



Clinical & Advanced Practice Handbook

PhDMFT Program

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MFT Program Overview

MFT Program Mission

The mission of Northcentral University's Marriage and Family Therapy Program is to prepare **competent, ethical, culturally sensitive** Marriage and Family Therapists. The program **emphasizes a family systems** perspective so that client processes, whether these clients are individuals, couples, or families, are contextually conceptualized. Core Faculty and Faculty Mentors engage students in a one-on-one process that invites students to grow both professionally and personally through the development of critical thinking skills, information literacy, **important clinical skills**, an appreciation of research through the scholar-practitioner model, a **valuing of diversity**, and a lifelong **commitment to learning and service**.

Student Learning Outcomes

The PhD in Marriage and Family Therapy program at Northcentral University involves an outcome-based education framework that includes Program Goals and Student Learning Outcomes (SLO). These outcomes are continually measured to determine the program and faculty effectiveness along with student progress. The doctoral practicum and advanced practice courses at NCU include assignments and evaluation measures that relate to each of the four student learning outcomes:

1. Develop relational/systemic innovations addressing contemporary issues in the field of marriage and family therapy.
2. Students/graduates will develop expertise in an area of specialization related to the field of couple/marriage and family therapy.
3. Cultivate competence in working with diverse populations in various contexts.
4. Create new knowledge in marriage and family therapy through independent research.
5. Appraise relational/systemic ethical behaviors in various settings.

Educational efforts within the PhDMFT program are informed by Professional Marriage and Family Therapy Principles, which include the MFT Core Competencies, AAMFT Code of Ethics (AAMFT, 2015), AMFTRB Examination Domains, Task and Knowledge Statements, and relevant state licensing regulations.

In addition, per Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) curriculum guidelines for doctoral programs, students are expected to develop and **demonstrate competence** in the following:

Domain 2: Advanced Relational/Systemic Clinical Theory

This domain concerns the development of advanced clinical competence (domain content taken verbatim from the Version 12 COAMFTE accreditation standards):

Subdomain 2.1. Demonstrating an advanced understanding and application of multiple family and couple models and empirically-supported interventions;
Subdomain 2.2. Skill in working with diverse populations across the lifespan through direct clinical work or in supervision of the therapy of others;
Subdomain 2.3. Demonstration of an awareness of cultural issues, differences, and personal blind spots in their clinical and supervisory work; and
Subdomain 2.4. Development of a specialized clinical area that is grounded in research and is at an advanced level of intervention and understanding.

Clinical Training

Introduction to Clinical Training

Clinical training in MFT is unique in two very significant ways. First and foremost, our training is systemic, that is, we focus on the person and the person's web of relationships. The other major difference is that MFT has historically been grounded in a "health" model – a focus on strengths and abilities that can be activated, rather than a focus on pathology. You will be entering a unique mental health discipline with its unique skill sets and unique body of knowledge.

Please read this handbook carefully, and keep it handy for ready reference. It is your best source of help to successfully set up and complete your clinical training. Be sure you also **give a printed or digital copy of this document to your local supervisor**.

Time Frame

The professional practice portion of the PhDMFT program at Northcentral University (NCU) consist of two elements: the practicum and the Advanced Practical Experience Component (APEC; aka internship) (four 12-week courses).

Practicum Preparation

Students must complete the PhDMFT Practicum Preparation Process (PPP) in order to be eligible for enrollment in clinical courses. All relevant tasks in the PhDMFT PPP must be approved prior to enrollment in MFT 8951, 8952 or 8971.

For some students, finding an appropriate training site and Local Clinical Supervisor is the most difficult part of the practicum preparation process. Start looking early in your program.

Clinical Training Courses

Students who are not fully licensed MFTs (LMFTS) will choose to complete either MFT-8951 or MFT-8952.

MFT-8951: MFT Doctoral Practicum. During this 12-week course you will attend a weekly 2-hour virtual group supervision with no more than 7 other students and an NCU clinical supervisor.

You will also participate weekly in Local Clinical Supervision. This course is typically completed just prior to the second portfolio course (about halfway through the program).

MFT-8952: MFT Individualized Doctoral Practicum. During this 12-week course you will propose an individualized clinical training plan and will meet four times with an NCU clinical supervisor. You will also participate weekly in Local Clinical Supervision. This course is typically completed just prior to the second portfolio course (about halfway through the program).

Students who are LMFTs will complete MFT-8971.

MFT-8971: MFT Supervision Practicum. During this 12-week course you will co-supervise a weekly 2-hour virtual supervision group with an NCU clinical supervisor. This course is typically completed just prior to the second portfolio course (about halfway through the program). You must complete MFT-8970: MFT Supervision (or the online Fundamentals of Supervision course with AAMFT) prior to taking MFT-8971.

Advanced Practical Experience Courses

All students must complete a 9-month internship, referred to as the Advanced Practical Experience Component (APEC). During the three APEC courses, you will engage in professional practice activities for 20 hours per week under the direction of a local supervisor. During that time you will be enrolled in MFT-8991, 8992, and 8993: APEC I, II, & III.

You will select two areas of emphasis for the APEC, from the following list articulated by COAMFTE:

- advanced research,
- grant-writing,
- teaching,
- supervision,
- consultation,
- advanced clinical theory,
- clinical practice/innovation,
- program development,
- leadership, or
- policy.

You may also pursue experiences in presenting and professional writing during the APEC. Your program clinical specialization should be recognizable in your choice of APEC activities.

You will meet weekly with a local supervisor who was chosen based on their expertise relative to your two chosen APEC activities (e.g., if you selected advanced research or grant-writing, your supervisor could be the leader of a research team; if you selected advance clinical theory, your supervisor would be an AAMFT Approved Supervisor or the equivalent; if you selected policy, your supervisor might be a policy maker). Your supervisor needs to have more experience than you

in your proposed internship activities and must be vetted and approved by a member of the NCU Clinical Team.

NCU Clinical Hour Requirements

➤ 800 hours of direct client contact with at least 400 relational hours

Direct client contact is face-to-face therapeutic work with clients. Other clinical tasks, such as observation or shadowing, working on clinical records, staff meetings and referral consultation, do NOT count as direct client contact.

A relational therapy hour is when you have two or more people that have some type of relationship (e.g. spouses, partners, parent/child, siblings) physically present in the same therapy session with you.

Group therapy with individuals counts as an individual hour; group therapy only counts toward the required “relational” hours if the group involves multiple members of the same family (couples, parents, siblings). Group therapy at a residential facility, when the focus is on interpersonal dynamics, may count as relational (pending local supervisor approval). One hour of group therapy counts as one hour of direct client contact, whether there are two clients or many clients in the group.

➤ 160 hours of supervision

Individual weekly supervision should be in person 1:1 supervision with the student and the local supervisor. Local group supervision counts as group (not individual) supervision. Local supervision only counts when it occurs with the supervisor and student physically present in the room. Telephone or other electronic means of supervision are supplementary – they do NOT count toward the 160 supervision hours required for graduation.

If you show a client video during individual supervision, the entire hour counts as raw data supervision (Individual Supervision Raw Data – Video). If you show a video during NCU group supervision, only the time that you show your video and discuss the case reflected in the video counts as direct supervision (NCU Group Supervision Raw Data – Video); the rest of the class time (discussion about other students’ cases) is coded as NCU Group Supervision Case Report. Questions about “what counts” as group raw data supervision should be directed to the NCU faculty. Role plays do NOT count toward the required raw data supervision hours.

Students may count an hour of co-therapy with a supervisor as both an hour of therapy and an hour of live supervision. However – that student must be receiving an hour of individual supervision each week - separate from the co-therapy. Co-therapy requires planning and debriefing. If there is no pre-planning or follow-up, it isn’t effective co-therapy or supervision.

LMFTs: This requirement is fully satisfied for students who are fully licensed as MFTs (LMFT; not MFT-A or MFT-I, nor LPC, LCSW, etc.).

Non-LMFTs

Students who graduated from a COAMFTE-accredited master's degree program can petition the PhDMFT program to apply the client contact and supervision hours obtained during their master's degree (along with any relevant post-degree MFT intern hours) towards the doctoral program requirements. Students should submit documentation from their master's degree program to the NCU Clinical Team detailing the approved direct client contact and supervision hours received during their master's degree program.

Students who completed a master's degree in MFT from a non-COAMFTE accredited program can also request to apply their clinical and supervision hours (during the program and post-degree MFT intern hours) towards this requirement if the program's clinical procedures were equivalent to the NCU's clinical policies (i.e., 5:1 clinical hours to supervision hour ratio, at least 40% of clinical hours were relational, supervisors were AAMFT Approved Supervisors or the equivalent, and at least 51% of supervision was face to face). Students should submit documentation from their master's degree program to the NCU Clinical Team documenting this was the case.

Clinical Training & Licensure

In MFT, the master's degree is the licensure-oriented degree. If you are not licensed, your doctoral courses may or may not meet the requirements for MFT licensure in your state. It is your responsibility to obtain information from your state's licensure board whether or not you meet the educational requirements for your state.

Licensure Disclosure

MFT Licensure requirements vary from state to state. Students are responsible to know the licensing requirements for the state in which they intend to seek licensure.

You should use your state license board requirements and the COAMFTE standards to guide how you complete the NCU graduation requirement. *If there is ever a difference between your state licensure standards and the NCU graduation standards, always choose the higher standard. Should your state require more than NCU, follow the higher standard. You will almost always be safe that way.*

Supervisor Disclosure

Because NCU approves Local Clinical Supervisors based upon State requirements for postgraduate supervision, it is your responsibility to know whether your supervised hours will count if you move to a state that is different than the one in which your supervisor was approved.

Supervisor requirements vary from state to state. If your Local Clinical Supervisor is an

AAMFT Approved Supervisor, then the supervision may be easier to transfer from one state to another, though it is common in many states **that your pre-licensure supervision be provided by a supervisor who is also licensed in the state in which you are currently pursuing licensure.**

You can verify the AAMFT Approved Supervisor status of your Local Clinical Supervisor by searching the directory on the AAMFT website:

https://www.aamft.org/Supervision/Search/Find_a_Supervisor.aspx

PhD Practicum

Practicum Information for Non-Licensed Students

Background for students. Once you have completed the practicum preparation process (PPP) in the MFT program's current clinical management system and have been approved to do so, you can begin MFT-8951: MFT Doctoral Practicum or MFT-8952: MFT Individualized Practicum. Practicum will allow you to benchmark, for yourself and for the NCU clinical faculty, your current level of clinical skills.

This will likely be your first experience with regular synchronous online doctoral education at NCU. MFT-8951 students will be in a class for 2 hours each week via web conferencing software with your clinical faculty (an AAMFT Approved Supervisor or Supervisor Candidate) and no more than seven other students. During these classes you will have the opportunity to do some of what you will be doing after graduation, namely, modeling for new therapists what the competent performance of basic clinical competencies looks like. Your clinical faculty may give you the opportunity to function almost like a co-facilitator of the supervision group. You will certainly have the opportunity to observe the clinical faculty member and learn from experience how one can mentor beginning therapists. MFT-8952 students will meet four times during the 12 weeks with their NCU faculty member.

Expectations of students. Students must complete all of the requirements of the MFT-8951/8952 Doctoral Practicum syllabus. These activities provide students an opportunity to demonstrate competence in applying a variety of theories of therapy within a variety of therapeutic situations. Furthermore, students will demonstrate competence in applying the AAMFT Code of Ethics to given clinical situations, as well as applying the diagnostic standards as defined by the current edition of the *Diagnostic and Statistical Manual* of the American Psychiatric Association. The professional competencies for the clinical and practical experience components of the PhDMFT program are defined by the American Association for Marriage and Family Therapy (AAMFT), and

include the [Code of Ethics](#), the [Core Competencies](#), and the Advanced Curriculum Area elements noted above (subdomains 2.1 to 2.4).

Practicum Information for Supervisors

Background for local supervisors. Because you are an AAMFT Approved Supervisor (or equivalent), you have most likely supervised other practicum students and perhaps even PhD practicum students. You should know, however, that there are several things that make Northcentral University unique. One of these is our educational model, known as Teaching through Engagement. In the didactic classes the students experience feedback that is designed to help the student learn in a way that the student learns best. It makes for a very individualized style of graduate education. In this Practicum you will pick up the role of that hands-on mentor. There will be more about that role just a bit later in this section.

While you are working one to one with the PhD student, you should know that the student meets regularly with an NCU faculty member who is an AAMFT Approved Supervisor or Supervisor Candidate and no more than seven other students. While your work provides the specifics within the student's context, the NCU class provides a process focus on clinical work as an MFT. The class provides experiential learning about diversity that would not be possible in any single geographical location. We accomplish this experience by students presenting videos of their own clinical work at least twice during the 12-week class, and through shared discussions of other students' case materials. In that sense, the online class functions much like a traditional in-the-room supervision group.

Expectations and roles of local supervisors. If you are supervising a PhD student's Practicum, it is because that student is not a LMFT. Perhaps the student you are supervising is already licensed in some other mental health profession, or perhaps the student has never yet been licensed. Your work with PhD Practicum students will be very similar to what you have probably done with other MFTs working toward full state licensure. The primary difference is that we expect our PhD students to be functioning at a higher level of systemic thinking than the typical post-master's student. That is, they should not only demonstrate clinical competence, they should also be able to analyze and evaluate their clinical interventions, as well as propose alternative approaches and justify the systemic approach they chose.

Your specific responsibilities for PhD Practicum students include:

- Monitoring student progress on the following aspects of clinical practice articulated by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE):
 - Subdomain 2.1. Demonstrating an advanced understanding and application of multiple family and couple models and empirically-supported interventions;
 - Subdomain 2.2. Skill in working with diverse populations across the lifespan through direct clinical work or in supervision of the therapy of others;
 - Subdomain 2.3. Demonstration of an awareness of cultural issues, differences, and personal blind spots in their clinical and supervisory work; and

- Subdomain 2.4. Development of a specialized clinical area that is grounded in research and is at an advanced level of intervention and understanding.
- Ensure that the student is functioning at an appropriate doctoral level of both case conceptualization (analyzing and evaluating theories of therapy) and skill application (competence). Especially with students who are coming from a different mental health profession, you need to be sure that they are functioning from a solidly systemic frame.
- Ensure that at least ½ of your supervision is based on direct access to the student's clinical work. Direct access includes reviewing video recordings, (less desirably) audio recordings, doing co-therapy, or directly observing the student's work (in the same room, or through one-way mirror or closed-circuit TV).
- Ensure that the student keeps you apprised of all of her/his cases.
- Ensure that the student meets the legal and ethical standards of practice.
- Model ethically and multiculturally-sensitive clinical practice.
- Protect the public through appropriate gatekeeping.

The local supervisor accomplishes these functions by:

- Modeling appropriate boundaries and appropriate uses of power within the supervisory relationship.
- Sharing ideas, giving timely feedback and providing evaluations of the student as requested.
- Respecting the student's therapeutic decisions – differences in approach are fine, as long as the student intern is performing within the bounds of acceptable clinical practice, including using only standard theories of therapy to guide the therapeutic process.
- Ensuring the student provides each and every client an appropriate informed consent document stating, in addition to other items the site normally provides clients, that the student is a doctoral student whose work is carefully supervised.

You will have only two reports to submit to NCU, and both are due at Week 10 of the course. Your student can give you the exact calendar date the report is due. The first is an evaluation of the student's clinical work. You will complete this evaluation online. The second is to verify the student's clinical hours. The student is responsible for keeping track of her/his clinical hours; your responsibility is to simply verify the accuracy of the records that the student submits.

Practicum Information for Fully Licensed (LMFT) Students

Background for students. As an LMFT, instead of a clinical practicum, you will complete a supervision practicum and co-supervise an NCU MAMFT practicum group with an NCU faculty member. Prior to doing so, you must complete MFT-8970: MFT Supervision (or the [AAMFT Fundamentals of Supervision Course](#) online or at a conference or symposium sponsored by AAMFT). Three months prior to beginning MFT-8971: MFT Supervision Practicum, please reach out to your AFA and the NCU Clinical Team (clinical@ncu.edu) with your proposed starting date for MFT-8971. You will then be assigned to a MAMFT practicum and NCU faculty member for MFT-8971: MFT Supervision Practicum. During MFT-8971 the weekly assignments involve your reflections on the supervisor role and supervision processes.

Expectations of students. Students must complete all of the requirements of the MFT-8971: MFT Supervision Practicum syllabus. These activities provide students opportunities to demonstrate competence as a supervisor and compliance with the AAMFT Code of Ethics.

PhD Advanced Practical Experience Component (APEC; aka 9-month Internship)

PhD Internship Overview

The PhD Internship is a completely separate process from the PhD Practicum. It begins with its own separate preparation course in the program's clinical management system. To access this resource, please email clinical@ncu.edu.

The APEC is typically scheduled after the last clinical specialization course and prior to the final Portfolio course. However, if you have an internship opportunity earlier in the program, you may petition the Director of MFT Doctoral Programs to begin the APEC earlier in the program. Before beginning MFT-8991: APEC I, you must create an internship contract to guide your work. That is completed during the Pre-Internship approval process in the current clinical management system.

PhD Internship Contract Creation

The step-by-step process of defining and creating the APEC contract is found in the Pre-Internship course. The Internship Welcome Letter summarizes the information you need to provide.

APEC Information for Students

The APEC is your opportunity to personalize your clinical training at Northcentral. Before we begin with the personalization, let us take a look at what is required and in common for all PhD students.

- Complete a 9-month, full-time (20 hours) per week internship that provides substantial opportunity to gain experiential learning in the area of your degree specialization. For example, if your degree specialization is military family therapy, the APEC should provide substantial opportunity to actually work with military couples and/or families.
 - You will register for and complete the course requirements for MFT8991, 8992, and 8993 during these nine months. You will have weekly assignments, but will not meet with your NCU faculty member on a weekly basis.
 - You will have a supervisor in your local area with whom you will meet weekly. Your supervisor must have documented expertise in the APEC area. For example, if you are

doing an internship in the area of substance abuse, your supervisor must have documented expertise in treating substance abuse. The local supervisor does not necessarily have to be an AAMFT Approved Supervisor, unless that credential is important to the focus of the APEC.

- During the APEC, your work will focus on any two of the following areas: advanced research, grant-writing, teaching, supervision, consultation, advanced clinical theory, clinical practice/innovation, program development, leadership, or policy.
- You will specify which two you choose for your focus and how you will develop these two experientially to benefit you during the APEC.
- Your evaluations at both the NCU level and your local level are based on the degree to which you are meeting your specified learning outcomes.

Some possible examples of the way you can personalize the APEC include, but are not limited to:

- If you are not currently a LMFT, you may choose to use the APEC to complete or at least work toward your state requirements for LMFT.
- If you are not an AAMFT Approved Supervisor you could use the Internship to work toward the 18-month experience requirement to become an Approved Supervisor.
- If you plan to teach after graduation, you could use the APEC to gain experience in both teaching and in curriculum development.
- If your specialization is medical family therapy, you could use the APEC to gain experience collaboratively working with physicians for more holistic care of the patient/client.
- If your specialization is couple therapy, you could use the APEC to meet the certification requirements for Emotionally Focused Couples Therapy.

Remember, these are only illustrations. What is essential in the APEC is that you specify measurable outcomes by which the APEC can be measured, and that you make measurable progress toward achieving those outcomes.

APEC Information for Supervisors

If you are supervising a PhD student's APEC (Internship), it is because you have documented expertise in a particular area of interest to the student. We appreciate you sharing your expertise to further the student's growth in experiential learning.

At NCU, the APEC is as individually crafted as the dissertation will be. You can read the information for the students earlier in this manual if you want to gain a more in-depth picture of the APEC process. What you must know is that the student's APEC Contract is the primary guide for making this a top-quality experiential learning opportunity. You should receive a copy of this Internship Contract from the student. If you do not, please ask for it. The contract will specify, among other items, what the student's required activities are, what the standards for evaluation are, and what the desired outcomes are.

Once in each 12-week course you will need to submit a brief narrative evaluation of the student's

progress. You are the student's primary mentor, so you are in the best position to assess the student's progress toward the desired learning outcomes. You will also be asked to participate in a brief synchronous meeting in the mid-point in each of the 12-week APEC courses.

If you have any questions, comments, or concerns, please do contact the Director of Clinical Training at clinical@ncu.edu.

Critical Consideration: When can I start and stop seeing clients?

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1. Students may enroll in Practicum **after they have received an email granting approval to do so** from the Clinical Team.
 2. After all practicum preparation process (PPP) tasks are complete, students will receive an email indicating they are approved to begin practicum from the Clinical Team. The letter will notify the student about the completion of all pre-practicum items, eligibility to enroll in clinical courses, and permission to begin seeing clients. The local supervisor, advisor and NCU faculty member are copied on the email.
 3. Students are encouraged to follow their local state requirements to complete their post-master's degree hours for full licensure as a marriage and family therapist (LMFT) in their state. For the purpose of completing clinical hours for program requirements in the PhD program, MFT-8951/8952 students must complete the practicum preparation process and enroll in and actively participate in their NCU Practicum.
 4. Students must email the Clinical Team regarding approval for an alternate local supervision arrangement (e.g., to attend local supervision every other week - as allowed by state law).
 5. All sites and supervisors must have Documented NCU Approval.
 6. **Students may NOT provide therapy at any site that has not been fully approved by the Clinical Team. Students must also have an approved, local supervisor.**
 7. Students who are not fully licensed clinicians may only provide therapy under specific regulations. Those regulations require prior, documented approval of the Clinical Site and Local Clinical Supervisor. In order to count the clinical hours you provided in a particular week toward graduation requirements, you must have met with an AAMFT Approved Supervisor or Supervisor Candidate during that same week (your local supervisor and/or your NCU supervisor).
 8. If a student provides therapy at a site that has not been approved, they may be acting

illegally and may make themselves vulnerable to a lawsuit. Hours at non-approved sites do not count toward graduation.

9. **Note: This policy applies to students who are starting clinical work and also to students who are adding additional sites and supervisors during their clinical training.**

Critical Consideration: Recording

Students are expected to record client sessions. Students who are unable to record sessions at their site will need to find an additional site prior to enrollment in MFT 8951 or 8952. Students who lose a site where they could record must find a new site and it must be fully approved before the student can enroll in additional clinical courses.

Students are expected to complete all course requirements as specified in the clinical syllabi. Course requirements include submitting video or audio clips of the student's therapy work with clients at least twice per course.

**Make sure to review the Technology Requirements for Clinical Training and Ethics Protocol at the end of this Handbook.*

There are a few key considerations regarding the recording requirement:

1. We encourage students to record sessions so that the camera is focused on the therapist, not the clients. Place the camera behind the clients so that it shows you and the recording is essentially an audio recording of the clients.
2. If video recording is not an option at your site, you should talk with your site director and/or local supervisor about audio recording.
3. Whether audio or video, it is important to clarify for yourself and for the agency and supervisor that all recordings will be kept secure, maintained in confidentiality, and always deleted after supervision.
 - Make sure that data are captured in a way that it is not uploaded to a "cloud"
 - When data is transported from one location to another, make sure it is double-locked (in a lock box, in the trunk of a car, encryption on the memory drive)
 - Make sure that the computer where data will be edited is password protected
 - After the video is shown in supervision, completely remove all data from the computer and transportation or recording devices. They should be removed completely from a "recycle bin."
4. Students always use a written video consent document regarding recording sessions with each client.

5. If no recording is allowed at all, you will need to confirm that the Local Clinical Supervisor will provide direct observation of some of your clinical work either through co-therapy or observation of sessions as they occur. Also, you would need a secondary placement site where you can see a small number of clients and record some sessions for use in group supervision with your NCU Faculty Member. A number of NCU students have supplemental sites for this purpose and see 6-8+clients per week at the one site and 2-4+ at the supplemental site.
We can make arrangements for what is needed once it is clear what the options are at your initial site.

Critical Consideration: Hours Tracking

Students are expected to use the University-Approved system for tracking clinical hours. Please read the clinical tracking system handbook carefully.

- Students should track all direct therapy hours by creating activities that reflect time spent and submitting those activities to the Local Supervisor for approval.
 - Questions about “what counts” as a direct therapy hour should be directed to the Local Clinical Supervisor. Generally, Direct Client Contact includes a formal appointment, and in-person service **that is part of a larger treatment plan** (i.e., informed consent, intake assessment, diagnosis, intervention).
 - “Alternative” (psychoeducational and observation) hours do NOT count as direct client contact, although if students can count these towards licensure requirements, they can be included in the clinical tracking system.
- Students should track all supervision hours by creating activities that reflect time spent and submitting those activities for approval to the Local or NCU supervisor as appropriate.
 - Weekly student participation points are based on hours tracked for local and NCU supervision. Therapy and Supervision Hours should be approved weekly. It is required that hours are approved by the Local Supervisor at least once per course.
- We realize that some states allow indirect hours towards licensure. However, we do not track those. Feel free to keep separate records should you desire to report these hours in the future.

Student hours will audited at the end of each clinical course.

- If the student fails the practicum and also has not met the hour requirement, the student will fail and re-take 8951 or 8952. Per university policy, students can have three attempts to successfully pass a course.

Critical Consideration: Supervision

Supervision: Direct Observation Hours (Video/Audio/Live)

- **Individual Supervision:** If you show a video or play an audio recording of your client during individual supervision, the entire hour counts as direct supervision
 - In the clinical tracking system, it is coded: Individual Supervision Raw Data – Video (or Audio)
- **Group Supervision:** When you show a video or play an audio recording of your client and discuss that particular case during an NCU clinical class, you will create an activity for the direct observation (raw data) time spent.
 - It is coded: NCU Supervision Raw Data – Video (or Audio).
- The time in class that is spent discussing other student’s cases or watching another student’s video, should not be counted as Raw Data.
 - In the clinical tracking system, it is coded: NCU Group Supervision Case Report
- **Role Play:** If you show a role-play (when allowed) instead of a video of your therapy with a client, that time does not count for direct observation hours.
 - In the clinical tracking system, it is coded: NCU Group Supervision Case Report
- Some states explicitly prohibit counting web-cam based supervision toward licensure. Students in those states may count the weekly NCU clinical training classes toward the NCU graduation requirement but may NOT count those hours toward their state’s requirements for licensure. *It is the student’s responsibility to verify whether the NCU clinical classes can count as “group supervision” for state licensure or not.*
- You are expected to meet with your Local Clinical Supervisor for at least one hour each week, AND MFT-8951 students are expected to participate in the two-hour online course with your NCU Faculty member (this doesn’t apply to MFT-8952). Students must consult with the clinical team to discuss any exceptions to this weekly arrangement.
- According to COAMFTE standards, **students may not count any client contact hours during a week in which they did not meet with an AAMFT-Approved Supervisor** (your NCU Faculty member meets this requirement).

Critical Consideration: Missing Class

Weekly participation in the practicum course is a requirement of the MFT program once a student starts seeing clients.

1. If a student in MFT-8951 misses a week of NCU Group Supervision, the student must:
 - **Obtain AAMFT supervision during the week** that class was missed, or not count client hours for that week. If the local supervisor is AAMFT-approved, then local supervision

allows therapy hours to be counted. If the local supervisor is not AAMFT-approved:

- Email the Clinical Team to obtain information about a make-up group.
- Attend a make-up group. In order for hours earned that week to count, you need to attend a make-up group within the week that the class was missed.
- **Communicate with your faculty member.**
 - One hour of a make-up group does not “make up” for missing two hours of class. You need to work with your instructor to determine what you need to do to make up the missed class time. Attending the make-up group only allows you to count your hours in the clinical tracking system.
 - You do not submit assignments in a make-up group. Grading belongs to you faculty member. You will need to arrange a time to submit any assignments that were due during the class you missed.
 - You may count the one hour of make-up group in the clinical tracking system. Send the activity to your faculty member for approval.

NOTE: Students can only miss two group classes (with a make-up group session or assignment) during a 12-week course.

2. If a student takes a break between clinical classes and continues to see clients:

- Students who intend to take a Leave of Absence between Practicum and the APEC need to notify the Director of MFT Doctoral Programs. You may need permission to see clients without attending practicum weekly.
 - You must receive weekly individual supervision from the Local Clinical Supervisor.
 - In order for hours to count, you must also receive weekly AAMFT-approved supervision. If you do not receive AAMFT-approved supervision, you may receive permission to see clients (with weekly supervision by the Local Clinical Supervisor), but the hours will not count toward graduation and should not be entered into the clinical tracking system.
 - You must have been enrolled in a clinical course prior to the LOA and must be enrolled in a clinical course immediately following the LOA (90 day max).

Critical Consideration: Vacations

Weekly participation in a practicum or internship course is a requirement of the MFT program once a student starts seeing clients.

1. If you take a 1-2 week break/vacation without seeing clients:

- Ask for permission from your local site and supervisor so that arrangements can be made for your clients' continued care. Even if you are not formally employed by your site, you have a professional obligation to the site. You need to treat the situation as if the site were your employer. Do not inform the site that you will be leaving; ask whether you may leave and how appropriate arrangements can be made.

- If you will not attend practicum or internship class during your vacation, you need to communicate with your instructor about how you can make-up missed class time.
2. If your local supervisor misses a week (for vacation/leave), while you are seeing clients:
 - If you miss one week of local supervision, you need to make up the time with the local supervisor and you need to make sure that you do not miss NCU group that week. (In CA, the student must have local supervision every week that they see clients.)
 - If you are planning to meet with a substitute supervisor who has not been fully approved by NCU, talk with a member of the Clinical Team first (state requirements vary). Do not enter the local supervision in the clinical tracking system.
 - If your approved local supervisor will be unavailable for more than two weeks, that supervisor needs to provide you with information for a colleague who can fill in for weekly consultation. That colleague/new supervisor needs to be approved by a member of the Clinical Team and that approval needs to be documented ASAP.
 - You will know that a local supervisor has been approved when the local supervisor is entered in the clinical tracking system.
 3. If your NCU instructor misses a week (and does not arrange for another faculty member to cover the group), or if class is cancelled for a University Holiday:
 - If class is cancelled by your instructor, the instructor will offer an alternative assignment so that you can earn points for the class time missed.
 - If you have an AAMFT-approved Local Clinical Supervisor, make sure to attend local supervision so that your hours can be counted.
 - Students who do not have an AAMFT-approved Local Clinical Supervisor need to attend an **NCU make-up group**. **Student can only count therapy hours for weeks that they attend at least 1-hour of AAMFT supervision.**

Critical Consideration: What if I need a new Site or Supervisor?

If you are unlicensed, but providing supervised therapy in harmony with the policies of your state MFT licensure board, you typically are able to provide therapy without being enrolled in a Practicum or APEC (Internship) course. Exceptions to this should be discussed with the Director of Clinical Training. Students may only provide therapy at a site that has been fully approved by a member of the Clinical Team.

If you are dismissed from your local training site or if you resign:

- Email your NCU instructor, a member of the Clinical Team and the Director of MFT Doctoral Programs within 24 hours.
- Make sure that you behave professionally as you leave your local site and supervisor.

Remember that your reputation is valuable, and your local clinical community is not a good place to burn a bridge.

- Unless your local supervisor instructs you otherwise, make sure that all clinical documentation is complete (i.e., that all case notes and client communication have been placed in client files).
- Leave all client data on site. Do not take any client data (written or recorded) with you. Those data are the property of the site and thus should no longer be in your possession as they are no longer your property.
- Cease contact with clients. Any contact from a client should be provided to the local supervisor in a HIPAA compliant manner.
- If you were dismissed from the site, you will be asked to meet with the Clinical Development Committee (CDC). The purpose of the meeting is to determine how you and we, as a clinical team, can support your clinical development. Depending on the circumstances, a CDC meeting may also be required if you resigned.
 - During the CDC meeting, you will have an opportunity to both share your story and receive feedback.
 - The committee will develop an action plan and send you a CDC follow-up letter, with a summary of the meeting and assigned action items. Letters are typically sent within two weeks of the meeting.
 - No future clinical courses will be assigned until you have completed the action plan and secured a new site and supervisor. The new site and supervisor need to be fully approved prior to enrollment in a clinical course.
 - If your site and/or supervisor status changes during an active clinical course, the clinical team will meet with you to determine a plan of action.

If you need an additional site or supervisor:

- Email clinical@ncu.edu to gain access to a new place for site and supervisor documents. Fill out a new Site and Supervisor Vetting and Information Form.
- Support the new supervisor and/or agency director as they return their Information and Agreement documents.
 - When the approval process is complete, the site will be entered into the clinical tracking system.
 - Do not see clients at the new site until you receive an email from the Director of Clinical Training that the site has been fully approved.

Program Statement on Specialized Training

The PhDMFT Program at NCU is designed to prepare students to think and interact systemically with a broad range of individual and relational clients.

- Students who attempt the following types of therapeutic intervention need to ensure that they have previous training, are receive supervision and/or additional training specific to these

specializations: Addictions, Eating Disorders, EMDR, Hypnosis, Sex Therapy and many types of assessments*

- It is beyond the scope of competence for an MFT student to perform: Energy psychology, tapping, and/or somatic experiencing*

*Please note that these lists are intended to be exemplary, not exhaustive. Students need to practice within their area of competency. In other words, ***if you did not study the topic within the NCU MFT program, you need to demonstrate that you are receiving additional supervision/training before you attempt to intervene with that population or approach.***

Consider the AAMFT Code of Ethics (2015):

3.1 Maintenance of Competency. *Marriage and family therapists pursue knowledge of new developments and maintain their competence in marriage and family therapy through education, training, and/or supervised experience.*

3.2 Knowledge of Regulatory Standards. *Marriage and family therapists pursue appropriate consultation and training to ensure adequate knowledge of and adherence to applicable laws, ethics, and professional standards.*

3.6 Development of New Skills. *While developing new skills in specialty areas, marriage and family therapists take steps to ensure the competence of their work and to protect clients from possible harm. Marriage and family therapists practice in specialty areas new to them only after appropriate education, training, and/or supervised experience.*

3.10 Scope of Competence. *Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.*

Students who choose to receive training from certificate programs (e.g., EFT, Gottman, Imago, Play Therapy) must use care in how they refer to their level of competency before they have completed all steps for certification (i.e., you may not refer to yourself as to self as an EFT, Gottman, or Play Therapist). While in the NCU MFT program, students should represent themselves clearly as “a student in training.”

9.1 Accurate Professional Representation. *Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy in accordance with applicable law.*

9.7 Specialization. *Marriage and family therapists represent themselves as providing specialized services only after taking reasonable steps to ensure the competence of their work and to protect clients, supervisees, and others from harm.*

Program Statement on Tele-therapy

The NCU MFT programs recognize the growing need and use of tele-therapy by MFTs and have integrated basic information regarding the ethics and use of this modality into the curriculum. We also recognize that licensure boards, legislative bodies, and the field as a whole are making efforts to determine how and when this modality can be used in a manner that protects the client and the therapist. The 2015 AAMFT Code of Ethics added language addressing the ethics and expectation of using this modality (Standard VI)*. Although many states do not prohibit MFT students from participating in tele-therapy within state lines, some state regulatory boards have created codes that require therapists to be licensed in both the state that the therapist resides and the state that the client resides when tele-therapy crosses state lines.

In part due to current accreditation requirements (COAMFTE Version 12 Accreditation Standards) that require client contact hours have client(s) “physically present”, and the lack of clarity around liability, laws, and regulations regarding tele-therapy, particularly across state lines, the NCU MFT programs only permit and count client contact hours accrued by students when clients are physically present in the room with the therapist. We recognize that some placement sites (e.g., residential treatment centers, therapeutic boarding schools, wilderness programs, etc.) include a virtual consulting/coaching aspect to the treatment plan (i.e., having the minor in the room with the therapist and asking them to practice talking with their parents on the phone during a session). NCU considers the actual therapy to be the in-person contact with the client, and the interaction with others not physically present, although supportive of therapeutic efforts, not direct client contact. Defined this way, the session described would be coded as individual therapy; the addition of parents via phone or video would be an intervention used in the treatment of that individual client. Placement sites and local supervisors are responsible to be aware of and comply with any state/regional and/or clinical setting limitation, laws, and regulations regarding the use of teletherapy which involves NCU students.

*AAMFT Code of Ethics (2015), Standard VI: **Technology-Assisted Professional Services**

Therapy, supervision, and other professional services engaged in by marriage and family therapists take place over an increasing number of technological platforms. There are great benefits and responsibilities inherent in both the traditional therapeutic and supervision contexts, as well as in the utilization of technologically-assisted professional services. This standard addresses basic ethical requirements of offering therapy, supervision, and related professional services using electronic means.

Frequently Asked Questions

Q: *Can I be paid for clinical training?*

A: Yes. To be absolutely safe, you should check to make sure your state has no such prohibition (most do not, but that is no help if your state prohibits student therapist from being paid). However, it is not a good practice for students to accept payment personally. If clients pay cash or check, etc. it should be to the practice and then students can be paid by the practice if they decide to do that. You cannot be in your own private practice as a student. You work for the agency (either as a volunteer or employee) and should be paid by the agency. Clients are the clients of the agency and not the student’s clients directly.

Q: *Can I do my practicum/internship in a private practice setting rather than an agency?*

A: Yes. Some states may not allow a student therapist to work in private practice settings. As always, it is the student’s responsibility to verify that the selected clinical site conforms to state licensing board requirements. As an example, California does not allow student therapists, accruing hours for their clinical degree, to work in a private practice setting.

With this said, as long as the private practice otherwise meets the standards given in the Supervisor

Approval documents, there is nothing in NCU policy to prohibit this. Before you agree to work in a private practice setting, you need to be sure that the practice has a sufficient volume of clients that they can guarantee you will be able to see 10 or more clients per week who pay for therapy out of their own pockets, rather than billing any sort of third-party payer. Gaining sufficient client contact hours, generally speaking, has been the biggest struggles for students working in a private practice setting.

Q: Will I have to pay for clinical supervision?

A: Maybe. The majority of students are able to find sites that offer supervision for free. In some instances the sites where students want to do their clinical work do not have a qualified Local Clinical Supervisor and they opt to contract with an “off-site” supervisor to provide the required supervision. Those who do pay for supervision typically pay whatever their supervisor normally charged for an hour of therapy. You are not required to select a placement site that will require you to pay for supervision, but some students, whether because they were seeking a specific type of clinical experience to further their career or because of limited options available in their area, have paid for clinical supervision.

Q: Are there any special considerations if my site supervisor is different from my approved local supervisor?

A: In cases where the site does not have a qualified Local Clinical Supervisor and students opt to contract with an “off-site” supervisor to provide the required supervision, it will be important to ensure collaboration between the site supervisor (though not our clinical supervisor, whomever is the liaison for this site), off-site supervisor, as well as the NCU supervisor. While the off-site supervisor will be responsible for signing off on your hours, the site supervisor should review and verify the accuracy of the hours that are being presented to the off-site supervisor. Additionally, it is encouraged that each synchronous meeting includes the site, off-site, and NCU supervisors.

Q: How long will it take me to find a site and local supervisor?

A: About four months. Based on the data from 50 recent students, the average time to secure a practicum site and supervisor was 15 weeks. Some students took longer, up to a year. So allow yourself plenty of time to find a site and supervisor. Use the tip sheet available in the Practicum Preparation Process. Above all, network, network, network and start this process of looking and networking as soon as possible. Finding a site and local supervisor takes work and persistence on your part. This is the same kind of persistence and networking that you will need to build a successful practice after you are fully licensed, so this effort now can pay dividends later.

Q: Can I count group therapy?

A: Yes. Group therapy with individuals counts as an individual hour; group therapy only counts toward the required “relational” hours if the group involves multiple members of the same family (couples, parents, siblings). Your NCU Faculty Member can help you if you have specific questions. One hour of group therapy counts as one hour of direct client contact, whether there are two clients or eight clients in the group.

Q: May I have more than one clinical site at a time?

A: Yes. Some students decide to have an additional site in order to get additional hours or to gain experience with a particular client group. **All sites must be vetted and approved by a member of the Clinical Team. Students may not count hours earned at an unapproved site. Students may be breaking the law in their state by working as a therapist without approval to do so as a part of their academic program.** Most students will only have one site, but you are permitted to have more than one at the same time. Depending on your Local Clinical Supervisor's qualifications and preference, it may be possible to have only one local supervisor sign off for on your work at both sites. Your Local Clinical Supervisor is legally and ethically responsible for your work, so only your Local Clinical Supervisor can decide whether she/he is comfortable supervising your work at more than one site. If not, you will need to have more than one Local Clinical Supervisor if you are going to work at more than one site. The new supervisor also needs to be fully approved.

Q: What credentials are needed for my local supervisor to be approved?

A: Marriage and Family Therapy students are ultimately responsible for identifying appropriate sites and supervisors. Once those sites and supervisors have been identified by the students then they are reviewed by a member of the Clinical Team. All supervisors must meet the requirements for post-degree supervision for marriage and family therapists in that state. A member of the Clinical Team approves settings and supervisors by reviewing the state regulations and the credentials of the proposed supervisor. The utilization of the state regulations for post-degree supervisors is a NCU policy and is not required by any boards that license marriage and family therapists.

Q: Can I count the extra hours I spend at my site?

A: No. The only hours that count toward your NCU graduation requirement are hours that you spend providing therapy to clients. Psychoeducation does not count as direct client contact. Contacting referral sources, scheduling clients, observing other therapists, staff meetings, and case documentation – may be ethically and professionally necessary; and these indirect hours do not count toward the 800 direct therapy hours required.

Q: I am wondering if we can conduct therapy either through SKYPE, Google chat or telephone?

A: No. Students at NCU are not permitted to conduct online or telephone-based therapy. See the program statement on tele-therapy.

Q: If I speak two languages, can I provide therapy in both?

A: Performing therapy in a language other than a student's primary language requires additional understanding and sensitivity to possible misunderstandings related to culture, power and humor. Students should recognize that therapy goes beyond words, and students who provide therapy in another language are expected to obtain supervision that addresses cultural sensitivities around learning/thinking in a language other than English, as well as related self of the therapist factors. If you and your client share the same language and your local supervisor only speaks English, it is

important to discuss nuances associated with understanding, interpretations and clinical implications.

Clinical Course Learning Outcomes

The Clinical Course learning outcomes relate to MFT program Student Learning Outcomes. These outcomes reflect a developmental progression from Practicum to Internship.

Course Learning Outcomes in Masters-level MFT Practicum and Internship	
Practicum: 8951	APEC (Internship): 8991, 8992, 8993
1. Cultivate competence in working with diverse populations across the lifespan.	1. Explore the application of academic knowledge in MFT professional practice.
2. Appraise advanced application of family and couple therapy models and evidence-based practices.	2. Develop competencies and relationships in MFT professional practice.
3. Evaluate relational/systemic ethical issues in MFT clinical practice congruent with the AAMFT Code of Ethics.	3. Appraise the role of culture and context in MFT professional practice.
4. Determine importance of cultural issues, differences, and personal blind spots in clinical practice.	4. Examine relational/systemic ethical issues in professional practice.
5. Integrate innovative systemic research-based approaches in clinical practice.	5. Formulate relational/systemic innovations in professional practice.
Practicum: 8952	
1. Appraise relational/systemic best practices in MFT field.	4. Justify relational/systemic treatment approaches in MFT clinical practice.
2. Cultivate competence in working with diverse populations across the lifespan.	5. Integrate innovative systemic research-based approaches in a specialized clinical area.
3. Evaluate relational/systemic ethical issues in MFT clinical practice.	

Overview: Clinical Training Expectations

The Practicum and APEC courses are academic classes. Like any other academic classes, there are course requirements. The Syllabus for each course lists the specific academic learning activities you will need to complete during the course. There are more activities during the

two three-credit Practicum courses, and fewer activities during the three one-credit Internship courses. There are some general requirements that apply to all of the clinical courses.

Course Requirements – All Students Will:

Counseling/Therapy

- Provide therapy during each course. Students should average approximately **100 hours of client contact plus 20 hours of supervision** during MFT-8951/8952.
- Keep MFT sessions to a minimum of **fifty (50) minutes**.
- Maintain active **professional liability (malpractice) insurance**. If your insurance policy expires prior to the completion of your clinical year, you need to renew your policy so that you always have active insurance coverage. This requirement is waived for international students, if not required or available within the practice location. Feel free to email clinical@ncu.edu for questions about this requirement.
- Ensure each and every client receives an **informed consent document** (a copy is provided in Practicum I). In addition to the site's standard informed consent, the informed consent document must tell each client about the student status as a therapist trainee or student therapist (which includes participation in the Practicum/Internship class) and tell each client that the Local Clinical Supervisor supervises the student's work. Additionally, this informed consent serves as the client's release to allow video or audio recording of the sessions.
- **Track and schedule** all client appointments and supervision session in the NCU Approved hour tracking system.
- Check with the Local Clinical Supervisor to see if the clinical site requires a background check, a record of inoculations, or other actions. If so, the student will comply with the site's requirements before beginning clinical work.

Supervision

- **Participate in individual local supervision every week** with the Local Clinical Supervisor, and participate in weekly NCU clinical classes (during Practicum). Students must email clinical@ncu.edu to request approval for an alternate local supervision arrangement (e.g., to attend local supervision every other week – as allowed by state law). Each student will meet for two hours of class every week. Every student must have at least one hour with an AAMFT Approved Supervisor or Supervisor Candidate every week in which they see clients. **Students may not count client contact occurring during weeks in which they did not receive supervision from an AAMFT Approved Supervisor or Supervisor Candidate.**
- Ensure that they keep their Local Clinical Supervisor **apprised of ALL clients**.
- Ensure that they actively **protect client confidentiality** during all supervision and clinical class sessions. This means, among other things, that students have an ethical responsibility to be sure that during online clinical classes no one other than the NCU clinical instructor and the clinical class members is able to overhear any of the conversations or see the student's computer/tablet screen. This also means that students are to be sure that no personally identifiable information is transmitted during online sessions; students transmit only the

minimum amount of information necessary to help the class instructor and other students understand the case. Finally, client identifying information should not be included in assignments/presentations uploaded to NCUOne.

- Ensure that **documents** sent to the instructor and to other students **never contain names** (other than the student's name and the supervisor's name) or any other personally identifiable information about the client. **Protecting client confidentiality is a prime ethical responsibility** of all therapists, including student-interns.

Records

- **Track clinical and supervision hours.** The Local Clinical Supervisor will approve all direct therapy and local supervision hours. The NCU Faculty Member will approve NCU group supervision hours and review all activities submitted by the student.
- Ensure that all case **documentation (including billing) is completed in a timely manner** according to site expectations and requirements. Students who do not submit case documentation and billing documents on time, according to the standards of the training site will be in danger of losing their site.
- **Complete a Written Release Form** on each client that the student audio or video records. Students will file these release forms as directed by the site's record keeping policies. These release forms may be either the site's standard release or may be the NCU form (the NCU informed consent). They are not routinely sent to NCU.
- Maintain all client contact records in accordance with the site's requirements and in a secure manner. **Students are responsible for guarding the confidentiality of information related to all clients with whom they work.** This includes handling video or audio recordings, and written documents (including PowerPoint slides). Client names are never used in any work sent to NCU.
- Maintain all **clinical experience records** until the **statute of limitations** on malpractice expires in the student's state of practice, or until graduation, whichever happens last.
- To protect client confidentiality, students will **shred all material** they receive from other students regarding that student's clinical work. In the case of electronic records, "shred" includes using a secure delete, not just the regular moving to the Trash or Recycle Bin. See your computer operating system instructions for performing a secure delete.
- Students will never discuss case material either from their own work or case material reviewed with their Local Clinical Supervisor or case material reviewed during the Clinical Training Class with anyone other than their supervision group at the site, their Local Clinical Supervisor, or the Clinical Training class instructor or course colleagues. This specifically prohibits discussing case material with spouses, friends, and family members.
- Students utilizing client records (including recordings and notes/files) from a site placement where they are no longer active must have written permission from the site director. This documentation should be emailed to the assigned NCU faculty member; please also copy clinical@ncu.edu.

Evaluation of Your Clinical Training Experience

- Because the focus of your clinical training is growth in competence and professional identity, formal and informal evaluations are expected and necessary. At the end of each course, you will receive a **formal evaluation from your Local Clinical Supervisor**. Your supervisor should discuss these evaluations with you for your continued growth.
- The ability to accurately self-evaluate your work is a vital professional skill that you will want to cultivate during your time at NCU and during your post-degree supervision toward MFT licensure.
- Another piece of your self-evaluation is your evaluation of your ability to use the **person of the therapist (i.e., who you are) as a tool for therapy**. A good part of your data will be how clients, supervisors, faculty, and your fellow students respond to you. For example, if you find that you are having trouble getting long-term clients, you should discuss this with your supervisor. If your experience is not mirrored by others at that site, it may be a good time to discuss how you are coming across to your clients – how your presentation of “self” may be helpful, or not.
- Your experience is a critical part of the evaluation process, so you can expect to complete some formal evaluations, too. You can expect to submit a **formal evaluation of your Local Clinical Supervisor, the NCU Faculty Member, and the Clinical Site itself**. All of these formal evaluations are currently completed online.
- Please note that NCU representatives (including members of the Clinical Team, NCU faculty, academic and financial advisors (AFA), and others in administration) communicate on a regular basis about students. This may also include communicating with your local supervisor and/or site director. Information shared by students, including emails, may be shared directly or indirectly for the purpose of tracking status, assessing progress and coordinating support.

Documentation of Your Clinical Experience

- NCU has an ethical, legal and moral responsibility to verify that all students have, in fact, completed the required clinical training. From the legal perspective, our diploma is verification to a licensing board that you have met the standards contained in this document. Additionally, licensing boards and accrediting agencies can legitimately ask us how we know that students who live at some distance from campus, and who may never have come on campus, have in fact met these standards.
- All therapists have an ethical and legal responsibility to **maintain accurate client records** and to **maintain those records in such a way as to protect the client’s confidentiality**. Therapists who do not properly maintain records leave themselves open to an ethics complaint to the professional association ethics’ committee or to the state licensing board, and possibly to civil court action (a malpractice suit). Please remember that, according to well-established practice in the profession, the supervisor (including the NCU Faculty Member and the Director of Clinical Training) is bound by the same standards of confidentiality as the client’s own therapist.

- The Local Clinical Supervisor will **verify your hours by approving your clinical activities online**. Additionally, the Local Supervisor submits a **formal evaluation** of the student's work. The due dates for these assignments are specified in the course syllabus. These two sets of documentation – the evaluation and the hour log verification – complement each other and provide us at NCU the confidence that we can indeed certify that our students have met the standards for competence and professional identity.

Completion of Practicum and Internship

- There are two equally important requirements to mark the completion of Practicum and Internship. **One is the clinical hours (both client contact and supervision) requirement**. Your Local Clinical Supervisor is primarily responsible for certifying your completion of these requirements to the standards specified in this handbook. The other is the **academic requirement**. The five practicum and internship courses are academic classes, just like any other course at NCU. You must complete all of the syllabus requirements to pass the course, and you must pass all five of these courses to meet the clinical training requirements of the MA in MFT degree plan.

Failure to Meet Standards

- **We want all our students to succeed**. However, research and experience both confirm that a certain percentage of students in clinical programs throughout the United States fail to satisfactorily complete their clinical training. This can be for a variety of reasons. Students should refer to the course syllabi and the Northcentral University catalog, both available online, for a clear statement of what kinds of behavior might result in a student failing clinical training, and a statement of the procedures that will be followed should that happen. In essence, any serious violation of the NCU Code of Conduct or any serious violation of the AAMFT Code of Ethics can result in a failure in the program. Students are responsible for knowing and following the information in the all of these documents.
- **Students who are dismissed from a Local Clinical Site are automatically referred to the Clinical Development Committee (CDC)**. See p. 36 for information about the CDC.

Personal Therapy for Students

- We encourage all students to seek personal therapy. Sitting in the client's chair can help us be more sensitive to the therapy process when we are in the therapist's role.
- If the Local Clinical Supervisor decides to make personal therapy a requirement for the student who is receiving supervision, the program supports the supervisor in making that recommendation. Supervisors do not provide therapy to students.

Technology Requirements for Clinical Training

Before we turn to technology, do remember that we are, by virtue of the course material, talking about very sensitive material in our classes. You are ethically mandated to **take reasonable steps to safeguard the client's confidentiality**. This requirement is doubly important due to the convenience that technology allows. It is all too easy to forget while sitting at home that this is a confidential, professional conference to which other family members, including children, have no business having access. Even more to the point, though the iPad app makes it very easy to attend your online course while sitting at your favorite coffee shop or fast food restaurant, that would be an even more serious breach of confidentiality due to the ease with which someone could intercept an insecure transmission (if you are using their free Wi-Fi) and/or overhear some or all of the conversation or see your screen. You are ethically responsible to treat every supervision session with the same degree of professionalism that you would as if you were sitting in your Faculty member's office - or your Local Clinical Supervisor's office (or sitting in as a co-therapist).

For most of the NCU courses, a slower Internet connection will usually suffice due to the asynchronous nature of the course interactions. **For your clinical courses, however, you will need a broadband Internet connection** (i.e., FiOS, cable, or DSL).

Satellite does not have sufficient upload speed to work well, and dial up is very unsatisfactory. As you may or may not recall when you applied to the program, one of the technology requirements for the program was high speed internet services. The main reason for the high speed internet is for the practicum/internship courses. One suggestion: If you live in an area where broadband is not available, you might check the various cell phone companies (Verizon, Sprint, AT&T, T Mobile) for their data card coverage (aka 3G or 4G coverage - it will not necessarily be the same as their voice service). All of these companies are working hard to expand their broadband cell service, and you may find you can get a broadband cellular connection where nothing else will work. Typically, this costs about \$40-\$60 per month for a 3-5 gig allowance - only a little more than cable or DSL. In one faculty member's experience, cellular broadband is faster than DSL (and significantly faster than satellite or dial up), but not quite as fast as cable. Still, it is a very good option if nothing else works, or if you travel a lot. One faculty member has successfully taught class many times using a cellular data card.

Buy a noise-canceling headset. **Please note that a handheld microphone plus your computer speakers will NOT work - neither will the microphone built into your webcam (or laptop) plus your computer speakers.** If you do not use a head set or ear buds it will create a very annoying echo for everyone trying to listen to you, which makes understanding you very difficult. You also want to make sure that the audio card in your computer is full duplex. Most are. In essence, this means that when you plug your headset in, your speakers are muted. That, too, is essential to keep down the echo. This is an easy test. Plug in your headset but do not put it on your head. Speak into the microphone. If you hear anything from the speakers, you have to take one additional step. If your speakers do NOT mute when you plug in the headset and you have external speakers (not

built-in like most laptops), try turning the volume on your external speakers all the way down. There is almost always a volume control/on-off switch on one of the external speakers or on the speakers' power supply. Do not mute the volume control in your system tray of your computer (the little icon that looks like a speaker in the lower right hand corner of your Windows screen; upper right of the Apple screen); that will mute your headset, too, and you won't be able to hear anything. If that doesn't work, contact the NCU IT Service Desk for other assistance. Now, as for buying a headset, go for comfort. You will be wearing the headset for about 2 hours at a time, so you want it comfortable. You do not need a lot of fancy features, other than echo-canceling ability. As long as the headset is comfortable and echo-cancelling, cheaper is better. You should be able to get a very serviceable one for \$30 or less. Once you have the headset properly installed and working, make sure you do NOT turn the audio up too high. Having your microphone and headphones' audio set too high will also create an annoying echo. Note: Although it is not required, you will likely find that a USB headset will work more satisfactorily than the mini-plug headsets.

Check your router. Ideally, **you should plug directly into your router** rather than working on a wireless connection. A wireless connection is usually quite satisfactory for text-based work like email and some web pages, but for video and for graphics intensive work you will want to be plugged in to your router directly if at all possible. Check to be sure that your router is an 802.11g or 802.11n or newer. 802.11b will work for pure text work, but for video it simply does not allow enough through-put, even with a wired connection. Newer is not always better, but in this case it is. If you do not have at least an 802.11n router, you should very seriously consider replacing your old router and installing the new, much faster and more capable one in your home network. You can purchase an Ethernet cable to plug your computer into your new router from Wal-Mart, Best Buy, Amazon, or a number of other sources.

If you have a broadband connection, **you will also need a webcam**. For the webcam, once again, cheaper is better. Most laptops built in the last few years have built-in webcams, and these should work well. For those of you who do not have a built-in webcam, Logitech has one for about \$29.99 which will work well. The more expensive web cams tend to have higher resolution – a nice feature, but not at all necessary for our purposes. In fact, the higher resolution tends to require more bandwidth, which can be problematic even with a good broadband connection due to 'net congestion. 'Net congestion is, of course, beyond Northcentral University's control. Do get a webcam (if you don't already have one), but cheaper is better because it increases your chance of not getting stepped on by the Internet congestion.

Be aware of your surroundings. **Most webcams have a broad focus**, which means we can typically see you and everything behind you – typically up to 150 degrees. You might think about what is in your background before you set up your camera. Family members should never come into the room where you are discussing clinical cases, but if they do, remind them that they are being observed by people literally all over the USA – and perhaps several foreign countries. Also, do provide sufficient light for us to see you. Most students will be in a well-lit room so this should not be an issue. But if you work or prefer to work in a dimly lit room several stores sell some relatively cheap “natural daylight” lamps in desk and floor models. These daylight lamps are also very

important if you are working with bright sunlight behind you – all we will see is a shadow. Set one of these daylight lamps BEHIND the camera pointing at you and it should greatly help. Don't put the lamp too close to the camera or it may overpower the camera, effectively leaving you in the dark. Likewise, don't put it too close to you or it may leave you looking "washed out." A little experimentation will allow you to quickly set up the same way each week. Pay attention to your video in the preview so you can see what others are seeing.

One final suggestion: If you find you are having problems, by all means, contact our excellent folks at the NCU IT Service Desk as far in advance of your presentation as possible. If you give them enough time, they can probably walk you through resolution of most of the technical problems you are likely to have.

Video recording your client sessions Summary of technology needs:

- Camera set to record **SD video** (NOT HD – HD video, though far better resolution, takes too much bandwidth)
- Camera set to export video file in ***.mov, or *.mp4** format
- Simple **video editing software** for your computer (so you can cut clips to use in local and in online supervision; typically your clips will total **NO MORE** than 15 minutes per supervisory session)
- **External omni-directional microphone** connected to the video camera
- **Tripod** or other device to hold the camera during your session

Video recording one's therapy sessions has been a major tool for MFT training since the early 1980s, when video recording equipment first became easily accessible to the general public. NCU follows a well-established practice in the field by requiring students to **video record at least one client session each week**. Practically speaking, you will probably want to **record every session** for which the client will sign the appropriate release, for the simple reason that you never know when a really valuable learning experience might happen during a session. You will want to be sure to properly destroy any unneeded or unwanted video recordings, and you will need to properly safeguard the videos that you do keep for your local supervisor and/or your NCU clinical classes. The NCU Ethics Protocol (found in Appendix C) gives more details on this, and other, issues related to confidentiality. You must follow the Ethics Protocol closely, as well as any additional guidance from your clinical site.

If your site has its own video recording equipment, you will, of course, be limited to what the site has provided. If your site does not have video recording equipment permanently built in (and many do not), you will need to provide your own video equipment. Here are some practical suggestions for that likely scenario.

You will need a **video camera, a tripod, and an external microphone**. If you do not already have a video camera, you can purchase a Flip camera for around \$100; just about any inexpensive video camera works very well for this purpose. You may need a tripod for mounting the camera; usually a

very inexpensive model is sufficient for the lightweight camera you will use. You will set up the tripod so that the camera is mounted behind the client pointed at you.

There are two reasons for this suggestion. First, by not having the client's face on camera, you are providing an extra layer of protection for the client's confidentiality. Second, you get to see you the way the client sees you. Your actions, and reactions, will be the focus of the supervision.

To make this focus on your work for supervision purposes, **we need to be able to hear the client** well. For that reason, you will want to buy an external omnidirectional microphone and connect that to the camera. Video camera microphones, even for professional video cameras, are notoriously poor. Your external microphone will give a much, much improved audio. Acceptable microphones can be found for sale in the \$20 to \$40 range from Amazon, Best Buy, Radio Shack, Wal-Mart, and other vendors. There are, of course, much more expensive models available, but these lower end omnidirectional microphones should provide sufficient audio quality, and a significant improvement over the camera microphone. To get the best quality, place the microphone on a table in the center of the room, approximately equidistant between you and the clients. As you run the cord from the camera to the microphone, be sure you do not create a trip hazard.

Before you first use your camera and microphone set up with clients, take a few minutes to **practice your set up**. Ideally, you should do your practice in the therapy room at your site. If this is not possible, try to simulate the setup at home. With a little practice, your set up and take down should add only a very few minutes to the time you spend at your site.

To use your camera, **turn it on just before the client comes into the room** (this assumes you have already secured the clients' signed release to allow you to record). Just allow the camera to run the entire session and then turn it off after the clients have left. When clients do not see the set-up and take down of the equipment they are less likely to be "camera shy."

Unless your Local Clinical Supervisor specifically directs you otherwise, you should plan to use **no more than 15 minutes of video for each supervision session** in which you present a recording. This will certainly be true of the videos you present in the NCU clinical classes. Ten minutes would be a more normal video length. If at all possible, you should use video editing equipment to save the clip you want to present as a separate file. For Mac users, QuickTime Pro or iMovie are very good, and very inexpensive, options. For Windows users, Real Player has some inexpensive software that works well. You are free to use other video editing software as long as it works and exports to the proper format (preferably *.mov or *.mp4). These are just suggestions to get you started. Once your file is loaded into the video editor, select the clip based on your learning goal for choosing this particular clip. If you are not able to edit a clip out of the entire video, then you should at least have the video cued up to the desired starting point so there will be no wasted time in your supervision session while you look for the appropriate starting place.

One final word: **Video is an excellent learning tool**. It is the only one of the tools that effectively allows you to see you as others see you. However, it does raise the level of ethical risk for a

violation of the client's confidentiality. As is the case with any powerful tool, you will want to take extra care to use it properly. In this case, carefully follow HIPAA and AAMFT Ethical Code Standards, the NCU Ethics Protocol and additional instructions from your site, to guard client confidentiality.

***E-Professionalism (using technology for supervision)**

When you attend NCU group training, you are meeting in your Faculty Member's office. The same professional expectations relate to NCU group training that apply to local supervision. When meeting virtually, it can be easy to forget that you are actually participating in a professional meeting with people who can see and hear everything you say and do, just as if you were in the same physical space. Because our culture is still creating the rules for proper social discourse in a digital environment, we are offering these guidelines to assist you in conducting yourself in a properly professional manner during digital meetings, including the practicum and internship courses at NCU.

The following specific expectations relate to your online supervision experience:

- **Behave professionally on camera.**
 - Except for those times when your instructor requests for you to turn off your camera (i.e., during video presentations), you should plan on keeping your camera turned on during the entire class. Our clinical classes are intended to be face-to-face. They are simply taking place in a digital space rather than a physical space. Seeing your face in the digital environment is just as important as seeing your face in the physical environment.
 - Dress professionally on camera. Shirts are required. Casual shirts are acceptable, as long as there is nothing obscene on the shirt. Pajamas are not appropriate.
 - Sit in a chair. We have had students lounging in bed. That is too informal for a professional meeting.
 - Drinking nonalcoholic beverages is usually allowed in most professional meetings.

As long as that does not become disruptive, it is acceptable in the NCU course room. Note that without prior explicit permission of the course instructor, you should not be eating during class.

- **Position the camera appropriately**
 - Show your face, not the side of your face or the top of your head
 - Consider the information you are broadcasting to your supervisor and cohort in the background of your camera image.
- **Be mindful of noise**
 - You may want to keep your microphone muted except when you are actually talking. That can minimize any unintended or unexpected disruptions of the class. Microphones pick up

a lot of ambient noise from your physical space (computer fans, people talking in another room, televisions).

- Don't eat, floss, use the restroom, etc. with your camera or phone unmuted
- **Demonstrate 100% commitment and presence in the course**
 - If you would not do an activity while sitting in the conference room at your clinical training site, you should not be doing that activity in the digital conference room for your practicum or internship class.
 - Do not surf the internet or post to social media during class.
 - Do not drive while you are attending class.
 - In the past, we have seen students on camera preparing meals, writing emails, and even, on at least one occasion, brushing teeth while on camera. There have also been students actively involved in childcare during the class.
 - If for some reason you need to excuse yourself briefly, it is appropriate to send a private chat message to your instructor to inform your instructor. You should return to the meeting as expeditiously as possible and inform your instructor that you are back, again via private chat message.
 - Turn off or mute your cell phone. You would not normally take non-emergency calls during supervision at your site. The same should apply to non-emergency calls during your NCU class. If you expect an emergency call, you can leave your phone on vibrate so you can discreetly check the call without disturbing others. If you are expecting an emergency call (or if you are on call for your site) you should let your clinical instructor know in advance so she/he can be prepared if you must suddenly leave. You can discuss what to do about make-up time during that advanced notice.
- **Protect Client Confidentiality**
 - Guard the confidentiality of all clients whose cases are being discussed. It is not just the primary therapist who has a moral and ethical obligation to guard the confidentiality of the client. All of us participating in the case consultation share in that ethical responsibility. This means that family members, coworkers, or others not directly involved in the class should not be able to see the screen or hear the audio on the case presentation. Again, if you would not invite this person into your clinical site's physical conference room, you should not invite them into the digital conference room, since we often are discussing people's lives and very sensitive matters.
 - Always wearing earbuds or a headset is one step toward guarding the confidentiality of our discussions, and it is an important step. It is certainly not the only step.
 - This includes attending class from a "closed" location (e.g., not allowing family members, friends, or strangers to overhear class conversation). Do NOT attend class when physically located in a public space (e.g., Starbucks, McDonalds, local library). Do NOT link to class from an unsecured Wi-Fi location.

NCU Ethics Protocol

Northcentral University's marriage and family therapy (MFT) program is committed to the highest standards of professional competence and excellence. We expect MFT faculty and students to abide by both the letter and the spirit of the 2015 AAMFT Code of Ethics (hereafter referred to as "the Code"), as well as applicable state and federal codes and statues. This protocol is intended to provide guidance on actually implementing the Code. If you have any questions, you should always consult your local supervisor and/or your NCU instructor.

Duty to Clients

Everything we do should be for the good of the client (Standard 1). This has direct implications for NCU practicum and internship students.

Evidence-based practice. During your course work, you have been introduced to commonly accepted theories of family therapy. You have also been introduced to articles that support certain kinds of therapy for certain kinds of presenting problems. While it is true that there is no such thing as a "one size fits all" therapy, you should select the therapy for your client that evidence suggests has the best chance of actually benefiting the client. For example, the research is very clear that a cognitively-focused therapy or a relationship-focused therapy is the treatment of choice for a depressed client (Sprenkle, 2002). Your supervisor can help you choose the best "fit" for you and your client until you gain the experience to make these choices alone. The point is, you chose based on the needs of the client, not based on what you happen to like best.

Therapist impairment. Section 3.3 of the Code requires that therapists seek assistance for any situation that could impair their professional judgment or ability to work for the good of the client. Going to graduate school, and especially going to graduate school while working full time, is inherently stressful. You need to monitor yourself and the feedback you receive from others (spouse or significant other, friends, supervisors, co-workers, etc.) for any signs that the stress may be causing a degradation of your performance, clinically or in any other area of your life. While your supervisor cannot engage in therapy with you (Section 4.2), you and your supervisor can engage in "self-of-the-therapist" conversations any time you have reason to believe that you could possibly be impaired. Your supervisor can, if necessary, refer you to appropriate professional resources to help you with the situation. Remember, it is never a problem to have a problem. It is only a problem if you do not deal with the problem.

Informed consent. Section 1.2 of the Code requires that therapists provide an informed consent process/form to the client. This section of the Code is firmly rooted in the ethical principle of autonomy, that is, that clients have a right to the information they need to be able to make an informed choice about what happens to them. Since this principle is also found in numerous laws, state and federal, it is highly probable that your site will have an informed consent that all clients receive. Follow your local supervisor's directions in providing and briefing the standard informed consent to your clients. In addition, you need to also provide information about your intern status.

The NCU Informed Consent document, found in the Resources section of your course syllabi, is intended for that purpose. Be sure you provide your clients with a copy of this informed consent at the same time and in the same manner as you do your site's regular informed consent.

Client Confidentiality

There are few things that will put your future career at greater jeopardy than violating client confidentiality. In addition to the sections of Standard 2 of the Code, most states list violating client confidentiality as an unintentional tort and therefore grounds for a malpractice suit against the therapist.

Mandated reporting. As indicated in Section 2.1 of the Code, every state has statutory limits to confidentiality. Among these are the mandated reporting laws. You must be aware of these limits and brief them to clients as early in the therapy process as possible. Discuss your state's mandated reporting requirements and processes with your local supervisor. This is the other side of maintaining confidentiality. Failure to report something that should have been reported could be a very serious offense on your part.

Discussing cases. Discussing cases with a supervisor is the norm in our profession, and all states require supervision of clinical work as part of their license requirements. You should remember that discussing cases with your supervisor and your supervision group members, and with your Practicum and Internship classmates, is for the good of the client. However, discussing your cases outside of these tightly constricted exceptions is strictly prohibited. You should always be aware of the possibility of your conversations being intercepted or overheard. To guard client privacy and confidentiality, you should only use the minimum necessary identifying information about your client so that even if the conversation should be intercepted, electronically or any other way, or overheard, the client's confidentiality is still protected. Outside of the secure location of your local supervisor's physical office, you should never use the first and last name of your client.

Security of video recordings. Video recordings are a major tool for MFT therapy training. Video is the only tool that allows you, the trainee, to observe your own work and grow in your ability to "self-supervise," a critical skill once you become licensed. However, video does present some unique risks to client confidentiality. There are some steps you should take to be sure you are properly protecting your client confidentiality, especially in our digital environment (Sections 2.5, 6.3 and 6.4).

- If you have the option, set the video camera to record you, not the client. Not only does this protect the client's identity, it also lets you see you the way the client sees you. If you are able to do this, be sure you use an off-camera microphone placed so that all voices are clearly audible.
- Download the video from your camera and keep it in a secure location. Alternatively, keep the camera under lock and key. The principle for years has been that adequate security requires a double lock (e.g., a locked file cabinet inside a locked closet). The digital equivalent would be to put the video file inside a password-protected folder inside of an encrypted folder on an external hard drive – and both passwords must be unique, just as the two keys in the physical

world had to be unique. If you download to a thumb drive or some other easily transportable media, then the physical double-lock standard applies. Be sure to have a means of securing the thumb drive when you transport it so that it is not lost or stolen (i.e., a lock box within a locked trunk).

- For group supervision, NCU provides a HIPAA-compliant interface and has a business associate agreement (BAA) with the provider. You will be asked to share your computer screen and the class will share your video through synchronous streaming. Never post these clips on public YouTube channels or any social media (e.g., Facebook) or media sharing site (e.g., Flickr, Photobucket, etc.). Do not email or upload your video to any media sharing site or to the learning management system.
- Client recordings are for training purposes only and not intended to be a part of the permanent client record. Please consult with your local supervisor regarding applicable state laws and agency policies. Maintain the video only as long as you actually need it. Generally, that will be only until you have presented the case to your local supervisor and/or NCU clinical instructor. If this should be a case you are considering for your final case presentation, be very sure you keep the video using the security standards listed above. When you are ready to delete the video, be sure you securely delete it – do NOT just hit the “Delete” key on your computer. If your computer operating system does not come with a secure delete method, there are commercially available products which will securely delete the file and make it unrecoverable.

Security of client records. Most states have requirements for how long client records must be maintained. Your site will most probably have procedures for secure, proper storage of client records. Follow your site’s protocols for client records exactly. For any notes you make for your own use (e.g., for the final case presentation or getting ready for a case presentation to your practicum or internship class) follow the same security protocols as for the video files. You will delete your text records using the secure delete process just as you will for video files.

Summary

This protocol is not intended to be exhaustive. Follow the AAMFT Code of Ethics, plus your state and federal laws. Where there appears to be a conflict, always follow the most restrictive or the most stringent guidelines or rules. This is a way you build for yourself a narrative of success.

Clinical Development Committee

The Clinical Development Committee (CDC) supports the professional development of MFT students in the practicum preparation process and subsequent clinical courses. The Clinical Development Committee is chaired by a member of the Clinical Team and includes the Director of MFT Doctoral Programs and other NCU faculty as warranted. The CDC has authority to develop clinical action plans for students. Students are required to complete the CDC action items before they can be registered for the next clinical course. If referred to the CDC during MFT-8993,

students must complete the required action items prior to meeting remaining program requirements. Appeals of CDC plans should be made to the Program Director.

Referral Process:

Any NCU faculty member with serious concerns about the professional development of a clinical student may refer a student to the CDC. It is expected that prior to a referral to the CDC that the faculty member has attempted to discuss the concerning behavior with the student. If a student starts the Practicum Preparation Process with documented concerns about clinical work from faculty members, the student is automatically referred to the CDC. If a student is dismissed* from a practicum or internship site, the student is automatically referred to the CDC. Students can also be referred to the CDC if the program is contacted by the student's Local Clinical Supervisor or Clinical Administrator.

The following behaviors by a student may result in a referral to the Clinical Development Committee:

- willful or unknowing violation of the standards of the AAMFT Code of Ethics
- violations of local site policies or procedures
- unexcused absences from more than two NCU group supervision meetings during one, 12-week clinical course
- use of unprofessional or insensitive language in written or verbal communication with a local supervisor, site director, agency colleague, NCU supervisor, client, or other NCU students
- termination or resignation from a site placement or change in status with a local supervisor agreement
- interpersonal, behavioral or relational concerns including but not limited to tardiness, unapproved early departure, attire, sleeping, driving or multitasking during group
- Developmentally Insufficient Competence**, as indicated by a site supervisor or NCU supervisor on an end-of-course evaluation and/or concerns with Capstone readiness.

Administrative Procedure:

Once a referral has been made to the CDC, the committee chair will email the student to set up a synchronous meeting with the committee. During the meeting, the committee will discuss the concerns and invite the student to share his/her perspective of the situation. If the student does not attend a scheduled meeting, the committee will meet without the student. The committee will discuss and outline a clinical action plan to address the concerning behavior. The committee chair typically emails a summary letter to the student within 14 days, following the meeting. A copy of the letter will be sent to the program director and the appropriate NCU faculty member(s); a copy of the letter will also be housed in the documents section of the student's file. Please be aware that if the CDC referral involves work-life balance (due to health, grief, unexpected life changes, etc.) and/or interpersonal concerns, you may be required to meet with the Program Director for additional support. This option may also be utilized prior to a formal CDC referral or after

multiple referrals to the CDC. The CDC may also choose to recommend the student to the NCU Code of Conduct committee or Ombudsman's office.

* Three Strikes Policy: After a student has been dismissed/terminated by a third local clinical site, and/or local supervisor, the student will meet with the CDC. However, the student will not be provided with a third action plan. Instead, the follow-up letter will be a recommendation to the Program Director that the student not continue with clinical training. The student will be required to meet with the Program Director to discuss academic options.

** Insufficient Competence: Insufficient Competence is indicated when a Local Site supervisor or NCU supervisor evaluates a student as below a developmentally appropriate standard for the student's training level by either: 1) marking 50% or more of the evaluation items as "not observed" or; 2) providing a written comment about the student's lack of progress and/or lack of responsiveness to supervision.

Once again, keep this handbook handy for your reference. It may be necessary to review multiple times during your clinical courses, in order to ensure compliance and successful completion of your clinical training. If you and/or your local supervisor have questions about the policies, feel free to email clinical@ncu.edu.

We look forward to supporting you during your clinical training!