

MCFT

LEWIS AND CLARK COLLEGE GRADUATE SCHOOL OF EDUCATION
AND COUNSELING

Marriage, Couple and Family Therapy Program

Practicum & Internship Handbook

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Overview of Clinical Experience

Welcome to Practicum and Internship!

Starting your practicum and internship is an important milestone in your development as a family therapist. You have been preparing for this since you entered the Lewis & Clark Marriage, Couple and Family Therapy (MCFT) program.

Actually starting in the role of family therapist can be exciting as well as anxiety producing. This manual will help give you some of the basics relative to the process of supervision, your practicum and internship courses, professional development, and maintaining healthy relationships with colleagues, supervisors, agencies and clients. It also includes practical information you will need to meet academic requirements.

A Word on Professional Development

Therapists-in-training grow and develop in predictable and unique ways. It is important that you attend to your own development. In the long run, those therapists who are self-reflective without being overly self-critical are more likely to meet their goals of becoming highly competent practitioners.

It is tempting to compare yourself with your colleagues, leading to over valuing or under valuing yourself relative to your particular stage of development. The journey is filled with stops and starts, unique turns, personal challenges, amazing successes, inspirational moments, uncomfortable realizations, and transformative challenges. It is not easy to predict what is coming. For example some people start very strong and confident only to find they are bumping up against difficult growing experiences down the road. Others may be very quiet or nervous at first, but their ability to self-reflect moves them steadily toward remarkable competence.

There are some traits that seem to serve us well as family therapists. This list is not complete, but represents important personal and professional qualities that you may want to recognize and enhance in yourself:

- Humility
- Empathy/ Compassion
- Integrity
- Self-awareness
- Social awareness
- Ability to understand multiple perspectives
- Courage to engage in difficult conversations
- Counterintuitive, systemic thinking
- Genuine respect and regard for colleagues, clients and supervisors
- Willingness and eagerness to continually learn
- A positive, hopeful attitude

We encourage you to carefully cultivate who you are and can become as a therapist. Develop your strengths and face your growing edges. It is also important to remember that the qualities and abilities therapists need vary with different contexts

Placement Process

During January of your second year (or third year for those on an extended track), you will be given a list of agencies that have been pre-approved as placement sites for MCFT students. The MCFT faculty and site supervisors determine the number of placements available at each site each year. If you are particularly interested in a different site, you may discuss this with the MCFT program faculty early in the process, preferably in the fall before placements are considered. Typical timelines are as follows:

Mid-February	Students, faculty and agency representatives attend practicum/internship meeting
End of February	Interviews at sites are completed
March 3 rd	Agency representatives and students turn in placement requests/preferences
March 10 th	Placements are announced
March 15 th	Students have made contact with agencies and accepted placements
	Signed practicum/internship agreement is due
	Proof of liability insurance is due
April 25 th	Start dates and agency orientations are scheduled
May 1 st	Students begin working at sites

Required Practicum/Internship Paperwork

Prior to Practicum and Internship

Background check	During CPSY 569
Clinical skills evaluation	End of CPSY 526
Readiness to enter practicum/internship form	January 31 st
CV/resume	February meeting
Practicum/internship agreement	March 15 th
Proof of insurance	March 15 th
Signature page of each 584 syllabi	May 15 th

Practicum

Clinical hour forms	End of each month
Supervisee evaluation form	Last day of CPSY 584
Supervisor evaluation form	Last day of CPSY 584
Signature page of 584 syllabus	May 15 th

Internship I

Portfolios to program coordinator	October 1 st
Signature page of 588 syllabus	Sept 15 th
Clinical hour forms	End of each month
Supervisee evaluation form	Last day of CPSY 588
Supervisor evaluation form	Last day of CPSY 588

Internship II

Signature page of 588 syllabus	Jan 15 th
Clinical hour forms	End of each month
Supervisee evaluation form	Last day of CPSY 588
Supervisor evaluation form	Last day of CPSY 588
Philosophy of therapy statement	Last day of CPSY 588
Updated CV	Last day of CPSY 588

Internship III

Signature page of 588 syllabus	May 15 th
Clinical hour forms	End of each month
Supervisee evaluation form	Last day of CPSY 588
Supervisor evaluation form	Last day of CPSY 588
National exam practice test (Optional for students entering program before Fall, 2008)	Prior to end of CPSY 588

Practicum/Internship Courses (CPSY 584 & 588)

Your practicum and internship courses at L&C include didactic learning and group supervision. Only time spent directly in supervision should be recorded on your hour logs.

These courses are specially designed to help you:

- ✓ Gain clarity around theoretical understanding and application of theory to practice
- ✓ Develop skills and complete tasks required at various levels of development
- ✓ Attend to your particular professional goals and development
- ✓ Provide a place to check in about your experience at your placement site
- ✓ Provide a group of colleagues who follow your work and can offer important input
- ✓ Learn from other therapists-in-training and supervisor input on your colleagues' cases
- ✓ Offer you ongoing connection with home program

Your CPSY 584/588 instructor acts as a liaison between L&C and your agency supervisor as needed. While all supervision ultimately is concerned about the welfare of clients, this class supervision is very focused on your development as a systemic therapist. Additional in-class experiences and learning activities may take place, particularly during practicum.

Practicum is differentiated from internship in several ways. This is the time when you are learning about your agency and agency requirements. You will be working closely with others until you and your agency supervisor feel you are ready to see clients alone. You may be involved in more group work. You may receive special training for agency specific work such as in-home therapy, or particular therapeutic approaches. It is important for you to “jump in” and begin accumulating as many hours as possible. Begin videotaping your work as soon as you start seeing clients and take your videos to supervision (see Informed Consent to Videotape, App. A).

Supervision

Ongoing clinical supervision is required of all MCFT students in clinical practice at any internship site. This meets the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) requirement that students receive ongoing individual supervision of their clinical work from a qualified MFT supervisor. It also meets the practice requirements of Lewis and Clark MCFT graduate program and requirements for training established by the State of Oregon.

Throughout your clinical practice, you will participate in both individual and group supervision. You may be asked to meet with your supervisor alone or with one other MFT trainee in the program for 60-90 minutes each week. Individual supervision is defined as no more than two supervisees meeting with a supervisor face to face. You will also meet as a group with up to 10 other MFT students who are working at various sites. This group supervision will be led by an AAMFT Approved Supervisor or the equivalent.

Your individual supervisor provides oversight for all of your clinical cases. It is essential that you keep him or her apprised of all of your cases and of any urgent situations that arise (e.g., high risk situations, times when you may need to report abuse or neglect). Individual supervision allows students to work in-depth on their developing clinical skills and to both give and receive detailed ongoing feedback from a colleague and supervisor.

Group supervision provides you with additional case supervision and training in applying family therapy theory and models across varied contexts with diverse populations. Group supervision provides a venue for students to consider many perspectives and approaches to working with families. Both individual and group supervision give you the opportunity to review your clinical practice in depth and to encourage your ongoing development as a family therapist. Individual and group supervision also serve in different ways as contexts in which you will be encouraged to explore yourself as a therapist (i.e., self of the therapist) relative to your world view, assumptions, relational styles, and so on.

If you are dealing with a clinically urgent situation, you should first call your individual agency supervisor. If he or she is not available, then call your L&C individual supervisor if you have one. If not, or if neither individual supervisor is available, call your L&C group supervisor.

You are required in supervision to:

- Attend and actively participate in all scheduled supervision meetings.
- Meet with your supervisor individually when requested.
- Keep your supervisor informed regarding the status of all of your cases.
- Contact your supervisor immediately should you encounter a clinical emergency or suspect the need to report abuse or neglect.
- During the first few minutes of supervision, inform your supervisor of any emergency/urgent situations that need to be handled during the supervision time.
- Let your supervisor know when supervision is and isn't "working" for you so that you can maintain a positive working relationship.
- Be involved and offer input about all cases presented during supervision, even if you are not directly seeing the clients.
- Use time efficiently during supervision. Being prepared to really talk about a case and thinking through your goals ahead of time makes the process more vital for everyone involved.
- When presenting a video, cue the parts of the tape you want to watch in supervision. This saves searching for pertinent data.
- Make sure you use pseudonyms and remove all identifying information from any cases you present in supervision and class or use as examples to complete assignments in order to protect client confidentiality.
- Maintain contact and respond in a timely manner to clients and other professionals.
- Complete any additional requirements agreed on by you and your supervisor(s)

Hour Requirements

Your practicum and internship experience continues without interruption, except for established holidays, until you have demonstrated minimal clinical competency requirements for graduation. This includes at least one and a half calendar years – a minimum of four academic semesters. Of a total of 18-25 hours per week spent at your agency site during this time, approximately 8-12 are to be spent in direct client contact with individuals, couples, groups, and families (see Hour Log, App. B).

Direct client contact is defined as face-to-face (therapist and client) therapeutic intervention. The balance of this time is to be spent in supervision, record keeping, and participation in other clinical activities of the agency. Students must complete:

- A minimum of 600 clock hours of internship, which includes a minimum of 500 of direct face-to-face client contact (therapy) hours.
- A minimum of 250 therapy hours must be relational hours. A relational contact hour is direct client contact time in which at least two related clients (e.g., parent and child, couple, close friends) are physically present. If only one client is physically present with the therapist, the time is not considered relational. If more than one client is present, but the clients are not related to each other, as in a mothers' group, the time is not considered relational.
- A maximum of 100 of the 500 hours of direct clinical contact can be alternative hours. These include doing therapy as part of a team as well as activities such as joining a parent for a school conference or teaching a psychoeducational group. Alternative hours must be approved by the student's Program Supervisor.
- A minimum of 100 hours of supervision from an AAMFT Approved Supervisor, AAMFT Supervisor-in-Training or Oregon State Qualified MFT Supervisor.
- At least 50 of supervision hours must be based on raw data, i.e., video or audio tape or live observation. For example, a half hour spent watching a therapy videotape, followed by an hour discussion counts as an hour and a half toward this 50 hour requirement.

- An hour with a client *and* your supervisor in session counts as one contact hour *and* as one supervision hour.
- Supervision must take place in the ratio of at least one hour of supervision for each five hours of therapy.
- Up to 50 hours of supervision can be group supervision (up to 10 student therapists with an AAMFT Approved Supervisor)
- A minimum of 50 supervision hours must be individual supervision (1-2 student therapists with an AAMFT Approved Supervisor).
- Co-therapy is the equivalent of conducting therapy as a single therapist and hours should be counted accordingly.

Keep complete and ongoing records of all client contact and supervision hours. Have your hours signed by your individual supervisor(s) each month and turn them in to your CPSY 584/588 instructor. He or she will ensure they are placed in your student clinical file as a permanent record of your meeting required clinical and supervision hours.

The following guidelines are intended to help you stay on track to meet hour requirements within four semesters:

Month	End of Month Clinical Hour Count	Cumulative Clinical Hour Count
June	15	15
July	20	35
August	25	60
September	40	100
October	40	140
November	40	180
December	40	220
January	40	260
February	40	300
March	40	340
April	40	380
May	40	420
June	40	460
July	30	490
August	20	510

Raw Data

The majority of supervision (at least 50%) must be based on raw data (i.e., live observation/video-tapes of sessions with clients, or co-therapy with your supervisor).

Video tape as many therapy sessions as possible and make arrangements for your supervisor to be involved in/observe live sessions whenever possible. Make sure you discuss video tape policies with your internship site supervisor and follow all policies regarding obtaining client consent and transporting sensitive clinical material.

You may check out video equipment from the CPSY office. You must return equipment each week. When available, you may check out video cameras for consecutive weeks.

You must treat video and audio tape with the utmost care to ensure confidentiality. Talk with your agency supervisor about how she or he expects you to store and transport video and audio tapes. You must never leave this data in your car, unlocked in your home, or in otherwise unsecured areas. You must keep tapes with you and/or locked securely at all times. Videos and audio tapes that you are not using should be erased or stored in a locked drawer at your placement site.

You may not remove client files from agencies without specific permission and only for professionally necessary reasons. You may not remove files to complete case notes or complete case notes outside of your agency.

Goals for Clinical Experience

As stated in the program mission, the overall goal for practicum and internship is to prepare competent and effective professionals who practice relational therapy in ways that demonstrate: (a) integrity, compassion, and a sincere commitment to working with members of diverse groups, (b) excellent therapeutic skills with individuals, couples, and families, and (c) dedication to social justice and global citizenship.

During your clinical training you will be deepening your understanding of existing models of family therapy and how they may inform your work. You will also be exploring and eventually articulating your unique theoretical framework. Throughout the experience you will be asked to identify underlying assumptions that influence how you think about problems and solutions, the questions you ask in therapy and the directions you move in facilitating change. You will be asked to consistently bridge theory, research, and practice.

Your clinical training is also a time to further develop yourself as a professional in the field and to transition into your professional role.

Throughout your clinical experience and supervision, you will be working on numerous areas of your clinical work. This includes, but is not limited to, the AAMFT Core Competency subsidiary domains, which are focused on the types of skills or knowledge that MFTs must develop. These are: a) Conceptual, b) Perceptual, c) Executive, d) Evaluative, and e) Professional. Areas that will be included in your evaluation at the end of the semester include:

Therapeutic Relationship, e.g., conveying respect to client; attending to the therapeutic relationship; using self of the therapist

Conceptual Abilities, e.g., adopting a systemic view; attending to multiple systems; basing goals, hypotheses and interventions on theory

Contextual Awareness, Knowledge and Skill, e.g., acknowledging family development; attending to culture and context in therapy; incorporating awareness of gender, race, ethnicity, abilities, language, sexual orientation, etc.; integrating analysis of power and social justice/advocacy

Perceptual Competencies, e.g., identifying and intervening in patterns of interaction; distinguishing process from content; identifying self as part of the system

Structuring Therapy, e.g., organizing session; communicating clearly, precisely and effectively; establishing and reviewing goals

Intervention and Evaluative Skills, e.g., linking interventions to theory; recognizing impact of interventions on wider system; intervening intentionally consistently throughout the therapeutic relationship; following up on interventions; formulating and altering treatment plan as needed

Executive/Case Management, e.g., maintaining complete, relevant case notes in a timely manner; completing all required paperwork, letters, contacts, etc. in a professional and timely manner; contacting referral sources/other professionals involved in a timely manner and sharing relevant information; competing effective assessments and appropriately using the DSM IV

Professional Development, e.g., being prepared for supervision /seeking and incorporating feedback from supervisor; being aware of own professional development and self as a therapist; maintaining a professional image, professional boundaries, and positive relationships with colleagues

Other Specific Goals, as defined by you and your supervisor

Professional Learning Community

It is essential for each of us to contribute to a positive, healthy learning environment during practicum-internship courses, individual supervision, and clinical experience. It is important that your clinical work and supervision groups are places you feel safe to share your experiences and to be open about your growth. This includes:

- Being collaborative rather than competitive
- Freely sharing your work
- Being open to input from supervisors, clients and colleagues
- Taking a stance of humility
- Offering your clinical opinions as perspectives rather than truths

Problems sometimes arise in clinical training groups. You may get mixed input from supervisors. You may find yourself developing negative feelings toward a supervisor or colleague. You may even find that members of your clinical supervision group/dyad are at odds with each other. These types of situations can draw away from important learning opportunities and/or be used as opportunities for professional growth. When problems arise:

- Disrupt triangulation. Help each other by discerning when you are listening to resolve problems and when you are contributing to triangulation through your silence or agreement.
- When possible, resolve problems directly and soon after they arise.
- Remember that your attitudes and behaviors out of the therapy room ultimately affect clients and results in the therapy room.
- Take care of yourself – seek therapy if needed as you adjust to this new role.
- Don't keep secrets that are potentially damaging to anyone. If something is eating you up there is a reason.

- Engender hope and optimism in yourself and others. Focusing on the positive is a powerful tool in therapeutic, personal and professional relationships. Habitual negativity distracts from your own learning and unfairly takes away from the experiences of others.

Evaluations

The clinical competencies you are expected to develop during your practicum and internship are based on the Core Competencies for practicing family therapy as identified by the American Association for Marriage and Family Therapy (AAMFT). You can find the original Core Competencies on the AAMFT website: www.aamft.org

The L&C MCFT Program Supervisee Evaluation (see App. C) reflects these competencies and the values of the L&C program. Evaluations become a part of the student's permanent record and must meet minimum competency requirements. Failure to meet clinical competencies may require you to extend your internship semesters or enter the non-clinical master's degree track.

Near the end of each semester you will receive an evaluation from your individual supervisor(s). You are ultimately responsible to make sure the document is completed, signed, and turned in by the end of the semester. We encourage a collaborative evaluation process. This document is lengthy but ultimately is the most tangible evidence of your competence to enter the field.

You will also be required to complete an evaluation of each individual supervisor and turn it in by the end of each semester (see Supervisor Evaluation Form, App. D). Don't wait for evaluation time to make important points or discuss problems with supervisors. Give your supervisors input and discuss issues as they occur so these can be resolved if possible. This is more respectful to the supervisor and better for your learning.

Give input about your placement site to your agency and L&C supervisors throughout your experience. At the end of your internship, before graduating, you are required to complete an evaluation of the site (See Internship Evaluation Form, App. E).

Ethics & Practice Guidelines

You must practice according to the American Association for Marriage and Family Therapy (AAMFT) code of ethics and the Oregon State Laws. Inform your individual supervisor, CPSY 584/588 instructor/group supervisor, and/or the program coordinator of any potential ethical or legal infractions you may be involved in or know about. Failure to practice according to legal and ethical guidelines may result in remedial action or dismissal from the MCFT program.

You must also practice according to all requirements given to you at your internship site. This includes completing all paper work and case management duties in a timely and thorough manner. Any questions or concerns you have about completing these requirements should be taken to your supervisor. Failure to practice according to agency policy and procedure may result in losing your placement and possible dismissal from the MCFT program.

Remember to:

- Let supervisors know if you suspect abuse, neglect, and potential harm
- Inform supervisor and/or program faculty if you have ethical concerns about your own or a colleague's behavior
- Anything that gives you a gut level feeling of discomfort should be discussed early
- Talking with others about ethical dilemmas is the most important first step in resolving them

Vacations

All clinical duties and the requirements of CPSY 584/588 must be maintained during academic breaks, including summer months, when you are not actually enrolled in the course but are seeing clients through your affiliation with Lewis & Clark College.

You are permitted to take up to a total of five weeks of vacation over your 15-month practicum and internship. Vacations must be negotiated with your agency and approved by your agency and Lewis & Clark supervisors. Vacations will not be approved if you are behind on clinical or supervision hours. Regardless if the vacation is approved, you are responsible for completing required clinical and supervision hours for graduation. It is highly unlikely that you will be able to take two or more consecutive weeks off from clinical work as clients depend on your

being available. Finally, time taken for personal reasons (e.g., weddings, death in the family, illness) is considered part of your vacation allowance.

Release of Educational Records

Students who request that L&C or agency supervisors act as references for job applications or otherwise request that information about their academic and/or clinical work be shared with others, must sign a release of educational records form for each request (See Consent to Release Educational Records, App. F). See the Department of Counseling Psychology Student Handbook for additional information on student confidentiality (i.e., FERPA).

INFORMED CONSENT TO VIDEOTAPE

My signature below confirms that conditions of my consent to be videotaped have been explained to me, and I understand the following:

- I am not required to be videotaped and I am under no obligation to have this session recorded.
- I can withdraw my permission at any time during or after the session. My access to counseling services will not be affected by my decision not to be videotaped.
- I have the right to review this recording with my counselor during a counseling session.
- My counselor trainee receives supervision both at this location, _____, and by faculty at Lewis & Clark College
- This tape will be viewed during a supervisory group meeting at Lewis & Clark College by faculty and other counselor trainees as an educational opportunity to help train interns.
- Only my first name will be used or my name will not be mentioned; the contents of the tape will remain confidential within the supervision group of interns at Lewis & Clark College.
- The tape will be erased or destroyed upon completion of the supervisory and/or training review of this session.
- This consent expires 180 days from the date of my signature below. I may revoke this videotaping consent at any time prior to the expiration date by submitting to the counselor trainee a request to withdraw my permission.
- The original copy of this consent form will be kept in my records with this agency.
- I may contact the Counseling Psychology Department at Lewis & Clark College at any time with questions or concerns at 503-768-6060

(Signature of Client) (Date)

(Signature of Client) (Date)

(Signature of Parent/Guardian if Client is under 18) (Date)

(Signature of Counselor) (Date)

(Signature of Site Supervisor) (Date)

INTERNSHIP SITE: _____

: _____

Intern II

CLIENT CONTACT HOURS

Practicum

Intern I

Intern III

Modality	Individual	Couple (relational)	Family (relational)	Total Relational	Month Total
Individual				0	0
Group				0	0
Alternative				0	0
Prior Months Totals				0	0
Cumulative Totals (to date)	0	0	0	0	0

ADDITIONAL ACTIVITIES

This month

Total in Program

Ratio of supervision to client contact hours:

Case Management		0
Record Keeping		0
Staff Meetings		0
Workshops/Training		0
Consultation		0
Other (Specify)		0

(Should be $\geq .20$)

#DIV/0!

Student Name (print): _____

Signature _____

SUPERVISION HOURS: Program Supervisor(s)

	Case Report	Live (raw data)	Video (raw data)	Audio (raw data)	Raw Subtotal	Month Total
Individual					0	0
Group					0	0
Prior Month's Totals					0	0
Cumulative Total (to date)	0	0	0	0	0	0

SUPERVISION HOURS: Site Supervisor(s)

	Case Report	Live (raw data)	Video (raw data)	Audio (raw data)	Raw Subtotal	Month Total
Individual					0	0
Group					0	0
Prior Month's Totals					0	0
Cumulative Total (to date)	0	0	0	0	0	0

Program Supervisor(s) Name: _____

Site Supervisor(s) Name: _____

Signature(s): _____

Signature(s) _____

Modality	Indiv	Couple (relational)	Family (relational)	Relational (add couple & family hours)	Total Hours (this month)
IND	Individual clients you saw by yourself or with a co-therapist	Couples you saw by yourself or with a co-therapist	Families you saw by yourself or with a co-therapist	Total couples and families you saw by yourself or with a co-therapist	
GRP	Groups you led or co-led that included numerous individuals not otherwise related	Groups you led or co-led that included couples attending group together	Groups you led or co-led that included family members attending group together	Total couple and family group hours	
Alternative	Hours spent with individual clients in activities related to, but not defined as “therapy”, e.g., going to court with a child. OR Hours spent as part of a therapy team working with individual client but not as the primary therapist in the room, e.g., behind a one-way mirror MUST BE APPROVED BY L&C SUPERVISOR	Hours spent with couple clients in activities related to, but not defined as “therapy”, e.g., attending a family services meeting. OR Hours spent as part of a therapy team working with couple client but not as the primary therapist in the room, e.g., behind a one-way mirror MUST BE APPROVED BY L&C SUPERVISOR	Hours spent with family clients in activities related to, but not defined as “therapy”, e.g., attending a parent-child-teacher conference. OR Hours spent as part of a therapy team working with family client but not as the primary therapist in the room, e.g., behind a one-way mirror MUST BE APPROVED BY L&C SUPERVISOR	Total couple and family alternative hours (Not to exceed 100 for time in program)	

	Case Rpt	Live (raw data)	Video (raw data)	Audio (raw data)	Direct Obs. (add audio, video & live)	Total Supv. Hrs (this month)
IND	Individual supervision with no more than two supervisees based on notes and case discussion without raw data	Individual supervision with no more than two supervisees in which the supervisor is present in the room or behind a one-way mirror	Individual supervision with no more than two supervisees in which the supervision is based on viewing a video of a supervisee conducting therapy	Individual supervision with no more than two supervisees in which the supervision is based on listening to an audio tape of a supervisee conducting therapy	Audio + Video Individual Supervision	
GROUP	Group supervision with no more than ten supervisees based on notes and case discussion without raw data	Group supervision with no more than ten supervisees in which the supervisor is present in the room or behind a one-way mirror	Group supervision with no more than ten supervisees in which the supervision is based on viewing a video of a supervisee conducting therapy	Group supervision with no more than ten supervisees in which the supervision is based on listening to an audio tape of a supervisee conducting therapy	Audio + Video Group Supervision	
Alternative	N/A	N/A	N/A	N/A	N/A	N/A

**SUPERVISEE EVALUATION FORM
LEWIS & CLARK COLLEGE – MCFT PROGRAM**

Supervisee Name: _____
 Practicum/Internship Site: _____
 Supervisor: _____

Date: _____
 Term: _____
 Practicum _____
 Internship I _____
 Internship II _____
 Internship III _____

The following areas of competence reflect the AAMFT Core Competencies and the CACREP family counseling competencies that are in keeping with the mission and training philosophy of the Lewis & Clark MCFT program. This evaluation form is designed to guide a conversation between a supervisor and supervisee. The format builds on an evaluation document written by Storm, C., York, C., McDowell, T. & Vincent, B. (1997). In C. Storm & T. Todd, *The reasonable complete systemic supervisor resource guide*.

We suggest that both parties fill the form and prepare to discuss the supervisee’s progress using and noting in writing specific examples when possible. Once the conversation has taken place and any adjustments are made, the form should be completed, signed and turned in to the MCFT program coordinator. A copy needs to remain with the supervisee and the supervisee should take a copy to his/her next L & C supervisor.

P= Practicum; I-1= End of internship 1; I-2= End of internship 2; I-3= End of internship 3

Please rate the supervisee’s (supervisee, please rate your own) ability to:

INITIATING & CONCLUDING TREATMENT					
--	--	--	--	--	--

1. Explain practice setting rules, fees, rights, and responsibilities, including privacy, confidentiality policies, and duty to care to client or legal guardian; obtain consent to treatment from all responsible persons. Inform all clients and legal guardians of limitations to confidentiality and parameters of mandatory reporting (1.3.4; 1.3.5; 1.5.3; 5.3.3).

	I-----I	I-----I	I-----I	I-----I	
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Includes all necessary information but may be somewhat mechanical</i>				<i>Reviews all necessary information with ease, connecting to all in process</i>

2. Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors (1.3.1).

	I-----I	I-----I	I-----I	I-----I	
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Obtains most relevant information, but May miss important factors</i>				<i>Obtains all necessary information attending to what is most relevant</i>

3. Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extra-familial resources); facilitate involvement of all necessary participants (1.3.2; 1.3.3).

	I-----I	I-----I	I-----I	I-----I	
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Often includes multiple members, but not not always certain of when, why/how to engage</i>				<i>Consistently, effectively includes multiple members; able to offer rationale for when & why</i>

4. Establish, maintain & monitor appropriate and productive therapeutic alliances with all clients (1.3.6).

	I-----I	I-----I	I-----I	I-----I	
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Connects with clients but may form stronger alliances with some; attends to alliance sometimes</i>				<i>Connects with all; able to fluidly use alliances to promote change; attends to alliance each session</i>

5. Elucidate presenting problem from the perspective of each member of the therapeutic system (2.3.9).

	I-----I	I-----I	I-----I	I-----I	
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Attempts to understand all clients’ points of view But tends to agree with some over others</i>				<i>Consistently understand perspectives of all; able to present multiple views to encourage change</i>

6. Evaluate clients’ outcomes for the need to continue, refer, or terminate therapy (4.4.5).

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>May not consistently review goals or know when goals are met, need to refer, or when Tx is not effective</i>		<i>Consistently reviews and revises goals; Knows when to refer & why; when Tx is not effective</i>		

7. Move to constructive termination when treatment goals have been accomplished; develop termination and aftercare plans (3.3.9; 4.3.11).

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>May not be certain of goals or when goals are met sometimes reviews goals & effectively terminates</i>		<i>Consistently aware of progress toward termination; effectively terminates & develops aftercare plans.</i>		

Comments:

ASSESSMENT & DIAGNOSIS

8. Understand the effects that psychotropic and other medications have on clients and the treatment process (3.1.3).

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Asks about medication; Often uncertain of effects</i>		<i>Consistently asks about medications; Actively seeks information about effects</i>		

9. Consider physical/organic, social, psychological, and spiritual problems that can cause or exacerbate emotional/interpersonal symptoms. Elicit a relevant and accurate biopsychosocial spiritual history to understand the context of the clients' problems (2.2.5; 2.3.7).

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Considers with supervision; Collects some relevant information</i>		<i>Consistently collects relevant information; Considers influence on problems/solutions</i>		

10. Diagnose and assess client behavioral and relational health problems systemically and contextually (2.3.1; 2.4.2).

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Considers context and relationships In assessment/diagnosis with help in supervision</i>		<i>Consistently includes context and describes problems/diagnosis relationally</i>		

11. Administer and interpret results of assessment instruments, including assessing family history and dynamics using a genogram (2.3.4; 2.3.6).

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Uses genograms but timing & Purpose may be unclear</i>		<i>Uses genograms when appropriate & therapeutic rationale is clear</i>		

12. Identify clients' strengths, resilience, and resources (2.3.8).

Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Explores with clients & considers Relative to solutions</i>		<i>Consistently explores and integrates in assessment, treatment & termination</i>		

Comments:

TREATMENT PLANNING & GOALS

13. Consider which models, modalities, and/or techniques are most effective for presenting problems (3.1.1).

	I	I	I	I	I
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Able to identify when using assumptions and techniques from specific models</i>			<i>Uses models purposefully & considers fit with clients & problem</i>	

14. Attend to joining with each client and assessing each client’s engagement in the change process (2.2.1).

	I	I	I	I	I
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Joins purposefully, but not always consistently at beginning & throughout Tx</i>			<i>Joins “seamlessly”; ensures all are connected & engaged throughout Tx</i>	

15. Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment and treatment planning process (2.2.2).

	I	I	I	I	I
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Considers & integrates with supervision; Collects some relevant information</i>			<i>Consistently collects relevant information; Integrates systemically</i>	

16. Develop hypotheses regarding relationship patterns & their bearing on the presenting problem (2.2.3).

	I	I	I	I	I
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can identify 1-2 patterns of interaction; not always certain how to connect to problems/solutions</i>			<i>Identifies relevant patterns of interaction; Uses to understand problems/find solutions</i>	

17. Consider the mutual influence of treatment and extra-therapeutic relationships/factors; integrate into treatment plan (2.2.4).

	I	I	I	I	I
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Considers when brought up by clients; Not always certain how to integrate</i>			<i>Actively explores & recognizes relevance; Consistently integrates into Tx</i>	

18. Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective (3.3.1).

	I	I	I	I	I
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Sets goals, but not always clear or consistently review; sometimes systemic</i>			<i>Consistently sets, reviews and revises goals; uses systemic perspective;</i>	

19. Prioritize treatment goals. Develop a clear plan of how sessions will be conducted. Evaluate progress of sessions and outcomes toward goals as treatment progresses. Recognize when treatment goals and plan require modification (3.3.2; 3.3.3;3.3.5; 3.4.1; 3.4.2; 4.4.3).

	I	I	I	I	I
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Prioritizes goals sporadically; loosely connects of Tx with goals</i>		<i>Able to maintain overall goals while attending to session specific contents &</i>	<i>Structures accordingly</i>	<i>structure</i>

Comments:



	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
Below P	<i>Delivery may be more sensitive to some members; Occasionally evaluates effectiveness/reactions</i>		<i>Delivery intentionally sensitive to all; Has regular mechanisms to evaluate effectiveness/reactions</i>		

28. Reframe problems; use counter intuitive thinking; identify and intervene in recursive interaction patterns (4.3.3).

	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
Below P	<i>May fall into "common sense" solutions; Reframes may be superficial; can get caught in/miss patterns</i>		<i>Thinks counter-intuitively/systemically; reframes meaningful & collaborative; intervenes in patterns</i>		

29. Collaboratively empower/raise critical social awareness of clients and their relational systems to establish effective relationships with each other and larger systems (4.3.8).

	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
Below P	<i>Acknowledges systems of oppression with supervision not certain how to discuss in Tx or tie to goals</i>		<i>Readily detects oppression; engages in critical conversation; ties to goals; intervenes</i>		

30. Provide psycho education to couples and families when helpful (e.g., education on serious mental illness or other disorders; information on sexual functioning; research on parenting and couple relationships) (4.3.9).

	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
Below P	<i>Can include psycho education, but may "teach"</i>		<i>Knows when/how to integrate psycho education</i>		

31. Determine the effectiveness of clinical practice and techniques; modify interventions that are not working to better fit treatment goals (4.3.10; 6.3.4).

	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
Below P	<i>Often notices when interventions do/do not work</i>		<i>Regularly assesses impact of interventions on goals</i>		

32. Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan (2.4.3; 4.4.1).

	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
Below P	<i>Interventions often not tied to theory; loosely tied to goals; minimal attention to culture or context</i>		<i>Interventions reflect theory & goals; follows-up on interventions; uses cultural & contextual perspectives</i>		

Comments:

MULTIPLE SYSTEMS

33. Understand the behavioral health care delivery system, its impact on the services provided, and the barriers and disparities in the system, including how institutional barriers prevent members of varying cultural and class groups from using/benefiting from mental health services (1.1.3).

	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
Below P	<i>Cursory understanding of larger system & potential limiting some from accessing services</i>		<i>Working knowledge of larger system including barriers works with families to overcome barriers.</i>		

34. Understand and work along-side other recovery-oriented behavioral health services (e.g., self-help groups, 12-step programs, peer-to-peer services, supported employment) (3.1.4).

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can name a few additional services & may not know when it is appropriate to refer</i>		<i>Has good knowledge of additional services available; actively refers; has conversations in Tx about resources</i>		

35. Consider health status, mental status, other therapy, and other systems involved in the clients' lives (e.g., courts, social services). Assist and advocate with clients in obtaining needed care, appropriate resources and services in their communities while navigating complex systems of care (3.3.8; 3.5.1; 1.2.2).

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Inquires about in assessment;; include sporadically in Tx;</i>		<i>Utilizes consistently in case conceptualization & Tx</i>		

36. Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care, and payers. Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present (1.3.8; 3.3.7).

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Hesitantly/sporadically interacts with involved others</i>		<i>Consistently/ effectively interacts with all others involved</i>		

37. Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case) (4.5.1).

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Acknowledges and listens to others; might be dismissive and/ or timid asserting own perspective.</i>		<i>Respectful of others' perspectives while able to assert own perspective</i>		

Comments:

CONTEXTUAL & DEVELOPMENTAL

38. Understand principles of human development across the life span; provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, adults and elders within culturally and contextually situated perspectives (2.1.1; 2.3.2).

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Discuss when prompted & can consider how services might be tailored to context & development</i>		<i>Tailors services to fit with current developmental level and contextual variables.</i>		

39. Understand and apply principles of family and couple life cycle development from culturally and contextually situated perspectives (2.1.1).

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Able to discuss family/couple development May not consistently integrate in Tx</i>		<i>Consistently aware of developmental process and is actively includes in Tx</i>		

40. Demonstrate knowledge of gender and gender identity development, and approaches to supporting gender equity. Demonstrate knowledge of human sexuality and ability to work with clients of all sexual orientations and identities, supporting social equity and inclusion (2.1.1; 4.3.2).

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Aware of impacts though awkward in discussing issues of sexuality in Tx</i>		<i>Comfortable discussing issues of a sexual nature & engages clients re sexuality when appropriate</i>		

41. Demonstrate awareness, knowledge and skill for working cross-culturally and trans-nationally, recognizing larger systemic forces that promote and maintain social inequalities related to group memberships (1.2.1). Recognize contextual and systemic dynamics relative to:

A) race and racial inequalities, including own racial privilege and/or oppression.

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can speak to dynamics generally; awkward in application to Tx</i>				<i>Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities</i>

B) own and clients' social class and how these influence therapy, problems and solving problems.

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can speak to dynamics generally; awkward in application to Tx</i>				<i>Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities</i>

C) nation of origin and language (immigration, refugee, cross-national relations, etc) and how these influence therapy, problems and solving problems.

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can speak to dynamics generally; awkward in application to Tx</i>				<i>Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities</i>

D) spirituality and religion. Able to integrate and draw from clients' spirituality in therapy; access spiritual/religious leaders involved in clients' lives when necessary.

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can speak to dynamics generally; awkward in application to Tx</i>				<i>Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities</i>

E) clients' physical and psychological abilities issues and appropriately serve persons with special needs; recognize issues of power and privilege related to abilities.

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Can speak to dynamics generally; awkward in application to Tx</i>				<i>Can speak to the interaction of these dynamics in Tx; tailors services/challenges inequities</i>

Comments:

MANAGING CONFLICT & RISK

42. Defuse intense and chaotic situations to enhance the ability to effectively engage in therapy and ensure the safety of all participants (4.3.7).

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Hesitant in intense situations, tendency to internalize stress of situation</i>				<i>Engages intense situations while staying balanced; stress of situation is not internalized.</i>

43. Evaluate level of risks; manage risks, crises, and emergencies (3.4.3; 3.3.6).

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
	<i>Aware of agency policies/procedures with high risk situations; tentative in assessing risk.</i>				<i>Confident assessing level of risk and following agency policies in high risk/crisis situations.</i>

44. Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, potential self-harm/suicide, abuse or violence. Report information to appropriate authorities as required by law (2.3.5; 5.3.4; 5.3.6).

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Assess issues generally, awkward assessing specific issues makes reports though hesitant</i>			<i>Assess issues with clarity, confidently makes necessary reports</i>		

45. Participate in case-related forensic and legal processes (e.g., responding to attorney requests/subpoenas; going to court) (3.5.2).

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Requires extra supervision when proceeding.</i>			<i>Proceeds well in forensic/legal situations.</i>		

Comments:

KNOWLEDGE & USE OF RESEARCH
--

46. Use current MFT and other research (using knowledge/ability to critique qualitative and quantitative research) to inform clinical practice (6.3.2).

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Uses research encountered well tends to accept most research</i>			<i>Seeks out research relevant to situation; tends to use research more critically</i>		

47. Recognize informal research processes involved in therapy, own biases relative to research, as well as opportunities for therapists and clients to participate in clinical research when appropriate (6.2.1).

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Limited awareness of personal bias; awkward in presenting available research opportunities</i>			<i>Aware of personal bias; confident presenting research opportunities in Tx</i>		

Comments:

SELF OF THE THERAPIST

48. Aware of own cultural heritage, life experiences, affiliations and identities, and worldview, and how these influence definitions of normality-abnormality and the process of treatment .

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Ability to identify some personal influences and how they might impact treatment provided.</i>			<i>Identifies with clarity personal influences and impact on services provided.</i>		

49. Monitor attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct. Monitor personal reactions to clients and treatment process (3.4.5; 4.4.6).

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Tendency to allow personal issues to impact services provided; self care tends to be overlooked</i>			<i>Self care is a priority; personal issues tend to have little impact on services provided.</i>		

50. Demonstrate awareness and sensitivity to issues of power and privilege as they relate to therapist and client intersecting identities and social roles; maintain humility; use privilege to promote social equity.

I-----I	I-----I	I-----I	I-----I	I-----I	I-----I
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Tendency to overlook issues of power and privilege in Tx</i>			<i>Aware of power dynamics in Tx, identifies ways to use privilege to promote social equity</i>		

Comments:

LEGAL& ETHICAL

51. Know and follow the AAMFT Code of Ethics, standards of practice, and State Laws and regulations for the practice of marriage/couple and family therapy (5.1.1; 5.1.2). Understand the legal requirements and limitations, as well as case management issues, for working with vulnerable populations (e.g., minors) (1.5.1).

I-----I	I-----I	I-----I	I-----I	I-----I	I-----I
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Familiarity of ethical codes/ practice standards, difficulty applying it to specific situations.</i>			<i>Working knowledge of ethical codes/standards; ability to apply to specific situations.</i>		

52. Recognize ethical dilemmas in practice setting - situations in which ethics, laws, professional liability, and standards of practice apply; monitor issues related to ethics, laws, regulations, and professional standards. Understand and use appropriate processes for making ethical decisions; seek guidance from supervisors; recognize when legal consultation is necessary; take appropriate action when ethical and legal dilemmas emerge (5.4.1).

I-----I	I-----I	I-----I	I-----I	I-----I	I-----I
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Uneasy in situations where dilemmas emerge; uncertain in seeking supervision</i>			<i>Actively seeks supervision/consultation when dilemmas emerge</i>		

53. Evaluate case for appropriateness for treatment within professional scope of practice and competence; recognize issues that might suggest referral for specialized evaluation, assessment, or care and refers appropriately when necessary; practice within defined scope of practice and competence (1.2.3; 1.4.1).

I-----I	I-----I	I-----I	I-----I	I-----I	I-----I
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Uneasy referring when appropriate</i>			<i>Actively refers when appropriate.</i>		

Comments:

PROFESSIONAL

54. Know policies and procedures of the practice setting; assess session process for compliance with policies and procedures of practice setting (3.4.4).

I-----I	I-----I	I-----I	I-----I	I-----I	I-----I
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>General familiarity of policies procedures</i>			<i>Working knowledge of policies and procedures</i>		

55. Recognize when clinical supervision or consultation is necessary; consult with supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work (5.4.2).

I-----I	I-----I	I-----I	I-----I	I-----I	I-----I
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Hesitant in seeking supervision</i>			<i>Actively seeks supervision when needed</i>		

56. Utilize supervision effectively; integrate supervisor/team communications into treatment (2.5.1; 4.3.12).

I-----I	I-----I	I-----I	I-----I	I-----I	I-----I
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Can be unprepared and/or unclear how to integrate suggestions into Tx</i>			<i>Consistently prepares for supervision; able to adjust & apply suggestions in Tx</i>		

57. Set appropriate boundaries, manage issues of triangulation, utilize time management skills, and develop collaborative working relationships (3.5.4; 4.5.2).

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Hesitant in setting boundaries, tendency to downplay role in working relationships</i>			<i>Actively sets boundaries; enters professional relationships with confidence.</i>		

58. Write plans and complete other case documentation in a timely and complete manner in accordance with practice setting policies, professional standards, and state/provincial laws (1.5.2; 3.5.3).

I-----I-----I-----I-----I-----I					
Below P	Expected P	Expected I-1	Expected I-2	Expected I-3	Above I-3
<i>Tendency to need extra supervision around documentation, policies specific to practice setting.</i>			<i>Completes documentation on time, working knowledge of professional standards, polices, laws</i>		

Comments:

OVERALL ASSESSMENT

I-----I-----I-----I-----I-----I					
Below P-I	Expected P-1	Expected I-1	Expected I-2	Expected I-3	Above I-3

Note any disagreement between supervisor and supervisee about this evaluation:

Goals (list at least 3):

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

Supervisor Signature: _____

Date: _____

Supervisee Signature: _____

Date: _____

SUPERVISOR EVALUATION FORM

MARRIAGE, COUPLE AND FAMILY THERAPY PROGRAM
LEWIS & CLARK COLLEGE

Name of practicum supervisor: _____

Period covered: _____

Directions: Circle the number that best represents your thoughts concerning the clinical supervision you received. After completing the form please return it to the Practicum Coordinator.

Strongly agree = 1 Agree = 2 Disagree = 3 Strongly disagree = 4

Personal and Professional Development

- | | |
|--|---------|
| 1. Accepts and respects me as an individual. | 1 2 3 4 |
| 2. Recognizes and encourages further development of my unique strengths and capabilities. | 1 2 3 4 |
| 3. Helps me define and achieve specific concrete goals for myself during the practicum experience. | 1 2 3 4 |
| 4. Allows me to discuss problems I encounter in my practicum setting. | 1 2 3 4 |
| 5. Pays an appropriate amount of attention to both my clients and me. | 1 2 3 4 |
| 6. Helps me define and maintain an ethical behavior. | 1 2 3 4 |
| 7. Guides me in developing professional behavior. | 1 2 3 4 |
| 8. Allows and encourages me to evaluate my clinical work. | 1 2 3 4 |
| 9. Explains his/her criteria for evaluation clearly and in behavioral terms. | 1 2 3 4 |
| 10. Applies his/her criteria in a reasonable way in evaluating my counseling performance. | 1 2 3 4 |
| 11. Cared about me as a person. | 1 2 3 4 |
-

App D

- 12. Was aware and attentive to my development as a clinician. 1 2 3 4
- 13. Helped me identify and achieve areas for personal and professional growth 1 2 3 4
- 14. Helped me to identify and examine my worldview. 1 2 3 4
- 15. Identified and challenged my biases in helpful ways. 1 2 3 4
- 16. Helped me explore the use of self as therapist. 1 2 3 4

Supervisor relationship and usefulness of feedback

- 1 Uses live observations, tape processing, and case material in way which are insightful and informative. 1 2 3 4
 - 2. Tells me when I do something well. 1 2 3 4
 - 3. Provides me the freedom to develop a broad range of therapeutic skills.. 1 2 3 4
 - 4. Encourages and listens to my ideas and suggestions for developing my skills. 1 2 3 4
 - 5. Provides suggestions for developing my clinical skills. 1 2 3 4
 - 6. Helps me understand the implications and dynamics of my way of working with clients. 1 2 3 4
 - 7. Encourages me to expand my clinical work to include new techniques when appropriate. 1 2 3 4
 - 8. Is spontaneous and flexible in our supervisory sessions. 1 2 3 4
 - 9. Gives me useful feedback when I make clinical errors.. 1 2 3 4
 - 10. Focuses on both verbal and nonverbal behavior expressed by both me and my clients. 1 2 3 4
 - 11. Deals with content effectively in supervising my work. 1 2 3 4
 - 12. Deals with process effectively in supervising my work. 1 2 3 4
 - 13. Discusses the implications, probably consequences, and contingencies of specific interventions and practices in supervision. 1 2 3 4
-

App D

- 14. Helps me identify and organize relevant case data as I develop treatment plans with my clients. 1 2 3 4
- 15. Helps me increase my skill in critiquing and gaining insight from my audio/video tapes. 1 2 3 4
- 16. Gives input in a constructive and helpful manner. 1 2 3 4
- 17. Maintains clear professional boundaries. 1 2 3 4
- 18. Encouraged me to think relationally and systemically 1 2 3 4
- 19. Guided me in working with multiple members of systems. 1 2 3 4

Conceptual/Theoretical/Multisystemic/Multicultural Perspective

- 1. Helps me to formulate a theoretically sound rationale for understanding individual, couple, and family behavior. 1 2 3 4
- 2. Offers resource information when I request or need it. 1 2 3 4
- 3. Is knowledgeable in the practice of MFT. 1 2 3 4
- 4. Encouraged me to think of clients within a broader context of extended kin/families communities, & society. 1 2 3 4
- 5. Helped me look at culture, context, and power in therapeutic relationships. 1 2 3 4
- 6. Helped me recognize systems of privilege and oppression in clients' lives. 1 2 3 4
- 7. Helped me develop multicultural competencies. 1 2 3 4
- 8. Guided me in integrating research into practice. 1 2 3 4

Administrative Issues

- 1. Was dependable (e.g., on time, made appointments). 1 2 3 4
 - 2. Was available for emergencies and urgent matters. 1 2 3 4
 - 3. Helped me to make a good use of our time. 1 2 3 4
-

App D

4. Helped me negotiate relationships with colleagues/co-therapists. 1 2 3 4
5. Guided me in administrative matters (e.g., paperwork). 1 2 3 4

Overall I would rate my supervisor as (please circle):

Highly Capable Capable Adequate Less than Adequate

Additional comments:



TO BE COMPLETED AT THE END OF YOUR INTERNSHIP EXPERIENCE (NOT EACH TERM)

INTERNSHIP SITE EVALUATION

1) Intern's Name: _____ Phone # _____

Date _____

2) Internship Site Name: _____

Site Address: _____

Name & Phone # of Site Contact Person: _____

3) This evaluation describes my experience at the above-named site during the following term of my internship experience (check the one that applies):

 First Second Third or more

4) Was this your final term at this site? (check the one that applies) ____ Yes ____ No

ENVIRONMENT/CLIMATE
Check the appropriate blank

5) During which week of this term did you first have 40% of your total hours result in direct client/student contact time? (check the one that applies)

____ first ____ second ____ third ____ fourth ____ fifth week or later

____ I never had 40% direct client contact time

6) Types of client/student problems with which you worked this term (check all that apply):

- a ____ Academic Concerns (e.g., scholarship/financial aid, academic/career planning, scheduling, testing/placement, graduation issues, etc.)
- b ____ Adjustment Disorders (e.g., adjusting to divorce, adjusting to new school or community, grief, transition issues)
- c ____ Adult-Child Conflicts (including parent-child & student-teacher conflicts)
- d ____ Anger/Conflict Management & Resolution Problems
- e ____ Anxiety Disorders of Adulthood (e.g., panic disorder, social phobia, post-traumatic stress disorder, etc.)
- f ____ Anxiety Disorders of Childhood and Adolescence
- g ____ Bipolar Disorders (including cyclothymia)
- h ____ Delusional (Paranoid) Disorder
- i ____ Depressive Disorders of Childhood and Adolescence
- j ____ Depressive Disorders of Adulthood
- k ____ Developmental Disorders (e.g. academic skills disorders, other learning disabilities, mental retardation)
- l ____ Disruptive Behavior (e.g. "hyper-activity", conduct disorder, disruptive classroom behavior, S.E.D.)
- m ____ Dissociative Disorders (e.g. fugue, depersonalization, etc.)
- n ____ Eating Disorders (e.g., anorexia, bulimia, severe dieting, excessive exercise or laxative use to control weight)
- o ____ Emotional Abuse
- p ____ Gang Related Problems
- q ____ Legal Problems
- r ____ Physical Abuse Problems
- s ____ Psychoactive Substance Use Disorders (e.g., alcohol, cocaine, etc.)
- t ____ Religion Related Issues

ENVIRONMENT/CLIMATE (continued)

- u ___ Schizophrenia
- v ___ Self-Esteem / Self-Worth Issues
- w ___ Sexual Abuse Problems (e.g., incest, rape - including date rape)
- x ___ Sexual Dysfunctions (e.g., sexual arousal disorders, etc.)
- y ___ Sexuality or Gender Identity Problems (including problems with sexually transmitted diseases)
- z ___ Sleep Disorders
- aa ___ Special Needs Populations (IEPs, staffing/multi-disciplinary team meeting)
- bb ___ Social Relationship Problems with Peers (including dating or friendship formation and maintenance)
- cc ___ Suicide
- dd ___ Unwanted Pregnancy
- ee ___ Other

7) Formats in which you provided a MAJOR portion of counseling this term (check all that apply):

___ Individual ___ Group ___ Couple ___ Family ___ Other

8) Formats in which you provided a MINOR portion of counseling this term (check all that apply):

___ Individual ___ Group ___ Couple ___ Family ___ Other

9) Age group(s) of people to which you provided a MAJOR portion of counseling this term (check all that apply):

___ 0-5 ___ 6-12 ___ 13-15 ___ 16-19 ___ 20-25 ___ 26-35
 ___ 36-45 ___ 46-55 ___ 56-65 ___ 66-75 ___ 75+

10) Age group(s) of people to which you provided a MINOR portion of counseling this term (check all that apply):

___ 0-5 ___ 6-12 ___ 13-15 ___ 16-19 ___ 20-25 ___ 26-35
 ___ 36-45 ___ 46-55 ___ 56-65 ___ 66-75 ___ 75+

Circle the appropriate number (NA stands for "Not Applicable")	Seldom True	Often True	Usually True	NA
11) The site has a professional atmosphere.	1	2	3	0
12) The staff is supportive of the intern's work.	1	2	3	0
13) Interns are treated respectfully by the staff.	1	2	3	0
14) The general atmosphere of the site provides a climate of trust and openness.	1	2	3	0
15) Interns are treated respectfully by the clients/students.	1	2	3	0
16) The intern feels the staff supports intern involvement in the agency/school.	1	2	3	0

ENVIRONMENT/CLIMATE (continued)

Circle the appropriate number (NA stands for "Not Applicable")	Seldom True	Often True	Usually True	NA
17) Physical facilities are available for intern use (e.g., office, office supplies, etc.).	1	2	3	0
18) The intern feels the administration supports the training program.	1	2	3	0
19) Interns receive clerical support.	1	2	3	0
20) The intern feels there is camaraderie among staff at the site.	1	2	3	0
21) Staff members act professionally and ethically toward client/students.	1	2	3	0
22) Staff members act professionally and ethically toward interns.	1	2	3	0
23) Staff members act professionally and ethically toward each other.	1	2	3	0

Comments or recommendations on Environment/Climate:

SUPERVISION
Check the one that applies.

24) How often did you meet with the field supervisor who was PRIMARILY responsible for providing you with one-to-one supervision:

- I did not have one-to-one supervision We met for less than one hour per week
- We met for approximately one hour per week. We met for more than one hour per week

25) Overall quality of supervision with the field supervisor PRIMARILY responsible for providing you with one-to-one supervision:

- None Poor Adequate Good Excellent

26) How often did you meet with the field supervisor who was PARTIALLY responsible for providing you with one-to-one supervision:

- I did not have a second person providing one-to-one supervision. We met for less than one hour per week.
- We met for approximately one hour per week. We met for more than one hour per week.

27) Overall quality of supervision with the field supervisor PARTIALLY responsible for providing you with supervision in a group:

- None Poor Adequate Good Excellent

28) How often did you meet with the field supervisor who was PRIMARILY responsible for providing you with supervision in a group?

- I did not have group supervision We met for less than one and a half hours per week
- We met for approximately one and a half hours per week. We met for more than one and a half hours per week.

29) None Poor Adequate Good Excellent

30) How often did you meet with the field supervisor who was PARTIALLY responsible for providing you with supervision in a group:

- Either I had no group supervision, or it involved only one person. We met for less than one and a half hours per week.
- We met for approximately one and half hours per week. We met for more than one and a half hours per week.

31) Overall quality of supervision with the field supervisor PARTIALLY responsible for providing you with supervision in a group:

- None Poor Adequate Good Excellent

32) Number of seminars or other professional development experiences available through my placement site during this term:

- None One Two Three Four or more

ENVIRONMENT/CLIMATE (continued)

Circle the appropriate number (NA stands for "Not Applicable")	Seldom True	Often True	Usually True	NA
33) The site provides appropriate references, books and materials.	1	2	3	0
34) The site is consistent in its treatment programming.	1	2	3	0
35) The site provides an adequate forum for discussing treatment issues.	1	2	3	0
36) The site gives students adequate guidance on ethical issues	1	2	3	0
37) There are sufficient clients for interns.	1	2	3	0
38) The site appropriately uses various therapeutic approaches.	1	2	3	0
39) Client/student problems are appropriate to the intern's level of training.	1	2	3	0
40) The professional staff is readily accessible to the intern.	1	2	3	0
41) The staff maintains regular contact with the intern.	1	2	3	0

Comments or recommendations on Supervision:

COMMUNICATION

Circle the appropriate number (NA stands for "Not Applicable")	Seldom True	Often True	Usually True	NA
42) The staff provides opportunities for relevant feedback in a positive manner.	1	2	3	0
43) The staff attempts to enhance the intern's personal and professional growth.	1	2	3	0
44) The staff is sensitive to the intern's emotional/experiential state(s) and current personal/profession-al development.	1	2	3	0
45) Staff conflicts are discussed in an open, non-threatening manner.	1	2	3	0
46) The amount of service expected by the internship site staff was the same as the amount the intern contracted to provide.	1	2	3	0

Comments or Recommendations on Communication:

SUMMARY
Check the one that applies.

47) I rate the overall quality of my internship experience this term as:

Worthless Poor Adequate Good Excellent

Additional comments: _____

48) I am willing to talk with other students about this internship placement (check one).

yes no

INTERNSHIP PREPARATION
Check the one that applies.

49) I rate my preparation for this internship experience as:

Worthless Poor Adequate Good Excellent

50) To what courses or experiences do you attribute your preparedness?

51) What courses or new experiences are needed to improve your professional preparedness for internship placement?

**LEWIS & CLARK
COUNSELING PSYCHOLOGY**

CONSENT TO RELEASE EDUCATIONAL RECORDS

Supervisors and faculty welcome the opportunity to provide recommendations for employment, professional organizations, doctoral programs, and so on when you request them. However, federal law requires a written consent. When you are requesting a recommendation it is also helpful if you email us with information about the position, organization, educational program, and so on. This will help us tailor the information about your competencies for each request, which will make our input maximally helpful to you. Please keep a copy of this consent form for your records.

I understand that Federal regulations require a written consent from a student/former student before disclosing the educational records of that student to third parties; therefore, I hereby give my written consent for:

(Name(s) of Lewis & Clark faculty and supervisors)

to release my educational records to:

(Name of Institution, Person, Company requesting information)

as well as the conclusions and observations regarding my performance while attending Lewis & Clark.

I understand this consent is effective only as to this/these specific request(s).

DATED this _____ day of _____, 200_____.

(Student's/Alumni's Signature)

(Print Name)

(Student's/Alumni's Address)
