### 15.1 Requirements for MFT Associate Registration.

Graduates can continue to collect hours of experience at their placement while they assemble the required items for MFT associate registration. If students submit the associate registration application packet to the BBS within 90 days of the graduation posting date, they can immediately collect hours of experience. During this 90-day grace period, the BBS considers the graduate an MFT Associate Applicant. The MFT Associate who performs more than 10 hours of direct clinical counseling in a week in any setting shall receive at least one additional hour of direct supervisor contact for that setting.

The MFT Associate Applicant cannot be in a private practice setting until the BBS issues the associate registration number.

If the graduate’s associate application is not received by the BBS within the 90-day grace period, the graduate cannot count any hours of experience until the graduate receives an associate registration number. The associate registration number is usually received about six to eight weeks from the date the application is sent. Since the MFT associate has six years to gain the 3,000 clinical hours of experience, it is recommended that the graduate does not register as an associate if they do not plan to gain clinical hours experience for a significant time following graduation. When the graduate decides to begin gaining clinical hours of experience again, they must wait until the BBS has issued an associate registration number.

### 15.2 Procedures for MFT Associate Registration.

The following information describes how graduates apply to the BBS as a Marriage and Family Therapist Associate. The BBS MFT Associate Application process is discussed at the end of MFC535 Practicum II. The application packet may be downloaded at [www.bbs.ca.gov/forms.shtml](http://www.bbs.ca.gov/forms.shtml). It is the student’s responsibility to apply for an associate number if the student plans to continue collecting clinical hours for MFT licensure. **The student must send the application form, affixed photo, application fee, sealed transcripts, and program certification in one envelope directly to the BBS. Further the student must submit fingerprints within 60 days of submitting the Associate Registration Application. Please**

refer to the BBS website for complete instructions

[www.bbs.ca.gov/pdf/forms/mft/imfapp.pdf](http://www.bbs.ca.gov/pdf/forms/mft/imfapp.pdf)

**Application Form:** The associate application packet includes the Application for Registration as a Marriage and Family Therapist Associate Form. The multi-page form must be completed and signed with a recent 2x2 photo attached. **Please note:** The address on the application will be accessible on the BBS website for the public to verify associate registration.

The graduate will need to submit additional documents if the graduate answers “yes” to several questions on the associate application. The graduate must disclose all convictions and submit an explanation of the circumstances of the incident. The associate application packet lists and explains all the documentation that is required to report the conviction.

**Application Fee:** The associate application fee is \$75, and a check or money order is made out to Behavioral Sciences Fund.

### **Verification of Education:**

1. **Transcripts:** Students must submit an “Intent to Graduate” form to the Registrar’s office, which initiates the graduation approval process. If approved, students will receive their official transcript from the Registrar’s Office a few weeks after their graduation posting date. A portion of the graduation fee pays for one official transcript and the BBS Program Certification Form. Students receive a sealed envelope labeled “official transcripts and program certification to be sent to the Board of Behavioral Sciences,” and these items must remain in a sealed envelope. Transcripts are not official if the seal is broken and will not be accepted by the BBS. Students may pay a transcript fee for additional transcripts.
2. **Program Certification:** The Program Certification is a BBS form that is completed by the Registrar to confirm that the student has fulfilled the BBS educational requirements. The BBS requires that all of these educational requirements be met during the student’s master’s degree. All of the educational requirements are met within the 60-unit Master of Marriage and Family Therapy degree. The student does not need to submit the Program Certification form to the Registrar. The Registrar mails to graduating students the Program Certification, along with the transcript, in a sealed envelope for the BBS.

A list of LiveScan sites may be obtained by visiting the Department of Justice (DOJ) Applicant LiveScan website located at <https://oag.ca.gov/fingerprints/locations> and selecting “contact information.” The LiveScan sites charge an administrative fee. Associate applicants should contact the LiveScan site for fees, hours of operation and to determine if an appointment is necessary.

LiveScan should be completed when the student is ready to send the associate application. Do not complete LiveScan more than 60 days prior to submitting the associate application. The applicant’s associate number will not be issued until the BBS receives the background information from the DOJ. If the FBI subsequently reports a conviction that the applicant failed to disclose, the BBS may take disciplinary action.

Receipt of BBS Associate Number: MFT Associate applicants receive written correspondence from the BBS regarding their Associate number. Applicants should check the BBS website to see if their associate number has been issued by clicking on “Verify a License or Registration” at <https://search.dca.ca.gov>. This link verifies license numbers for licensed MFTs and Associates.

## **XVI FORMS**

This section includes copies of forms that students need to complete during the clinical training. Forms referenced in the body of this Handbook that are maintained and initiated by the program are not included in this section. All Phillips forms may be found both in this Handbook and on the Phillips website. BBS forms are found on the BBS website. The sections of the Handbook that reference and explain the use of the forms are identified in parentheses.

**FORM I: Statement of Intent to Pursue a Post-Degree Title (Section 6.1)**

**FORM II: Documentation of Professional Psychotherapy (Section 12.3)**

**FORM III: Notification of Clinical Placement (Section 7.6)**

**FORM IV: MFT Trainee Evaluation (Sections 8.8, 9.3)**

**FORM V: Notification of Traineeship Changes (Section 8.8)**

**FORM VI: Request to Terminate Traineeship (Section 8.8)**

**FORM VII: Student Evaluation of Traineeship (Section 9.3)**

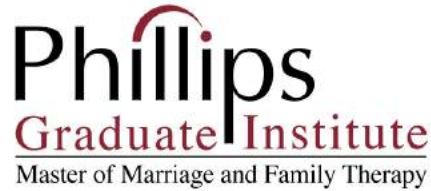
**FORM VIII: Phillips Clinical Hours of Experience Form (Sections 6.1, 8.8, 9.3, 10.7)**

**FORM IX: BBS Supervisor Responsibility Statement (Sections 7.6, 10.7)**

**FORM X: BBS Weekly Summary of Hours of Experience Form (Sections 8.8, 9.3, 10.7)**

**FORM XI: BBS Experience Verification Form (Sections 8.8, 9.3, 10.7)**

## FORM I



### STATEMENT OF INTENT TO PURSUE A POST-DEGREE TITLE (Due 1<sup>st</sup> semester)

Student's Name: \_\_\_\_\_ Class Day: \_\_\_\_\_  
PLEASE PRINT

**Instructions:** Please read and initial all options that apply to you. You may initial more than one option if more than one reflects your interests. You may change this declaration anytime during the program by signing another statement. This signed statement is returned to the Clinical Training Co-Director(s).

**A. \_\_\_\_\_** *I intend to pursue the California State license as a Marriage and Family Therapist (LMFT). I understand that:*

1. I will need to participate in a clinical placement and obtain 400 hours of practicum experience (direct client service) plus 100 alternative hours as part of the Master of Marriage and Family Therapy degree.
2. I will be allowed to participate in an approved clinical placement and collect clinical hours after I have been designated as a Trainee by the school.
3. I will need to submit additional documentation when registering for an intern number if I have been convicted of, or pled guilty or nolo contendere to, any misdemeanors or felonies or if I have been denied a professional license and I may not be able to qualify for state licensure.

I understand it is my responsibility to be aware of the Board of Behavioral Sciences Policies Re: Criminal Convictions at [http://www.bbs.ca.gov/app-reg/crim\\_conv.shtml](http://www.bbs.ca.gov/app-reg/crim_conv.shtml). I will contact the Board of Behavioral Sciences at (916) 574-7830 or send an email to [BBSWebMaster@dca.ca.gov](mailto:BBSWebMaster@dca.ca.gov) if I have further questions regarding this issue.

4. I will be responsible for knowing and adhering to the requirements of Phillips Graduate Institute, Los Angeles Education Center of Campbellsville University for posting my degree, which include 400 hours of practicum experience plus 100 alternative hours, 24 hours of personal psychotherapy, a grade point average of 3.0 or above and no outstanding financial obligations (including business office, library and/or counseling center).





**B. \_\_\_\_\_ I intend to pursue another state title as a practicing therapist. I will complete at least 400 hours of practicum experience plus 100 alternative hours and will be responsible for knowing and adhering to that state's current licensing/certification requirements. I will complete the required practicum/graduation experience required for my Master of Marriage and Family Therapy Degree from Phillips Graduate Institute, Los Angeles Education Center of Campbellsville University.**

I have read the clinical placement section in the MMFT Handbook for my program and I understand the program requirements. I have received the *Clinical Training and Placement Handbook* and I am responsible for understanding the contents and following the guidelines.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this signed statement  
to the MFT Clinical Training and Placement Co-Director(s)*



## FORM II



### DOCUMENTATION OF PERSONAL PSYCHOTHERAPY

I, \_\_\_\_\_, give permission to \_\_\_\_\_  
(PRINT STUDENT NAME) (PRINT THERAPIST NAME)

to disclose my participation in therapy as part of the graduation requirements in my Masters degree program at Phillips Graduate Institute, Los Angeles Education Center of Campbellsville University. This permission extends only to the fact of my participation and does not permit any disclosure of clinical material. Nor may this disclosure be made to any person or entity other than the Master of Marriage and Family Therapy Site Director, Co-Director(s) of Clinical Placement or Registrar's office at the Phillips Graduate Institute, Los Angeles Education Center of Campbellsville University. I understand that this document will be kept in my student education file and is protected by all the laws governing privacy of student records.

I, \_\_\_\_\_  
(NAME OF THERAPIST) (LICENSE OR ASSOCIATE #)

saw \_\_\_\_\_ as a psychotherapy client.  
(NAME OF STUDENT)

Client attended \_\_\_\_\_ sessions beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_ and ending on \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
THERAPIST'S SIGNATURE DATE

\_\_\_\_\_  
OFFICE ADDRESS

\_\_\_\_\_  
OFFICE PHONE NUMBER

\_\_\_\_\_  
STUDENT'S SIGNATURE DATE

*Return completed form to the Clinical Training and Placement Co-Director(s)*



## FORM III



For Office Use Only	
Approved _____	Date _____
Not Approved _____	Date _____
Approval Pending _____	Date _____
Date Processed _____	

### NOTIFICATION OF CLINICAL PLACEMENT

*Due within 2 weeks of acceptance*

STUDENTS MUST HAVE MALPRACTICE INSURANCE THAT INCLUDES CAMPBELLVILLE UNIVERSITY AS AN ADDITIONAL NAMED INSURED. This placement will not be approved until the student provides evidence of Malpractice Insurance. Contact AAMFT or CAMFT for Malpractice Insurance. See *Clinical Training and Placement Handbook* page 21 for more information.

Student agrees to defend, indemnify, and hold harmless the Phillips Graduate Institute, Los Angeles Education Center of Campbellsville University and its officers, employees, and agents, from all acts, claims, liabilities, costs, expenses, and losses (including reasonable attorney's fees), or claims for injury or damage (collectively "**Claims**") by whomever asserted arising out of Student's performance of services during Clinical Placement, but only in proportion to and to the extent such Claims are caused by or result from the negligent or intentional acts or omissions of the Student.

Student's Name \_\_\_\_\_ Current Term \_\_\_\_\_  
PLEASE PRINT SEMESTER

Practicum Course Enrolled in: ☐ MFC 523 ☐ MFC 529 ☐ MFC 533 ☐ MFC 535 ☐ MFC 596

Name of Agency/Treatment Program \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Clinical Director \_\_\_\_\_

NAME

DEGREE

LICENSE#

Primary Supervisor \_\_\_\_\_

NAME

DEGREE

LICENSE#

PHONE

EMAIL

Does the agency lawfully and regularly provide mental health counseling/psychotherapy? ☐ Yes ☐ No

Student will be scheduled \_\_\_\_\_ hours per week. The student will average \_\_\_\_\_ hours of direct client care.

Student will receive \_\_\_\_\_ hour(s) of ☐ individual and/or ☐ group supervision per week. The student will be a ☐ volunteer or ☐ paid employee and begins on \_\_\_\_/\_\_\_\_/\_\_\_\_ and will end \_\_\_\_/\_\_\_\_/\_\_\_\_.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

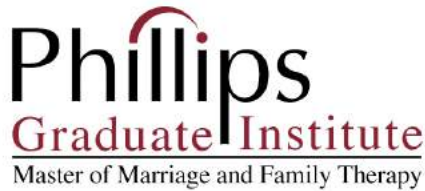
Agency Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

Phillips Clinical Training Office Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed form with proof of malpractice insurance  
to the Clinical Training and Placement Co-Director(s)



## FORM IV



### MFT TRAINEE EVALUATION FORM

Student Name (please print) \_\_\_\_\_

Evaluation Period: ☐ Fall 20\_\_ ☐ Spring 20\_\_ ☐ Summer 20\_\_ ☐ Other \_\_\_\_\_

Agency Name \_\_\_\_\_ City \_\_\_\_\_

#### HOURS OF SUPERVISED EXPERIENCE DURING THIS EVALUATION PERIOD

Dates covered by this evaluation: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Total hours of direct clinical services provided during this term (semester) that count toward the required for Phillips hours and BBS required hours of face to face client contact:

Individual Adult Therapy	_____	Hours
Individual Adolescent/Child Therapy	_____	Hours
Relational Hours: Couple/Family	_____	Hours
Relational Groups	_____	Hours
Total number of client hours	_____	Hours
Client Centered Advocacy (for BBS & Phillips Alternative Hours)	_____	Hours

Total hours of supervision and training received during this (term) semester:

Individual/Triadic Supervision: <b>Case Report</b>	_____	Hours
Individual/Triadic Supervision: <b>Live</b> (includes viewing video tapes of therapy in supervision, therapy with clinical supervisor in session and/or clinical supervisor observation behind one-way mirror)	_____	Hours
Group Supervision: <b>Case Report</b>	_____	Hours
Group Supervision: <b>Live</b> (includes viewing video tapes of therapy in group supervision, therapy with clinical supervisor in session and/or clinical supervisor observation behind one-way mirror)	_____	Hours
Workshops, seminars, or trainings:	_____	Hours

Clinical supervisor met, reviewed and discussed this evaluation with the student: ☐ Yes ☐ No

If No, please explain: \_\_\_\_\_

---

\_\_\_\_\_  
SUPERVISOR (PRINT NAME)

\_\_\_\_\_  
SUPERVISOR SIGNATURE AND LICENSE NUMBER

\_\_\_\_\_  
DATE

Student's signature attests to the fact that the evaluation has been read and in no way indicates that the contents are agreed with. Students have the right to respond in writing and to have the response placed with this evaluation in the student's education file. Upon student request, a copy of the written response will be sent to the site supervisor.

\_\_\_\_\_  
STUDENT (PRINT NAME)

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

Student Name \_\_\_\_\_ Academic Program \_\_\_\_\_

Evaluation Period: ☐ Fall 20\_\_ ☐ Winter 20\_\_ ☐ Spring 20\_\_ ☐ Summer 20\_\_ ☐ Other \_\_\_\_\_

Agency Name \_\_\_\_\_ City \_\_\_\_\_

Clinical Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**How Competency was Assessed.** Check all that apply.

- A. ☐ Direct Observation      B. ☐ Video  
 C. ☐ Audio      D. ☐ Supervisory Discussion  
 E. ☐ Review of Written Reports      F. ☐ Feedback from others  
 G. ☐ Other (specify): \_\_\_\_\_

**Competency Expectations:**

**Fall:** Student is expected to receive a rank of 3 or higher for each competency and an overall rank of 3 or higher.

**Spring:** Student is expected to receive a rank of 3 or higher for each competency and an overall rank of 3 or higher.

**Summer:** Student is expected to receive a rank of 3 or higher for each competency and an overall rank of 3 or higher.

**Performance Levels:**

*Check all boxes that apply within each Competency area and rank student 1 thru 6 based on where the majority of the boxes are checked for that competency.*

- 1: Fails to meet standard, needs improvement  
 2: Meets minimum standard, needs improvement  
 3: Meets minimum standard, would benefit from further training

- 4: Meets standard, appropriate to current level of training and experience  
 5: Meets standard, exceeds in some competencies  
 6: Exceeds performance standard in most competencies

**COMPETENCY 1: Clinical Evaluation**

Needs much guidance in <input type="checkbox"/> identifying presenting problems <input type="checkbox"/> identifying client strengths <input type="checkbox"/> identifying possible substance abuse <input type="checkbox"/> connecting presenting problem to DSM diagnoses.	<input type="checkbox"/> Can identify treatment unit, presenting problems, and patterns of behavior with guidance <input type="checkbox"/> Does not always identify risks and self-destructive behaviors <input type="checkbox"/> Sometimes misses client strengths and needs to be reminded to identify such strengths <input type="checkbox"/> Does not always assess for substance abuse. <input type="checkbox"/> Needs help connecting DSM criteria to presenting problems <input type="checkbox"/> Has little understanding of prognostic indicators.	<input type="checkbox"/> Generally good at identifying unit of treatment, presenting problems, and patterns of behavior. <input type="checkbox"/> Identifies risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources. <input type="checkbox"/> Routinely assesses client strengths and coping skills, and possible substance use. <input type="checkbox"/> Generally sufficient in using the DSM but sometimes needs help in identifying appropriate diagnoses. <input type="checkbox"/> Beginning to understand prognostic indicators.	<input type="checkbox"/> Consistently good at identifying unit of treatment, presenting problems, and patterns of behavior. <input type="checkbox"/> Identifies risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources. <input type="checkbox"/> Routinely assesses client strengths and coping skills, and possible substance use. <input type="checkbox"/> Connects presenting problem with DSM diagnosis and identifies possible comorbid disorders. <input type="checkbox"/> Can identify elements relevant to making proper prognosis.		
1 Fails to Meet Standard	2 Meets Minimum Standard	3 Meets Minimum Standard	4 Meets Standard	5 Meets Standard	6 Exceeds Standard

Comments required if student ranks 1 or 2:

**COMPETENCY 2: Crisis Management**

<ul style="list-style-type: none"><li><input type="checkbox"/> Is inadequate in identifying indicators of abuse, danger to self, or danger to others.</li><li><input type="checkbox"/> Sometimes disputes supervisor's identifications of such indicators.</li><li><input type="checkbox"/> Inadequate in issues dealing with trauma.</li><li><input type="checkbox"/> Completely relies upon supervisor to develop and implement a plan to reduce the potential for danger and to report these incidents.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Sometimes misses indicators of abuse, danger to self, or danger to others, but understands these signs after discussion with supervisor.</li><li><input type="checkbox"/> Mostly relies upon supervisor to develop and implement a plan to reduce the potential for danger.</li><li><input type="checkbox"/> Is uncertain in identifying and treating trauma.</li><li><input type="checkbox"/> Feels less confident in reporting such crises and defers to supervisor to complete reporting requirements.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Generally good at observing and assessing for indicators of abuse, danger to self, or danger to others with support from supervisor.</li><li><input type="checkbox"/> Helps in the development and implementation of a plan to reduce the potential for danger.</li><li><input type="checkbox"/> Generally good at identifying and treating trauma with assistance from supervisor.</li><li><input type="checkbox"/> Manages reporting requirements with assistance from supervisor.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Consistently observes and assesses for indications of abuse, danger to self, or danger to others.</li><li><input type="checkbox"/> Develops/implements a plan to reduce the potential for danger with appropriate input from supervisor.</li><li><input type="checkbox"/> Excellent at identifying and treating trauma.</li><li><input type="checkbox"/> Manages reporting requirements appropriately.</li></ul>		
1 Fails to Meet Standard	2 Meets Minimum Standard	3 Meets Minimum Standard	4 Meets Standard	5 Meets Standard	6 Exceeds Standard

Comments required if student ranks 1 or 2:



COMPETENCY 3: Treatment Planning			
<input type="checkbox"/> Inadequate knowledge of principles of systems theory and/or a clinically appropriate theory. <input type="checkbox"/> Difficulty in identifying stages of treatment and imposes treatment goals. <input type="checkbox"/> Does not understand the differences between short- and long-term treatment goals. <input type="checkbox"/> Does not recognize the need for referral and is not aware of appropriate referrals.	<input type="checkbox"/> Often needs help demonstrating knowledge of principles of systems theory and/or a clinically appropriate theory. <input type="checkbox"/> Needs help in identifying stages of treatment and developing mutually agreed upon, appropriate short- and long-term goals. <input type="checkbox"/> Often needs help recognizing the need for referral for appropriate services and resources.	<input type="checkbox"/> Generally good demonstration of awareness of principles of systems theory and/or a clinically appropriate theory. <input type="checkbox"/> Acceptable identification of stages of treatment and mutually agreed upon, appropriate short- and long-term treatment goals. <input type="checkbox"/> Sometimes needs guidance on recognizing the need for referral for appropriate services and resources.	<input type="checkbox"/> Consistent demonstration of awareness of principles of systems theory and/or a clinically appropriate theory. <input type="checkbox"/> Identifies stages of treatment and sets mutually agreed upon, appropriate short- and long-term goals for treatment. <input type="checkbox"/> Recognizes the need for referral and identifies appropriate services and resources.
1 Fails to Meet Standard	2 Meets Minimum Standard	3 Meets Minimum Standard	4 Meets Standard
5 Meets Standard			
6 Exceeds Standard			
Comments required if student ranks 1 or 2:			
COMPETENCY 4: Rapport Building			
<input type="checkbox"/> Inadequate in developing empathy and sometimes is not aware of empathy's importance. <input type="checkbox"/> Does not create a safe environment. <input type="checkbox"/> Is unaware of how one's own biases affect treatment outcomes.	<input type="checkbox"/> Often does not develop empathy. <input type="checkbox"/> Needs help in creating a safe environment and understanding the problem from the client's perspective. <input type="checkbox"/> Difficulties developing trust with clients; often imposes one's own biases. <input type="checkbox"/> Is not always aware of one's emotions and imposes treatment without much regard to therapeutic working alliance. <input type="checkbox"/> Is not aware of impact of self on clients.	<input type="checkbox"/> Generally good at developing empathy. <input type="checkbox"/> Is adequate in creating a safe environment and attempts to understand the problem from the client's perspective. <input type="checkbox"/> Is adequate in developing trust with clients but sometimes needs to keep biases in check. <input type="checkbox"/> Is developing the ability to control one's emotions. <input type="checkbox"/> Sometimes proceeds to treatment before trust is fully developed. <input type="checkbox"/> Is appropriately aware of impact of self on clients.	<input type="checkbox"/> Consistent demonstration of empathy. <input type="checkbox"/> Creates a safe environment by understanding the problem from the client's perspective. <input type="checkbox"/> Consistently in control of one's emotions and assesses for trust. <input type="checkbox"/> Is aware and uses impact of self on clients in treatment.
1 Fails to Meet Standard	2 Meets Minimum Standard	3 Meets Minimum Standard	4 Meets Standard
5 Meets Standard			
6 Exceeds Standard			
Comments required if student ranks 1 or 2:			
COMPETENCY 5: Treatment			
<input type="checkbox"/> Unable to apply any therapeutic principles.	<input type="checkbox"/> Poor knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. <input type="checkbox"/> Needs help in evaluating client's coping skills to determine timing of interventions. <input type="checkbox"/> Needs guidance in modifying the treatment process based upon therapeutic progress. <input type="checkbox"/> Needs assistance in understanding transference and countertransference issues. <input type="checkbox"/> Poor at case management-related issues. <input type="checkbox"/> Needs help in identifying appropriate termination and transition from treatment.	<input type="checkbox"/> Generally good knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. <input type="checkbox"/> Is adequate at explaining treatments to clients. <input type="checkbox"/> Good in evaluating client's coping skills to determine timing of interventions. <input type="checkbox"/> Good in modifying the treatment process by monitoring therapeutic progress. <input type="checkbox"/> Is gaining awareness of transference and countertransference issues. <input type="checkbox"/> Adequate at case management-related issues. <input type="checkbox"/> Good in developing a plan for termination with client to provide a transition from treatment.	<input type="checkbox"/> Demonstrates consistent knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. <input type="checkbox"/> Very good skills in explaining treatments in ways clients can understand. <input type="checkbox"/> Consistent in evaluating client's coping skills to determine timing of interventions. <input type="checkbox"/> Consistent in modifying the treatment process by monitoring therapeutic progress. <input type="checkbox"/> Has good awareness of transference and countertransference issues. <input type="checkbox"/> Good at case management-related issues. <input type="checkbox"/> Consistent in developing a plan for termination with client to provide a transition from treatment.
1 Fails to Meet Standard	2 Meets Minimum Standard	3 Meets Minimum Standard	4 Meets Standard
5 Meets Standard			
6 Exceeds Standard			
Comments required if student ranks 1 or 2:			

COMPETENCY 6: Human Diversity			
<input type="checkbox"/> Unable to understand the importance of issues of diversity.	<input type="checkbox"/> Needs help in identifying issues of diversity which impact the therapeutic environment. <input type="checkbox"/> Sometimes is unable to disentangle one's own values from client's values, which sometimes interferes with treatment strategies.	<input type="checkbox"/> Generally good at identifying issues of diversity which impact the therapeutic environment. <input type="checkbox"/> Is able to provide an unbiased therapeutic environment when client's values or beliefs are different from one's own views. <input type="checkbox"/> Can apply treatment strategies consistent with client's values, beliefs, and/or worldviews.	<input type="checkbox"/> Consistent at identifying issues of diversity which impact the therapeutic environment, including issues of gender, sexual orientation, culture, ethnicity, age, disability, and religious/faith beliefs on the therapeutic process. <input type="checkbox"/> Consistent at providing an unbiased therapeutic environment when client's values, beliefs, and/or worldviews are different from one's own views.
1 Fails to Meet Standard	2 Meets Minimum Standard	3 Meets Standard	4 Exceeds Standard
Comments required if student ranks 1 or 2:			
COMPETENCY 7: Law			
<input type="checkbox"/> Poor understanding of legal issues relevant to this clinical setting.	<input type="checkbox"/> Needs help in recognizing legal issues, managing mandated reporting requirements, and obtaining client's (or legal guardian's) authorization for release to disclose or obtain confidential information. <input type="checkbox"/> Does not always understand the reasoning behind the need for legal requirements. <input type="checkbox"/> Needs to be reminded of issues surrounding security of therapy records. <input type="checkbox"/> Is not very knowledgeable of laws relevant to practice.	<input type="checkbox"/> Adequately knowledgeable of legal issues relevant to this clinical setting. <input type="checkbox"/> Adheres to legal statutes, and generally understands and appropriately manages mandated reporting requirements with some assistance from supervisor. <input type="checkbox"/> Obtains client's (or legal guardian's) authorization for release to disclose or obtain confidential information. <input type="checkbox"/> Maintains security of clinical records. <input type="checkbox"/> Is developing knowledge of and follows law in clinical practice.	<input type="checkbox"/> Consistent knowledge of legal issues relevant to this clinical setting. <input type="checkbox"/> Adheres to legal statutes and understands and appropriately manages mandated reporting requirements. <input type="checkbox"/> Obtains and understands the need for client's (or legal guardian's) authorization for release to disclose or obtain confidential information. <input type="checkbox"/> Maintains security of client therapy records. <input type="checkbox"/> Aware of and follows law in clinical practice.
1 Fails to Meet Standard	2 Meets Minimum Standard	3 Meets Standard	4 Exceeds Standard
Comments required if student ranks 1 or 2:			
COMPETENCY 8: Ethics			
<input type="checkbox"/> Poor understanding of ethical issues relevant to this clinical setting.	<input type="checkbox"/> Needs help in recognizing ethical issues arising in this clinical setting. <input type="checkbox"/> Needs reminders to inform clients of parameters of confidentiality and conditions of mandated reporting. <input type="checkbox"/> Is not aware of one's scope of practice and attempts to treat all problems. <input type="checkbox"/> Needs reminders of appropriate therapeutic boundaries <input type="checkbox"/> Has difficulty in identifying personal reactions/countertransference issues that could interfere with the therapeutic process and sometimes denies or disputes these issues when pointed out by supervisor.	<input type="checkbox"/> Generally good knowledge of ethical issues arising in this clinical setting. <input type="checkbox"/> Is able to inform clients of parameters of confidentiality and conditions of mandated reporting. <input type="checkbox"/> Maintains appropriate therapeutic boundaries. <input type="checkbox"/> Is not always aware of one's scope of practice. <input type="checkbox"/> Sometimes needs help in identifying personal reactions/countertransference issues that could interfere with the therapeutic process but can easily correct oversights in this area. <input type="checkbox"/> Together with supervisor, identifies personal limitations that require outside consultation.	<input type="checkbox"/> Demonstrates excellent knowledge of ethical issues arising in this clinical setting. <input type="checkbox"/> Consistently informs clients of parameters of confidentiality and conditions of mandated reporting. <input type="checkbox"/> Maintains appropriate therapeutic boundaries. <input type="checkbox"/> Consistent at staying within scope of practice. <input type="checkbox"/> Consistent ability to identify personal reactions/countertransference issues that could interfere with the therapeutic process and identifies personal limitations that require outside consultation.
1 Fails to Meet Standard	2 Meets Minimum Standard	3 Meets Standard	4 Exceeds Standard
Comments required if student ranks 1 or 2:			

COMPETENCY 9: Personal Qualities			
<input type="checkbox"/> Has demonstrated lapses in integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Has demonstrated lapses in oral and written communication skills.	<input type="checkbox"/> Needs improvement in demonstrating integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Needs improvement in oral and written communication skills.	<input type="checkbox"/> Generally acceptable demonstration of integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Generally acceptable oral and written communication skills.	<input type="checkbox"/> Consistent demonstration of integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Consistently demonstrated good oral and written communication skills.
1 Fails to Meet Standard	2 Meets Minimum Standard	4 Meets Standard	6 Exceeds Standard
Comments required if student ranks 1 or 2:			
COMPETENCY 10: Professional Documentation			
<input type="checkbox"/> Does not adhere to deadlines and professional documentation standards	<input type="checkbox"/> Does not always maintain timely and orderly paperwork and sometimes skirts agency policies.	<input type="checkbox"/> Maintains timely and orderly paperwork and adheres to agency policies.	<input type="checkbox"/> Consistent maintenance of timely and orderly paperwork, and adherence to agency policies.
1 Fails to Meet Standard	2 Meets Minimum Standard	4 Meets Standard	6 Exceeds Standard
Comments required if student ranks 1 or 2:			
COMPETENCY 11: Professionalism			
<input type="checkbox"/> Does not demonstrate professionalism in the work setting.	<input type="checkbox"/> Appearance and attire is frequently inappropriate for agency setting. <input type="checkbox"/> Is inconsistent in punctuality and in meeting responsibilities to agency and to relationships with professional colleagues. <input type="checkbox"/> Is not very aware of the need for self-care.	<input type="checkbox"/> Appearance appropriate to agency setting. <input type="checkbox"/> Acceptable demonstration of punctuality and in meeting responsibilities to agency and to relationships with professional colleagues. <input type="checkbox"/> Is developing the understanding of the importance of self-care.	<input type="checkbox"/> Consistently demonstrates proper appearance appropriate to agency setting. <input type="checkbox"/> Consistently demonstrates punctuality and responsibilities to agency and to relationships with professional colleagues. <input type="checkbox"/> Has the ability to understand the need for self-care as it relates to effective clinical practice.
1 Fails to Meet Standard	2 Meets Minimum Standard	4 Meets Standard	6 Exceeds Standard
Comments required if student ranks 1 or 2:			
COMPETENCY 12: Supervision			
<input type="checkbox"/> Resistant to supervision and does not make improvements after repeated input from supervisor.	<input type="checkbox"/> Needs to make better use of supervision. <input type="checkbox"/> Does not always come prepared to discuss cases or issues of concern. <input type="checkbox"/> Has difficulty in presenting full case conceptualizations. <input type="checkbox"/> Is somewhat resistant to supervisory input, and sometimes openly argues with supervisor's observations and/or suggestions.	<input type="checkbox"/> Does not always seek supervision when needed, preferring to wait until regularly scheduled supervisory sessions. <input type="checkbox"/> Comes prepared to supervision sessions, but sometimes needs prompting by supervisor to share concerns. <input type="checkbox"/> Is generally good at presenting full case conceptualizations but sometimes leaves relevant details out of presentation. <input type="checkbox"/> Is generally open to supervision and makes improvements when needed.	<input type="checkbox"/> Seeks supervision when needed, comes prepared for supervision sessions, and openly shares concerns and ideas with supervisor. <input type="checkbox"/> Can present full case conceptualizations. <input type="checkbox"/> Consistently demonstrates openness to feedback and uses supervisory suggestions to make improvements when needed.
1 Fails to Meet Standard	2 Meets Minimum Standard	4 Meets Standard	6 Exceeds Standard
Comments required if student ranks 1 or 2:			

COMPETENCY 13: Systemic Case Conceptualization			
<input type="checkbox"/> Unable to conceptualize systemic dynamics even with assistance <input type="checkbox"/> Continues to blame one member of the system for family dynamic	<input type="checkbox"/> Able to see systemic dynamics when prompted by supervisor <input type="checkbox"/> Some errors when using systemic terms	<input type="checkbox"/> Identifies salient systemic dynamics <input type="checkbox"/> Able to identify how systemic dynamics affect individual <input type="checkbox"/> Willing and able to intervene on systemic issues	<input type="checkbox"/> Sophisticated conceptualization of systemic dynamics <input type="checkbox"/> Uses non-blaming systemic conceptualization <input type="checkbox"/> Identifies how individual, family, community, and broader social systems interrelate <input type="checkbox"/> Able to use systemic conceptualization to effectively intervene
1 Fails to Meet Standard	2 3 Meets Minimum Standard	4 5 Meets Standard	6 Exceeds Standard
Comments required if student ranks 1 or 2:			
OVERALL ASSESSMENT			
1 Fails to Meet Standard	2 3 Meets Minimum Standard	4 5 Meets Standard	6 Exceeds Standard
Note: If student ranks 1 or 2 in Overall Assessment, supervisor needs to complete the three sections below identifying the specific competencies in need of further development and a specific plan for developing those competencies. In addition, supervisor needs to consult with student's Applied Therapeutic Methodology instructor or the Director of Clinical Training.			
Areas of Strength:			
Areas in Need of Further Development:			
Examples of counseling issues addressed (depression, dual diagnosis, schizophrenia, grief, child abuse reporting, etc.)			
Plans for Development or Remediation:			
Consultation with school requested by clinical supervisor: No <input type="checkbox"/> Yes <input type="checkbox"/> Best day/time: _____			
Signatures:			
STUDENT'S SIGNATURE _____		DATE _____	
SUPERVISOR'S SIGNATURE _____		DATE _____	
PHILLIPS CO-DIRECTOR OF CLINICAL PLACEMENT _____		DATE _____	
Supervisor Comments (optional):			
Student Comments (optional):			



FORM V



NOTIFICATION OF  
TRAINEESHIP CHANGES

*(Due within 2 weeks of change)*

Student's Name \_\_\_\_\_ Current Term \_\_\_\_\_  
PLEASE PRINT SEMESTER

Practicum Course Enrolled in: ☐ MFC 523 ☐ MFC 529 ☐ MFC 533 ☐ MFC 535 ☐ MFC 596

☐ **Change of Clinical Supervisor**

Primary Supervisor \_\_\_\_\_

New Primary Supervisor \_\_\_\_\_  
NAME DEGREE LICENSE#

Effective Date of Clinical Supervisor Change \_\_\_\_\_

☐ **Additional Clinical Supervisor**

Supervisor \_\_\_\_\_  
NAME DEGREE LICENSE#

☐ **Other Changes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Phillips Clinical Training Office Signature \_\_\_\_\_ Date \_\_\_\_\_



## FORM VI



### REQUEST TO TERMINATE TRAINEESHIP

Student: \_\_\_\_\_ Current Term: \_\_\_\_\_

PLEASE PRINT

Course Enrolled in: ☐ MFC 523 ☐ MFC 529 ☐ MFC 531 ☐ MFC 534  
☐ MFC 533 ☐ MFC 535 ☐ MFC 596

*Student has consulted with Course Instructor regarding termination.*

Comments: \_\_\_\_\_

Course Instructor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Student has consulted with the Clinical Training Co-Director(s)  
regarding the termination process.*

Comments: \_\_\_\_\_

Phillips Clinical Training Co-Director(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

*Student has discussed the termination process with an Agency Representative  
and has agreed to comply with the agency procedures.*

Name of Agency: \_\_\_\_\_ Effective Date of Termination: \_\_\_\_\_

Comments: \_\_\_\_\_

Student responsibilities: \_\_\_\_\_

Representative's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Student must submit a completed *Trainee Evaluation Form* from the clinical supervisor from this traineeship for the accumulated hours to count towards the Phillips practicum requirement. Completion of the *BBS Experience Verifications Form* is required for licensure.

Early termination from a traineeship *without consultation and without approval* from the Instructor and the Clinical Training Co-Director(s) may result in a grade of "no credit" for the practicum course and clinical hours *will not* count towards the Phillips practicum requirement.



## FORM VII



### STUDENT EVALUATION OF TRAINEESHIP

Name of Agency: \_\_\_\_\_ Treatment Program: \_\_\_\_\_

#### EVALUATION OF PRIMARY CLINICAL SUPERVISOR

Name of Primary Supervisor: \_\_\_\_\_

Did you receive Individual Supervision, Group Supervision or both? \_\_\_\_\_

5 – Strongly Agree      4 – Agree      3 – Slightly Agree      2 – Disagree      1 – Strongly Disagree

#### KNOWLEDGE OF THE FIELD

- \_\_\_ Defines and clarifies problems in treatment
- \_\_\_ Raises ethical and legal considerations
- \_\_\_ Provides clear conceptualization from a relational/systemic perspective
- \_\_\_ Presents theoretical rationale for suggestions
- \_\_\_ Knowledgeable about various clinical theories
- \_\_\_ Provides general knowledge about psychotherapy and/or psychology as science
- \_\_\_ Assists therapist to make dynamic or other theoretical case formulation
- \_\_\_ Assists therapist to integrate different techniques
- \_\_\_ Offers practical and useful case-centered suggestions
- \_\_\_ Provides resources for knowledge
- \_\_\_ Addresses countertransference issues between therapist and client

#### ABILITY TO COMMUNICATE FEEDBACK

- \_\_\_ Useful oral feedback
- \_\_\_ Useful written feedback
- \_\_\_ Appropriate criticism style
- \_\_\_ Offers critical case-centered feedback with respect
- \_\_\_ Mistakes are treated as learning experiences
- \_\_\_ Deals explicitly with formal evaluation process
- \_\_\_ Makes concrete and specific suggestions when needed
- \_\_\_ Establishes clear and reasonable expectations

#### ACCESSIBILITY / RELIABILITY

- \_\_\_ Reliable for scheduled supervision and meetings
- \_\_\_ Punctual for scheduled supervision and meetings
- \_\_\_ Available in emergencies
- \_\_\_ Completes paperwork in a timely manner



5 – Strongly Agree      4 – Agree      3 - Slightly Agree      2 – Disagree      1 – Strongly Disagree

**QUALITY OF RELATIONSHIP**

- \_\_\_ Balances instruction with exploration
- \_\_\_ Encourages therapist to question, challenge or doubt
- \_\_\_ Makes supervision a collaborative enterprise
- \_\_\_ Open in processing any conflicts that arise in supervisory relationship
- \_\_\_ Respectful and openly discusses differences in style
- \_\_\_ Conveys active interest in helping therapist grow with clients
- \_\_\_ Identifies and helps develop clinical strengths
- \_\_\_ Encourages reflection upon implication of alternative interventions
- \_\_\_ Establishes clear boundaries with therapist

**ROLE MODELING AS A CLINICIAN**

- \_\_\_ Professional Ethics
- \_\_\_ Demonstrates and values the professional identity of marriage and family therapy
- \_\_\_ Displays professional relationship with other staff
- \_\_\_ Displays professional relationship with patients
- \_\_\_ Admits errors or limitations with undue defensiveness

Additional comments/explanations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EVALUATION OF SITE**

Are you staying at this site for associateship? ☐ Yes ☐ No Reason: \_\_\_\_\_

Were you a volunteer, volunteer with stipend, or an employee? \_\_\_\_\_

Did you pay the agency a training fee? ☐ Yes ☐ No Frequency of training received: \_\_\_\_\_

5 – Strongly Agree      4 – Agree      3 - Slightly Agree      2 – Disagree      1 – Strongly Disagree

**TRAINEESHIP EXPERIENCE**

- \_\_\_ Agency provided me with sufficient clinical hours for graduation
- \_\_\_ Agency prepared me for my initial contact with clients
- \_\_\_ Clinical training was an important part of the agency's service
- \_\_\_ Positive interactions with agency director and/or staff
- \_\_\_ The clinical experience was valuable to my educational and professional development
- \_\_\_ The clinical experiences provided was appropriate for my level of education
- \_\_\_ The Agency was sensitive and adaptive to traineeship stresses

Would you recommend this agency to other students? ☐ Yes ☐ Yes, with reservations ☐ No

Reason: \_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_

- ☐ Check here if you do not want this evaluation reviewed by students
- ☐ Check here if you do not want this evaluation reviewed by the agency

# FORM VIII

Phillips Graduate Institute, Los Angeles Education Center of Campbellsville University

Log #

## PHILLIPS CLINICAL EXPERIENCE HOUR LOG

Name of MFT Trainee: \_\_\_\_\_ Date Enrolled in Degree Program: \_\_\_\_\_

☐ Field Site: \_\_\_\_\_ ☐ Field Site Supervisor: \_\_\_\_\_

☐ Phillips Supervisor: \_\_\_\_\_

☐ MFC 519 CASE CONFERENCE

☐ MFC 523 CASE CONFERENCE/PRACTICUM

☐ MFC 529 GROUP DYNAMICS/PRACTICUM

☐ MFC 531ATM/MFC 533 PRACTICUM

☐ MFC 534 ATM/MFC 535 PRACTICUM

☐ MFC 596 PRACTICUM

Instructions: Entries in weekly columns are to be carried over to respective unshaded columns as applicable.

Semester & Year: 20_____										Total Hours	Direct Service Hours			Supervision	
											Individual Hours	Relational Hours	Alternative Hours	Case report	Live/video
MFT TRAINING HOURS	Individual Therapy : Child, Adolescent, Adult or Groups without ongoing Relational System (200 hours)														
	Relational Therapy: Couple/Family/Groups/Other Ongoing Relational System (min. 150 hours)														
	Alternative Hours: (max. 100 hours) Includes reflecting teams, psychoeducational groups, client advocacy														
	Individual/Triadic Supervision Case Report: One-on-one discussing cases														
	Individual/Triadic Live Supervision: One-on-one with video recording or supervisor's observation and input during therapy session.														
	Group Supervision Case Report: Discussing cases in group of 8 or less														
	Group Supervision Live: Includes video recordings or live supervision of any group member Total supervision required: 100 hours; May be individual or group Min. 50 hours with live/video supervision														
Total for Week															
MFT Traineeship Site Supervisor's Signature >>>> <input type="checkbox"/> AAMFT Approved Supervisor <input type="checkbox"/> AAMFT Supervisor Candidate <input type="checkbox"/> State Approved Supervisor															
PHILLIPS	Supervision in Traineeship Class: Live Group														
	Supervision in Traineeship Class: Case Report Group														
	Case Conference/ATM Instructor Instructor's Signature >>>> <input type="checkbox"/> AAMFT Approved Supervisor <input type="checkbox"/> AAMFT Supervisor Candidate									TOTAL Individual 200 hours max.	TOTAL Relational 150 hours min.	TOTAL Alternative 100 hours max.	TOTAL Case Report Supervision No min. or max.	TOTAL Live Supervision 50 hours min.	
										Direct Service Totals			Supervision Totals		
Total for This Log: Total the hours in each of the last three columns on this page															
Running Totals: Add the totals on THIS LOG to running total from all prior logs										/200	/150	/100	/50	/50	
Running Grand Totals: Add the 3 boxes of "Running Totals for Direct Service" in the line above; Add the 2 boxes of "Running totals for Supervision"										Direct Service: /450			Sup: /100		

## **FORM IX**

### **BBS SUPERVISOR RESPONSIBILITY STATEMENT**

<http://www.bbs.ca.gov/pdf/forms/mft/mfrespon.pdf>

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## **FORM X**

### **BBS WEEKLY SUMMARY OF HOURS OF EXPERIENCE FORM**

#### **Old Option:**

[http://www.bbs.ca.gov/pdf/forms/mft/mfwkylog\\_37a-527\\_option2.pdf](http://www.bbs.ca.gov/pdf/forms/mft/mfwkylog_37a-527_option2.pdf)

#### **New Option:**

[http://www.bbs.ca.gov/pdf/forms/mft/mfwkylog\\_37a-525\\_option1.pdf](http://www.bbs.ca.gov/pdf/forms/mft/mfwkylog_37a-525_option1.pdf)

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## **FORM XI**

### **BBS EXPERIENCE VERIFICATION FORM**

#### **Old Option:**

[http://www.bbs.ca.gov/pdf/forms/mft/lmft\\_expver\\_37a-302\\_option2.pdf](http://www.bbs.ca.gov/pdf/forms/mft/lmft_expver_37a-302_option2.pdf)

#### **New Option:**

[http://www.bbs.ca.gov/pdf/forms/mft/lmft\\_expver\\_37a-301\\_option1.pdf](http://www.bbs.ca.gov/pdf/forms/mft/lmft_expver_37a-301_option1.pdf)

# **XVII APPENDICES**

## **Appendix A**

### **STUDENT CHECKLIST FOR BEGINNING AND COMPLETING THE CLINICAL EXPERIENCE**

- ☐ Complete and submit the Statement of Intent to Pursue a Post-Degree Title Form.
- ☐ Receipt of MFT Trainee/Approved Trainee Status Letter and Certificate.
- ☐ Begin Traineeship at California Family Counseling Center (CalFam).
- ☐ If a second Traineeship is desired, then look for a traineeship that matches professional and personal goals by seeking advisement from the designated Co-Director(s) of Clinical Training and/or reviewing directory of MFT Approved Agencies.
- ☐ Verify that the agency of interest is approved by Clinical Training.
- ☐ Complete and submit the Notification of Clinical Placement Form to the Coordinator of Clinical Training when accepted by an approved traineeship along with proof of malpractice insurance with Phillips as an additional named insured.
- ☐ Join AAMFT and/or CAMFT as a student member.
- ☐ Supervisor completes, signs, and returns the original BBS form Responsibility Statement for Supervisors of an MFT Associate or Trainee to the student for MFT licensure application. Student copies the form and submits it to the Coordinator of Clinical Training.
- ☐ Record clinical hours of experience on both the Phillips Clinical Experience Log Form and the BBS form Weekly Summary of Hours of Experience; supervisors sign both forms each week.
- ☐ Submit the Notification of Traineeship Changes form to Clinical Training Co-Director(s) if clinical supervisor changes or additional supervisor is provided.
- ☐ Supervisor completes the MFT Trainee Evaluation Form at the end of the term; it is reviewed with student and the original is submitted to Clinical Training Coordinator.
- ☐ Consult with Academic advisor and Co-Director(s) of Clinical Training if considering terminating a traineeship.
- ☐ Supervisor completes and signs the Experience Verification form when supervision with that supervisor has ended, and the original form is returned to the student for licensure application. Student must submit a copy of the Experience Verification form to the Coordinator of Clinical Training.
- ☐ Therapist signs the Documentation of Personal Psychotherapy form to verify the 24 sessions of personal therapy for graduation and the student returns the form to the designated Coordinator of Clinical Training.
- ☐ Complete an Evaluation of Traineeship Form for each traineeship during Practicum II. This form must be submitted to the Coordinator of Clinical Training.

## **Appendix B**

### **SUMMARY OF HOURS OF EXPERIENCE FROM THE BBS FOR MFT LICENSE**

The complete statutes and regulations are located at [www.bbs.ca.gov/pdf/publications/lawsregs.pdf](http://www.bbs.ca.gov/pdf/publications/lawsregs.pdf). All hours of experience require weekly supervision except personal psychotherapy. Students are responsible to monitor the BBS website for changes in licensing requirements.

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## **Appendix C**

### **AAMFT CORE COMPETENCIES**

<https://www.coamfte.org/COAMFTE/Accreditation/PMFTP.aspx>  
[AAMFT Core Competences](#)

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## **Appendix D**

### **AAMFT CODE OF ETHIC**

[https://www.aamft.org/Legal\\_Ethics/Code\\_of\\_Ethics.aspx](https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx)