MFT Program Overview

MFT Program Mission
The mission of Northcentral’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. Faculty 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, 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 MFT program at NCU has been built around outcomes, which operationalize the program mission. There are assignments in all clinical courses. Some courses and assignments focus specifically on one student learning outcome. Practicum and Internship courses in the MFT program at NCU include assignments and evaluation measures that relate to each of the four student learning outcomes:

1. Employ competence in working with diverse populations in clinical settings.

2. Apply family systems oriented clinical skills across a variety of contexts.

3. Contrast family systems theory oriented models of therapy.

4. Formulate a decision-making process for ethical dilemmas congruent with the AAMFT Code of Ethics.

Clinical students are expected to develop and demonstrate competence in applying clinical skills (such as applying the diagnostic standards as defined by the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association) to a variety of therapeutic situations. Clinical students are expected to explore MFT models of therapy and develop competence working within at least one model. Furthermore, students are expected to demonstrate competence in applying the current AAMFT Code of Ethics to given clinical situations.

The outcomes for the Clinical Training year are defined by the American Association for Marriage and Family Therapy (AAMFT), and include the AAMFT Code of Ethics; the CAMFT Code of Ethics and the AAMFT Core Competencies. The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) defines the clinical training guidelines, which the NCU program follows.
Clinical Training Experience

Introduction to Clinical Training
Welcome to Clinical Training! This will be a demanding, yet rewarding, experience. The purpose of the Clinical Training Experience is to provide structured experiences for students to practice applying systemically focused clinical theory to clinical situations, and thus grow in their professional identity. 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 Clinical Training year at Northcentral University (NCU) consists of 2 practicum and 3 internship 12-week courses. The typical clinical year lasts 60 weeks (5 classes, 12-weeks each).

• Students should enroll in consecutive clinical classes for a minimum of 12 months.
  o If a Leave of Absence is needed, notify the Program and Clinical Director.
  o Students who need additional time to complete required hours may enroll in an additional internship course(s) prior to the final internship and capstone course.
• The minimum time for clinical year completion is 52 weeks.
  o Students who have completed enough clinical hours to complete the clinical year early may submit a proposal to stack the final two internship classes.

NCU Group Structure
There are a number of NCU group options offered Monday through Friday. Groups are generally designated as Practicum or Internship. Students typically will start in a Practicum group and then will transition into an Internship group. This transition is scheduled to occur when students enter into Internship I (6991). Practicum and Internship groups are held at the same time so that when students transition to a new group, it will not impact the day/time they attend NCU supervision. In some instances, a transfer to the Internship group may be delayed, so the move to the Internship group may not happen until Internship II (6992), the extensions courses (6993, 6994, 6996, 6997), or the final Capstone course (6995). Please note students are not permitted to stay in their Practicum group if space is available in the parallel Internship group.

Practicum Preparation
Students must complete the MAMFT Practicum Preparation Process (PPP) in order to be eligible for enrollment in clinical courses. All tasks in the MAMFT Practicum Preparation Process must be approved prior to enrollment in the first clinical course. 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.
NCU Clinical Hour Requirements

➢ 500 hours of direct client contact with at least 250 relational hours

Direct client contact is therapy work with clients when you are in the “driver’s seat.” 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.

➢ 100 hours of supervision

• At least 51 individual supervision hours with your local supervisor

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 51 individual supervision hours required for graduation.

• At least 50 direct access (raw data – live, video, audio) supervision hours

(supervision that involves your supervisor’s live observation of your session with a client, or you sharing your video or audio recording of your client/raw data during supervision)

- 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 their NCU approved 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 de-brief. If there is no pre-planning or follow-up, it isn’t effective co-therapy or supervision
  o Students cannot count co-therapy as raw data supervision if they are doing co-therapy with another therapist or even with their site supervisor who is not a designated supervisor of record.

Clinical Training & Licensure

Northcentral’s clinical training requirements are designed to meet COAMFTE standards for clinical training. The COAMFTE standards are intended to be rigorous enough to give MFT graduates the best chances of qualifying for licensure possible. Despite this, Northcentral University’s standards are not always going to align with licensure requirements for clinical training.

Northcentral University graduation requirements: To graduate from Northcentral University with a MA in Marriage and Family Therapy, the student must accumulate at least 500 client contact hours, supervised by an additional 100 hours of supervision of that client contact. You must meet each of these requirements separately. For example, 525 hours of client contact and 75 hours of supervision will not work, even though these total 600 hours.

  • Due to the need to help students meet requirements in various states, NCU requires 250 of the total 500 hours to be “relational” hours, that is, with couples and/or families in the same room.
  • You must also spend one full year (a minimum of 52 weeks) completing this requirement.

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. In most cases, that will be the NCU graduation requirement. Should your state require more than NCU, follow the higher standard. You will usually be safe that way.

Supervisor Disclosure

Because NCU approves Local Clinical Supervisors based upon State requirements for postgraduate supervision, it is the student’s responsibility to know whether their supervised hours will count if the student moves to a state that is different than the one in which their supervisor was approved.
Supervisor requirements vary from state to state. If your Local Clinical Supervisor is AAMFT approved, then the supervision may be easier to transfer from one state to another.

You can verify the AAMFT-approved supervisor status of your Local Clinical Supervisor by searching the directory on the AAMFT website:
www.aamft.org > Membership > Approved Supervisors > Find an Approved Supervisor

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

1. Students may enroll in Practicum after they have a formal Practicum Eligibility (PEL) letter from the Director of Clinical Training. 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.

2. Students only have permission to see clients when enrolled in a clinical course. Students may not see clients unless they are enrolled in and attending their weekly NCU Group Practicum or Internship course, and actively receiving weekly Local Clinical Supervision. Students must email the clinical administrative team regarding approval for an alternate local supervision arrangement (e.g., to attend local supervision every other week – as allowed by state law).

Students must email the Director of Clinical Training regarding approval to see more than 15 clients on a regular basis (and/or to earn more than 15 clinical hours per week); this decision is made in collaboration with the local supervisor and clinical administrative team, as we consider supervisory oversight, developmental skills, work-life balance/self-care, academic performance and state regulations.

3. All sites and supervisors must have Documented NCU Approval. Students may NOT provide therapy at any site that has not been fully approved by the clinical administrative team. Students must also have an approved, local supervisor.
   - Because students are not fully licensed clinicians, they may only provide therapy under very specific regulations. Those regulations require prior, documented, approval of the Clinical Site and Local Clinical Supervisor. Hours earned without weekly local approved supervision do not count towards graduation.
   - 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 a non-approved site do not count toward graduation.

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.
4. **Students should remain actively seeing clients for the duration of clinical courses.**

   **The following is required in order to stop seeing clients:**
   - Students must have at least 52 weeks of clinical training.
   - All hours required for graduation must be approved in the clinical tracking system, with confirmation via formal audit from the clinical administrative team.
   - Students must pass Capstone in order to stop seeing clients at the site placement.

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**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. 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 are required.

*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 is 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 “recycle bin.” Removal from the recording device is appropriate if you do not think the recording will be useful for your final Capstone presentation.

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. You will need 50 hours of supervision that includes some form of direct observation (or review of your raw client data) to complete the program requirements. 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” (psycho-educational and observation) hours do NOT count as direct client contact. This time is not tracked 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.
- 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 be audited at the end of each clinical course.

- In 6992, the NCU instructor will review each student’s total hours and make an official recommendation about the student’s progress into 6993 (an internship extension) or 6995 (the internship and capstone course).
  - Students with fewer than 375 total direct therapy approved hours will be automatically recommended for 6993 instead of 6995.
  - Students who have fewer than the minimum approved hours can request entrance into 6995 by completing a plan for reaching graduation hour requirements, having their local supervisor sign this plan, and sending to the Clinical Director for review.
- Note that there are four Internship extension courses (6993, 6994, 6996 and 6997). Extension courses are 1-credit courses and involve additional tuition and course material fees and time in the program. Students can discuss financial implications with their academic and financial advisors (AFAs).
- Students taking all Internship extension courses without earning the necessary required hours will be registered for 6995 (after a maximum of three attempts at 6997).

  • In 6995, the NCU instructor will review hours and Capstone project
    - If all hours have been acquired and approved in the tracking system, graduation will be recommended.
    - If all hours have been acquired and approved in the tracking system, but Capstone is not passed by the end of 6995, students will fail and have to re-take Capstone (maximum of three attempts at Capstone).
    - If Capstone is passed, but needed hours are not acquired and approved in the tracking system, student will fail and have to re-take Capstone (maximum of three attempts at Capstone).

### Clinical Hour Recommendations

<table>
<thead>
<tr>
<th>By the end of:</th>
<th>Direct Therapy Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Red*</td>
</tr>
<tr>
<td></td>
<td>*May be required to take additional courses to meet graduation hour requirements.</td>
</tr>
<tr>
<td>6951 Week 12</td>
<td>&lt; 50</td>
</tr>
<tr>
<td>6952 Week 24</td>
<td>&lt; 100</td>
</tr>
<tr>
<td>6991 Week 36</td>
<td>&lt; 250</td>
</tr>
<tr>
<td>6992 Week 48</td>
<td>&lt; 350</td>
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</tbody>
</table>

- If students have at least 375 approved hours (188 relational hours), they will continue into 6995.
- If students do not have needed hours approved, they will be enrolled in extension courses until that minimum is reached.
### Supervision Hour Recommendations

<table>
<thead>
<tr>
<th>By the end of:</th>
<th>Total Supervision</th>
<th>Individual Supervision</th>
<th>Raw Data Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>6951 Week 12</td>
<td>36 hours</td>
<td>24 NCU 12 Individual</td>
<td>12 hours 10 hours</td>
</tr>
<tr>
<td>6952 Week 24</td>
<td>72 hours</td>
<td>48 NCU 24 Individual</td>
<td>24 hours 20 hours</td>
</tr>
<tr>
<td>6991 Week 36</td>
<td>108 hours</td>
<td>72 NCU 36 Individual</td>
<td>36 hours 30 hours</td>
</tr>
<tr>
<td>6992 Week 48</td>
<td>144 hours</td>
<td>96 NCU 48 Individual</td>
<td>48 hours 40 hours</td>
</tr>
</tbody>
</table>

*If you have fewer hours than these, you may be required to take additional courses to meet the program’s hour requirements for graduation.*

- If students have enough hours to complete program requirements by end of 12-week 6995 course, they will continue into 6995.
- If students do not have enough hours, they will be enrolled in extension as needed.

<table>
<thead>
<tr>
<th>6995 Week 60</th>
<th>180 hours</th>
<th>120 NCU 60 Individual</th>
<th>60 hours 50 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation Requirement</td>
<td><strong>At least 100</strong></td>
<td><strong>At least 51</strong></td>
<td><strong>At least 50</strong></td>
</tr>
</tbody>
</table>

### Critical Consideration: Supervision

**Supervision: Individual, Local Supervision (51 hours needed)**

- Students must accrue 51 hours of individual supervision, which must be in-person, with the local (approved) clinical supervisor. Any supplemental local supervision that utilizes digital technology, in which participants are not in the same location, may be provided only as long as appropriate mechanisms/precautions are in place to ensure the confidentiality and security of the means of technology delivery. **Distance supervision provided by the local supervisor does not count toward the 51 required hours of in-person individual supervision.**

**Supervision: Direct Observation Hours (Video/Audio/Live; 50 hours needed)**

- **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 you are expected to participate in the two-hour online course with your NCU Faculty member. 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).

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**Critical Consideration: Missing Class**

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

1. **If a student misses a week of NCU Group Supervision, the student must:**

   - **Communicate with your faculty member.**
     - You need to let your faculty member know you will not be attending group
     - Request their approval to miss and determine if a make-up class is needed and/or if there is a way to make-up the participation points
   - **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, but does not allow for full participation points that week.
     - **ONLY IF** your instructor approves it, complete the Jotform to request attending a make-up group at another time that week. The JotForm link is: [https://form.jotform.com/SMFSNCU/makeup-group-request](https://form.jotform.com/SMFSNCU/makeup-group-request)
     - 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.
       - A make-up group is ONLY used when you need to have supervision with an AAMFT-Approved Supervisor that week to count hours; it is
NOT meant to “catch up” on NCU Group Supervision hours.

- 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 make-up group in the clinical tracking system and will send the activity to your faculty member for approval.

- **Notify your faculty that you attended the group.**
  
  o At the conclusion of the make-up group session send an email to your faculty and the supervisor whose group you attended indicating that you were present.
  
  o You will still submit your NCU group hours in the clinical management system to your assigned faculty to approve.

*NOTE: Students can only miss two group classes (with a make-up group session or assignment) during a 12-week course. Even if you notify your faculty ahead of time, this is still counted as a missed class.*

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

- **Students are expected to remain continuously enrolled in clinical classes.** Any exception to this program policy needs to be documented.
- Students who take a Leave of Absence during the clinical year need to notify the Director of Clinical Training. You need to email the Director of Clinical Training for permission to see clients without attending practicum/internship weekly.
  
  o You must receive weekly individual supervision from the Local Clinical Supervisor.
  
  o 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.
  
  o 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.

**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 the clinical administrative team. Do not enter the local supervision in the clinical tracking system.
   • If your approved local supervisor will be unavailable for more than four 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 the clinical administrative team and that approval needs to be documented as soon as possible. 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 may offer an alternative assignment so that you can earn points for the class time missed.
     o If you have an AAMFT-approved Local Clinical Supervisor, make sure to attend local supervision so that your direct client hours can be counted.
     o 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?

Students are ONLY allowed to provide therapy if they are enrolled in a Practicum or Internship course. Students may ONLY provide therapy at a site that has been fully approved by the clinical administrative team.

If you are dismissed from your local training site or if you resign:
   • Email your NCU instructor and the clinical administrative team at clinical@ncu.edu 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.
     o 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).
     o Leave all client data on site. Do not take any client data (written or recorded) with you. That data is no longer your property.
     o Cease contact with clients. Any contact from a client should be provided to the local supervisor in a HIPAA compliant manner.
     o It is always preferred to connect with the site and supervisor in person when you decide to end the relationship.
• 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.
  o During the CDC meeting, you will have an opportunity to discuss your experience and receive feedback.
  o 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.
  o 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.
  o 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
  o 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.
  o When the approval process is complete, the site will be entered into the clinical tracking system.
  o Do not see clients at the new site until you receive notification from the clinical administrative team that the site has been fully approved.

Program Statement on Specialized Training

The MAMFT Program at NCU is designed to prepare students to think and interact systemically with a broad range of individual and relational clients. The program curriculum is designed to prepare students to take the national licensing exam, which requires broad knowledge of MFT schools of therapy.

➢ Students who attempt the following types of therapeutic intervention need to ensure that they receive supervision and/or additional training specific to these specializations: EMDR, Hypnosis, Addiction, many types of assessments*
➢ It is beyond the scope of competence for an MFT student to perform: Energy psychology, tapping, 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):

3.6 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.

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.

Students who choose to receive training from certificate programs (e.g., EFT, Imago, Gottman, 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: Who needs to be physically at the site when I’m conducting therapy with sessions?**
**A:** Some states require that a licensed professional be on the premises when interns are practicing therapy. All students need to ensure they are aware of any state’s requirements and are clear on the safety and emergency plans for their sites.
**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: How long will it take me to find a site and local supervisor?**

**A:** 4 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 finish my clinical experience in less than one year?**

**A:** No. Students must have a full calendar year of clinical experience, which includes completing 500 hours of client contact plus 100 hours of supervision. Students who are on track to complete the 500/100 hours within 52 weeks can overlap the last 2 Internship courses (MFT6692 and MFT6695). For those who need 60 weeks to accumulate their hours the practicum and internship courses are taken consecutively.

**Q: Does it really matter what kind of clients I have as long as I get the 500 hours?**

**A:** Yes. NCU’s MFT program is accredited by COAMFTE, and those standards require that at least 40% of the student’s client contact hours are relational client contact hours. In an effort to support students in various state licensure requirements, NCU requires 250 relational hours. A relational therapy hour, is when you have two or more people that have some type of relationship (e.g. husband/wife, parent/child, siblings, partners) physically present in the same therapy session with you. MFT is the one mental health profession that is specifically trained how to work with multiple people in the room, thus half of your clinical training must be working with these types of cases. This is an important requirement to talk with your Local Clinical Supervisor about – being able to get the right kind of clinical experience is at least as important as getting the total number of hours. When done correctly, relational therapy helps clients overcome clinical concerns more quickly and make positive change more long lasting, as you help to change the environment and relationships that can help sustain and reinforce the changes clients strive to make.

**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 the clinical administrative 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 if I have been active for the minimum 52 weeks and have earned the minimum required hours across categories, and I am unable to continue seeing clients before the course ends and/or before I complete Capstone?
A: Please note that this is a special circumstance that requires explicit permission. You must have permission from both your Local Supervisor and the clinical administrative team to stop seeing clients prior to the end of the course. You must also work with your NCU faculty member to determine what alternative assignments will be used for course points. Once again, you must have written permission to use records from a prior site in order to use recordings from a prior site.

Q: Do I have to change sites during my clinical training experience?
A: No. If you are struggling to get the hours needed for graduation you can change or add an additional site. This should be discussed with your NCU Faculty Member and the clinical administrative team.

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 sites and supervisors have been identified by the students then they are reviewed by the clinical administrative team. All supervisors must meet the requirements for post-degree supervision for marriage and family therapists in that state. The clinical administrative 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. Psycho-education 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 500 direct therapy hours required.

Q: I am wondering if we can conduct therapy either through SKYPE 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.

**Q: How do I request to stack Capstone?**
A: If students can document having met most of their hour requirements (approx. 400 total client hours, 200 relational hours and 38 hours of each supervision type) after week 3 of MFT6992 Internship II or while enrolled in an extension course, they can request to stack Capstone (or start 6995 early) by completing the Hours Summary JotForm found in week 10 of all clinical courses. This is how some students are able to graduate in less than 60 weeks (by taking the last two clinical courses concurrently). **All students must have a practicum and internship of at least 52 weeks**, but being able to finish Internship III a few weeks early may be helpful to some students, provided they have already completed all of the hours requirements and all of the other syllabus requirements. Students may need to provide documentation of local supervisor support, if they are below the standard minimum. Students also need faculty approval regarding Capstone readiness.

**Q: What are the differences between the on-site and off-site supervisor?**
A: Students will need an off-site supervisor if there is not an MFT appropriate supervisor on-site. The on-site supervisor will sign off on all client case notes and is ultimately responsible for the care of the clients. The off-site supervisor will work with students on their overall systemic understanding and facilitate growth with MFT models, as well as case consultation. The off-site supervisor will approve hours in the clinical tracking system, which will require collaboration between both supervisors to ensure that the clinical hours are accurately documented.

**Q: Where is it appropriate to conduct therapy?**
A: Students should ONLY conduct therapy at the location that has been fully vetted and approved by NCU. If you have two approved sites, students should only see clients at the site clients are associated with (have signed the paperwork for). IF the student’s site offers in-home services, students will provide therapeutic services in that specific clients’ home. Therapy should NEVER be conducted in a student’s residence or in a public place (restaurants, coffee houses, etc.) as it presents ethical challenges.
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.

<table>
<thead>
<tr>
<th>Course Learning Outcomes in Masters-level MFT Practicum and Internship</th>
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<tr>
<td>Practicum: 6951, 6952, 6953</td>
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<tr>
<td>1. <strong>Prioritize</strong> competence in the delivery of marriage and family therapy with diverse populations in a clinical setting.</td>
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<tr>
<td>2. <strong>Apply</strong> family systems oriented clinical skills appropriate to a supervised clinical setting.</td>
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<tr>
<td>3. <strong>Explore</strong> family systems models of therapy.</td>
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<tr>
<td>4. <strong>Determine</strong> professional and legal conduct consistent with the AAMFT Code of Ethics and applicable laws and regulations.</td>
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<tr>
<td>5. <strong>Prioritize</strong> supervision processes for the development and evaluation of MFT clinical competence.</td>
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The Clinical Training year provides students with the opportunity to develop therapy skills. We believe that **clinical skill development** includes the following:

- Knowledge of MFT models of therapy and theories of change Application of specific interventions & skills linked to MFT models Use of supervision for the self-evaluation of clinical competence
- Personal growth of the therapist as it relates to awareness of and appropriate handling of emotional reactions to clients
- Appreciation for human diversity and competence working with a variety of clients Development of professionalism and ethical behavior
Overview: Clinical Training Expectations

The five Practicum and Internship classes 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 each 12-week course.
- 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 **every** client receives an **informed consent document**. 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 Site Representative to see if the 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 (i.e., Practicum and Internship Courses). 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. **Students may not count client contact occurring during weeks in which they did not receive supervision from an AAMFT- Approved Supervisor.**
- 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.
• 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, which ever 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 year is growth in competence and professional identity, formal and informal evaluations are expected and necessary. At the end of each course, your Local Clinical Supervisor will complete a formal evaluation of you.
• 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 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 the clinical administrative team, NCU faculty, academic and financial advisor (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 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. Licensing boards and accrediting agencies can ask us how we know that students who live at some distance from campus, and who may never have come on campus, have 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.

• Students must take Practicum I, Practicum II, Internship I and Internship II in sequence.
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 all of these documents.
- **Students who are dismissed from a Local Clinical Site are automatically referred to the Clinical Development Committee (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

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 headset 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 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 throughput, 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 webcams 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 contact 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.

**Summary of technology needs when video recording your client sessions:**

- 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 HIPPA 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 lots 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.
  o 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.
  o 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
  o 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 wifi 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 the Director of Clinical Training and comprised of the Associate Director and the MFT Clinical Coordinator. 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 6995, students must complete the required action items prior to meeting clinical 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.

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

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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!