

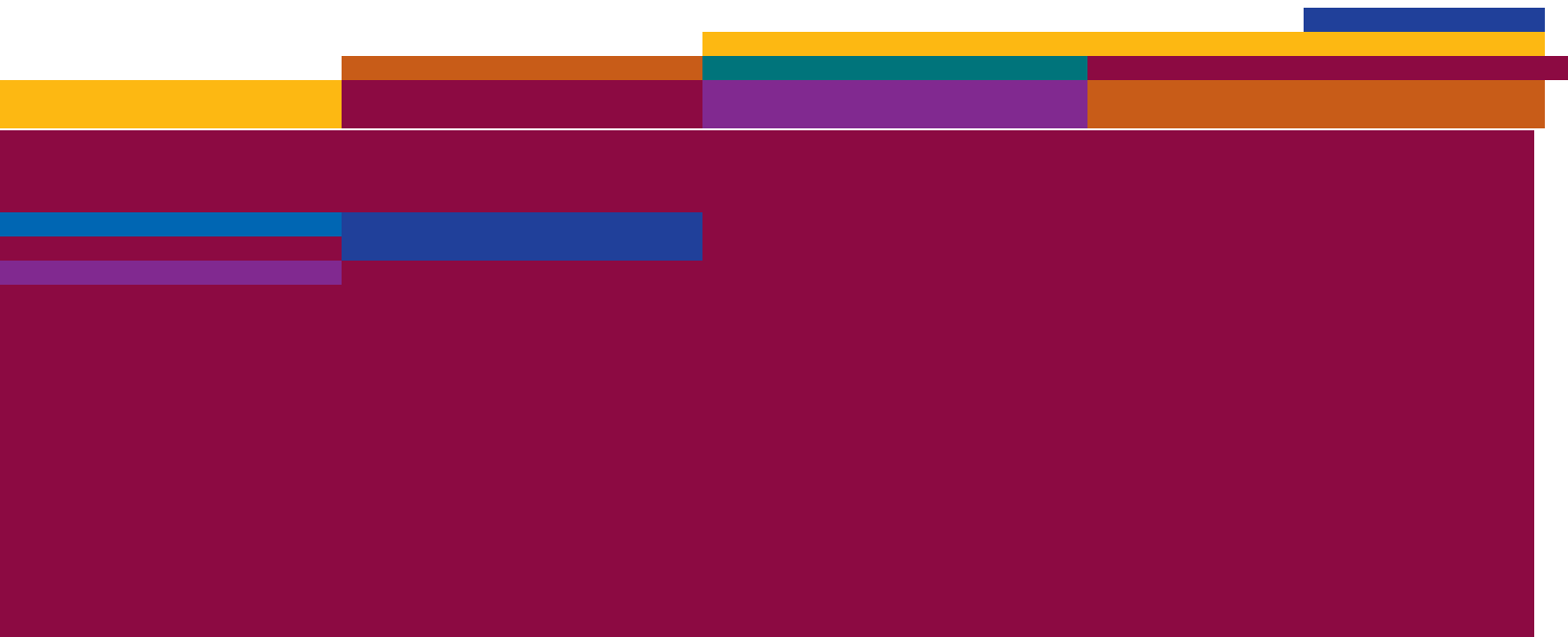


Department of Family and Consumer
Sciences

Marriage and Family Therapy Program

Masters Student Handbook

2023-2025



**Introduction:
Mission and Educational Outcomes**

Mission Statements

Department of Family & Consumer Sciences Mission Statement

We are committed to providing our students with excellent educational experiences that will prepare them to enter the workforce, further their education, and/or engage in community service upon graduation. We have a dynamic, intellectual faculty and student body working toward improving the quality of individual and family life for all New Mexicans.

Marriage and Family Therapy Program

The mission of the Masters of Science (MS) program in Marriage and Family Therapy (MFT) is to train students to provide quality clinical services in the field of marriage and family therapy. Students are prepared to work with individuals across the lifespan through individual, couple, family, and group modalities. Specific to this mission, the MFT master's program works to educate culturally competent and social justice-minded MFT clinicians prepared to meet the needs of diverse populations in New Mexico and nationally.

MFT Program Outcomes

The MFT Master's program is designed around an outcomes-based educational philosophy. In addition to Student Learning Outcomes, there are expected outcomes for the program as a whole and for faculty members. All coursework and program experiences are structured to address the AAMFT's Core Competencies, which are intended to foster student development in each of the following outcomes:

1. MFT Theories
2. Diagnosis & Treatment Planning
3. Ethical & Legal Issues
4. Business Practices of MFT
5. Licensure as an MFT

MFT Student Learning Outcomes

1. Students will gain a professional understanding of MFT theories.
2. Students will be able to diagnose disorders with precision and accuracy.
3. Students will be able to identify and apply techniques that are appropriate to client diagnosis.
4. Students will recognize the importance of engaging in ethical practice.
5. Students will understand the business side of being an LMFT.

Chapter 1

Program Policies and University Resources

The Marriage and Family Therapy Program is housed within the Department of Family & Consumer Sciences. The Department is responsible for providing the coursework, advising, and day-to-day services needed for MFT students. However, all graduate programs at NMSU fall under the supervision of the Dean of the Graduate School. Paperwork required for graduate degrees will be generated within the Department but processed by the Graduate School.

Correspondence from the MFT Program

Intermittent correspondence is necessary to keep students informed of changes in academic/departmental policies and procedures, as well as other information pertinent to students. Students are required to use a university email account (nmsu.edu) and to check it regularly in order to remain informed of MFT Program, Department and University news and activities. Correspondence from the MFT Program and MFT faculty will be addressed to students at their NMSU email address only.

Student Membership in Professional Organizations

All students within the MFT Program are expected to become actively involved in MFT and/or family social science professional organization(s). MFT students are required to join and maintain their student membership in the American Association for Marriage and Family Therapy (AAMFT), an organization that advocates for special interests of MFTs in the US and Canada. Student members of AAMFT also receive free professional liability insurance as a membership benefit. As a member of AAMFT, students are also members of the New Mexico Association of Marriage and Family Therapists (NMAMFT). Students will receive ongoing information from program faculty regarding AAMFT and NMAMFT events and opportunities. Students are strongly encouraged to attend AAMFT annual local and national conferences and training opportunities.

Graduate Assistantships

A limited number of Master's level graduate assistantships are offered each academic year beginning in August and ending in May. Students must have full-time status during this time. The amount of the stipend is determined annually. Responsibilities include research, teaching assistance, and/or other departmental activities. Total workload may not exceed 20 hours per week. All appointments carry the possibility of renewal. Individuals interested in assistantship positions should communicate their interest to the MFT Clinical Director as early as possible prior to each academic year in order to be considered for positions.

Academic Review and Retention Policy

The MFT Program Faculty will meet periodically to discuss the progress of students in the program. The following elements will be reviewed: academic progress and promise; therapy skills acquisition and development; personal issues that may be interfering with progress in the program; and legal and ethical issues. In the event that there is faculty concern about a student regarding any of these areas, the student's faculty advisor and/or the clinical director will meet with the student to discuss necessary remediation and steps to take toward improvement or to offer assistance to the student in finding a more suitable field of study.

During internship, regular evaluations are made by faculty to determine whether the student is prepared to proceed to internship, whether the internship needs to be repeated, or if other assistance is necessary to continue in the program. Reasons for not progressing to or through internship include:

1. Failing a prerequisite class
2. Not following ethical or legal guidelines during internship
3. Not meeting core competencies in internship

A student may be considered for dismissal from the program for any of the following reasons:

1. Failing internship class
2. Being fired from an internship
3. Plagiarism and/or cheating on assignments or exams
4. Breaking confidentiality of fellow cohort members or clients
5. Failing the comprehensive exam
6. Violating the student code of conduct

Student Handbook

In addition to the policies and procedures outlines in this document, students are responsible for knowing, and complying with, all policies and procedures as outlined in the NMSU Student Handbook (<http://deanofstudents.nmsu.edu/student-handbook/>).

Students with Disabilities

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) covers issues relating to disability and accommodations. If a student has questions or needs an accommodation in the classroom (all medical information is treated confidentially), contact:

Trudy Luken

Student Accessibility Services (SAS) - Corbett Center, Rm. 244

Phone: 646.6840 E-mail: sas@nmsu.edu

Website: www.nmsu.edu/~ssd/

Discrimination Policies

NMSU policy prohibits discrimination on the basis of age, ancestry, color, disability, gender identity, genetic information, national origin, race, religion, retaliation, serious medical condition, sex, sexual orientation, spousal affiliation and protected veterans status. Furthermore, Title IX prohibits sex discrimination to include sexual misconduct, sexual violence, sexual harassment and retaliation.

For more information on discrimination issues, Title IX or NMSU's complaint process contact:

Gerard Nevarez or Agustin Diaz

Office of Institutional Equity (OIE) - O'Loughlin House

Phone: 646.3635 E-mail: equity@nmsu.edu

Website: <http://www.nmsu.edu/~ceo/>

Plagiarism

Plagiarism is using another person's work without acknowledgment, making it appear to be one's own. Intentional and unintentional instances of plagiarism are considered instances of academic misconduct and are subject to disciplinary action such as failure on the assignment, failure of the course or dismissal from the university. The NMSU Library has more information and help on how to avoid plagiarism at <http://lib.nmsu.edu/plagiarism/>

Chapter 2

Progression Through the Program

Students must complete the following steps in order to successfully complete the Marriage and Family Therapy Master's Program. Most forms referenced are available at grads.nmsu.edu or mft.nmsu.edu.

1. Apply to the MFT Master's of Science Program

Marriage and Family Therapy-DEADLINE: February 1

You will need to turn in several items to have a complete application packet. They are:

- 1 Undergraduate transcripts
- 2 GRE Scores
- 3 Statement of Purpose
- 4 Letters of Recommendation
- 5 Curriculum Vita

In addition to these items, you will need to apply for graduate status at the University level.

2. Acceptance into the MFT Program

The rating of applications is an objective process. The following scoring system is used to rank applicants.

The range of scores is from 7 (worst) – 35 (best).

Score	GPA ¹	GRE ¹	Letter of	Resume	References ²
5	3.8-4.00	600+	Truly Outstanding	Truly Outstanding	Truly Outstanding
4	3.6-3.79	571-599	Superior	Superior	Superior
3	3.3-3.49	500-570	Above average	Above average	Above average
2	3.0-3.29	450-499	Average	Average	Average
1	<2.99	<450	Below Average	Below Average	Below Average

GPA and GRE scores are weighted by 2. *Example: If your GRE score is 505, then your score is $3*2 = 6$.*

Reference letters are given an individual score and then the average score is used to assign a final score.

Applicants with the top scores will be invited to participate in an interview with the MFT faculty. After the interviews are completed, the top candidates will be accepted to the program. Two alternate applicants will be placed on a waiting list for that year only. If an individual who is admitted chooses not to attend, the next applicant on the waiting list will be given an opportunity to enroll.

3. Enroll at NMSU

Successful applicants will be notified via email of their acceptance into the program. They will have two weeks to confirm or decline their acceptance. Once they have done so, the Graduate School will be notified so that they can begin the process of registering.

Register for a personal PIN and computer account number. Click on the “ACTIVATE” button. This is important to be able to use the University Online system to register for classes, check about financial aid etc.

Get a parking permit. You will need a parking permit to park in various lots on campus.

Take care of Financial Aid. Make sure you have your financial aid information turned in to the financial aid office.

4. Meet with your advisor

When you are accepted to the program, you are assigned an advisor. Your advisor will help you to choose courses to enroll in during your first year. You will have many interactions with your graduate advisor as this person will engage in a mentoring relationship with you. A graduate advisor plays a large role in a graduate student’s development. Make sure you meet with this person as soon as possible after you are accepted. He or she is one of the most valuable resources you have for information, guidance, and advice.

You should schedule a formal meeting with your advisor within a month of being accepted to the program. During this meeting, you should (1) discuss courses you should take in your first year, (2) talk about who will be on your graduate committee, and (3) begin to discuss career plans and ideas.

5. Register for Courses

You and your advisor will determine the courses you need to enroll in the first semester of study at NMSU. Once you discuss this with your advisor, you should register as soon as possible to ensure that classes do not close prior to your enrolling.

6. Develop your Advisory Committee

The Graduate Students (thesis or non-thesis) will work with his/her Major Professor to compose an Advisory Committee prior to the completion of 12 credit hours of graduate work. The Advisory Committee will consist of a minimum of 4 graduate faculty members: Major Professor, the other two faculty members from within the Department of Family and Consumer Sciences. A third member, from outside the Department of Family and Consumer Sciences, will be designated by the Graduate School. A suggestion for this person may be proposed by the Graduate Student and Major Professor. Note: If a student has a designated minor, one faculty member must be from that subject matter area.

7. Develop a plan of study

A plan of study is simply a list of the classes you need to take and the anticipated times at which you will take them. MFT students need to keep two things in mind when developing a plan of study.

1. New Mexico state **licensing requirements**. If you plan on moving to another state after graduation, please find the requirements for licensure in that state.
2. NMSU requirements for the degree. The academic and licensing requirements will overlap.

8. Comprehensive Examinations

At the end of a student's program of study (typically in the Spring of their second year), every student in the MFT program will be required to complete a comprehensive written and oral exam. The written exam will involve in-depth analysis of a case study written by the MFT faculty that addresses concepts from each of the courses completed during the program (see chapter 4). For the oral portion of the exam, each student will present their portfolio to their committee (two MFT faculty members and one representative from an outside department). The MFT faculty will provide detailed instructions to help students prepare their presentation. In the case of a student who is completing coursework for licensure but is not a degree-seeking student, they will be required to enroll in one credit hour of FCS 590 under their faculty advisor and to complete the written and oral exams.

Chapter 3

Academic Requirements for MFT Program

The MFT Master's program is a 45-credit hour program of study, which includes an intensive 12-month practicum consisting of a minimum of 300 client contact hours. Marriage and family therapists are employed in a wide variety of settings including social service agencies, medical facilities, private family therapy practice, churches, and schools. The MFT Master's program at New Mexico State University is focused on developing students' skills for direct clinical work with individuals, couples, and families in a variety of settings.

The MFT Master's program emphasizes a competency-based educational philosophy, with the goal of enhancing student development toward demonstration of clinical competency and ultimately obtaining the designation of Licensed Marriage and Family Therapist. The MFT program at NMSU aligns with the core competencies as outlined by the American Association of Marriage and Family Therapy (AAMFT). Hence, within each course in the MFT program, students will be expected to demonstrate attainment of specific competencies and course grades will be reflective of such competence. The internship experience then becomes the mechanism wherein students are able to put into practice the theory and skills that have been learned under the close supervision of faculty.

Program of Study

The following outlines the courses required for the MFT program. Students are admitted into the program during the Spring semester and begin course work in the Summer session. Students who choose to enter the program on a part-time basis or those students with other unique scheduling needs should schedule a meeting with the MFT Program Director as early as possible upon entering the program in order to determine the best degree plan design to meet student needs and program requirements. The following is a general outline of courses to be taken, subject to change without prior notice due to resource availability.

Year	Semester	Course *course prefix and numbering subject to change
One	Summer	FCS 513 Adult Development & Aging
	Fall	FCS 572 Family Dysfunction and Diagnosis FCS 582 Theories of MFT FCS 586 Sexuality & Family Dynamics FCS 583 Parenting & Child Guidance
	Spring	FCS 592 Strategies of MFT FCS 589 Family Crises FCS 549 Family Ethnicities & Subcultures Statistics
Two	Summer	FCS 525 Supervised Clinical Practice FCS 584 Family Law & Ethics
	Fall	FCS 525 Supervised Clinical Practice FCS 585 The Family System FCS 500 Research Methods
	Spring	FCS 525 Supervised Clinical Practice FCS 562 Business and Practice in MFT FCS 587 Contemporary Marriage and Family Issues FCS 511 Middle Childhood <u>OR</u> FCS 546 Adolescent Development

Chapter 4

Completion of MFT Theory and Practice Portfolios

Purpose of Portfolios

MFT Theory Portfolios serve four primary functions:

1. Demonstration of students' minimal competence at two milestones (candidacy and comprehensive review) within program,
2. Opportunities (at candidacy and comprehensive review) for formative feedback to facilitate students' attainment of student learning outcomes,
3. Summative evaluation of students' competence at comprehensive review,
4. Formative feedback to program faculty and instructors for program development and evolution as themes and patterns of student learning are observed over time.

Comprehensive Portfolio Review & Presentation

Satisfactory evaluation of the Comprehensive Review Portfolio and Presentation will result in students' approval by the MFT Program Faculty for graduation, upon completion of required clinical contact hours and fulfillment of clinical requirements. The Comprehensive review, in combination with the internship process, serves as a summative evaluation of student's demonstration of clinical competence and all Student Learning Outcomes (See Table 5 for linkage of outcomes to portfolio contents). Further, students will receive formative feedback from faculty to facilitate their postgraduate professional development and progress toward licensure. Each of the required products will be submitted electronically for Committee Review (detailed instructions provided at Portfolio Orientation meeting). Once the document has been approved by the student's committee chair, they will schedule a 2-hour presentation.

The required products for the MFT Theory and Practice Portfolio at Comprehensive Review are:

1. Clinical Video Demonstration and Position Paper (see below for details)
2. Internship Summary Report Form containing summary of direct client contact and supervision completed to date.
3. Supervisor-Report Competency Evaluation Forms from FCS 525.
4. Documentation of Current AAMFT Student Membership.

Table 5: Portfolio Documents at Comprehensive Review and Corresponding Student Learning Outcomes

Portfolio Products	Student Learning Outcomes Demonstrated
Clinical Video Demonstration and Position Paper	Outcomes 1-9
Internship Summary Report Form	Outcomes 1-9 (through completion of required client contact and supervision hours)
Supervisor-Report and Self- Report CEIs	Outcomes 2, 3, 5, 6, 7, 8, and 9

Clinical Video Demonstration and Position Paper

The Clinical Video Demonstration and Position Paper is an opportunity for students to describe and demonstrate their personal approaches to clinical practice. The paper should be no more than 20 pages and written in accordance with current APA Publication Manual standards (currently 6th edition). The paper should clearly describe, in a broad manner, how the student approaches therapy, and specifically what this looks like with two selected clients. A video demonstration should then complement the written descriptions of the students' approach to therapy. In the Position Paper, student should specifically speak to the following points in order to demonstrate the outcomes evaluated at Comprehensive Review:

- Discuss in depth the model(s) of therapy they are following in their clinical work, recognizing the historical context of the model(s) within the MFT field,
- Articulate the theory of change that underlies their clinical work, consistent with the model(s) they report following, and how their role as a therapist is shaped by this theoretical foundation,
- Describe how the therapist's clients' racial, cultural, and socioeconomic contexts are conceptualized by the therapist within the therapeutic process and how one attends to these contextual factors to facilitate a positive therapeutic alliance and promote positive therapeutic outcomes,
- Describe at least one example during the internship experience where one was faced with an ethical dilemma and the specific process used to resolve this dilemma (beyond simply consulting a supervisor),
- Describe how published social science literature, both theoretical and empirical, informs their work with diverse clinical population,
- Describe at least two cases (at least one relational, i.e., couple or family) from the student's Family Resource Center caseload to demonstrate the therapeutic approach outlined in the paper and provide edited clips of these cases. A large component of the evaluation of this portfolio element is the extent to which student's written description of their approach to therapy is consistent with the video demonstrations and case descriptions provided.

Evaluation of Comprehensive Portfolio

Satisfactory evaluation by the Portfolio Review Committee is necessary for students to be endorsed by the program for graduation. Upon completion of all academic and clinical program requirements, the student is approved to schedule their Comprehensive Portfolio Presentation. A student who receives an Unsatisfactory evaluation by the Portfolio Review Committee at Comprehensive Review must promptly schedule a meeting with the MFT Program Director to gather information necessary to develop a Remediation Plan. Details of a Remediation Plan will be developed based on the specific deficiency areas identified by the Portfolio Review Committee and may include additional coursework and/or additional supervised clinical experience. The Remediation Plan will include a timeline for re-submission of a complete, revised Comprehensive Review Portfolio.

Comprehensive Portfolio Presentation

Upon approval from the student's committee chair, a 2-hour presentation will be scheduled. During the presentation, the student will present their portfolio and answer questions from the committee. The committee will be made up of the student's chair, one additional MFT faculty member, and a Dean's representative from outside of the FCSC department.

Evaluation of Comprehensive Portfolio Presentation

In addition to satisfactory evaluation of the Comprehensive Portfolio, satisfactory evaluation by the student's committee is necessary for students to be endorsed by the program for graduation. Documentation of the Satisfactory evaluation is forwarded to the Graduate School for approval. Upon completion of all academic and clinical program requirements, the student is approved for graduation.

A student who receives an Unsatisfactory evaluation by the Portfolio Review Committee at Comprehensive Review must promptly schedule a meeting with the MFT Program Director to gather information necessary to develop a Remediation Plan. Details of a Remediation Plan will be developed based on the specific deficiency areas identified by the Portfolio Presentation Review Committee and may include additional coursework and/or additional supervised clinical experience. The Remediation Plan will include a timeline for re-scheduling the presentation.

Chapter 5

Clinical Internship

Internship Overview

The clinical internship experience in the MFT Master's Program presents students with the opportunity to apply the knowledge and skills learned in the classroom within a supervised, supportive real-world environment. Student interns see clients in both the department on-campus clinic, The Family Resource, as well as in an off-campus internship site selected by the Clinical Director. As much as possible, the Clinical Director will work with the student and their advisor to select an off-campus site that best fits with the student's professional interests and goals. MFT students begin internship during May of their second year in the program.

Supervision is a critical element of the internship process. Interns will enroll in three credits of FCS 525 – Supervised Clinical Practice during the summer, Fall, and Spring of their second year. In the course, they will receive weekly supervision from one of the MFT program faculty members. As well, students will receive regular supervision from a supervisor affiliated with the off-site placement. Supervisors must meet state LMFT supervision requirements in order to provide supervision for MFT students. Supervision is provided individually and in group formats using live observation, video recordings, and case report modalities.

Prerequisite Courses for Internship Enrollment

Although all courses serve to prepare students for clinical practice, four courses contain specific prerequisite knowledge for the MFT internship: FCS 572 - Diagnosis & Treatment Planning; FCS 582 – Theories of Marriage and Family Therapy; FCS 592 – Strategies & Techniques of Marriage and Family Therapy; FCS 584 – Family Law & Ethics. Students who have not demonstrated minimal clinical competencies necessary to begin work with clients will not be granted Candidacy nor be permitted to enroll in internship courses.

Continuous Enrollment in Internship Courses

MFT students complete a continuous 12-month internship experience. Students must be enrolled in FCS 525 for three credits in order to participate in internship. Continuous enrollment in internship courses is required unless students formally request a leave from clinical activities; leave requests should be submitted in writing to the MFT Clinical Director and include a brief statement of reasons for requesting leave and the anticipated return date. Students who are inactive from the program for more than one academic semester must reapply for admission in order to resume enrollment.

Due to the nature of the therapeutic process, during periods when classes are not in session, interns are expected to still be available and continually engaged in clinical activity. It would be highly disruptive, and potentially harmful, to clients for interns to be unavailable completely during semester breaks. Interns should be familiar with the holiday schedules of their internship placements and communicate with on-site and off-site supervisors to ensure continual care is available for their clients in the event of vacations, intern illness, and emergencies.

Students' Paid Employment as Internship Placement

Students wishing to utilize their paid employment as an internship placement for the MFT Master's program should schedule an appointment with the MFT Internship Coordinator as early as possible prior to enrolling in the first semester of internship. The student should provide his/her formal job description and/or employment contract along with the Facility supervisor's resume for review by the MFT Internship Coordinator and MFT faculty. If approved by the MFT faculty, an Internship Agreement Form must then be submitted with the signature of the student intern, Facility Supervisor, MFT Supervisor (if different from Facility Supervisor), and MFT Internship Coordinator.

Professional Liability Insurance

As "marriage and family therapy interns", student interns can be held ethically and legally responsible for the results of their professional activities, and thus must provide professional liability insurance policy throughout their internship period to provide coverage for suits of malpractice error or omissions in the performance of duties whether actual or alleged. Prior to beginning internship, students must provide the MFT Internship Coordinator with verification of liability insurance. No intern will be assigned clients without having an insurance policy documented. During their time in internship, students are responsible for making sure their liability insurance coverage is current (i.e., has not expired).

MFT students at NMSU are required to be a student member of the American Association for Marriage and Family Therapy (AAMFT). A benefit of AAMFT student membership is free professional liability insurance covering all clinical activities in which students engage as part of their education program. AAMFT currently contracts with CPH & Associates to issue these policies for student members. Upon becoming an AAMFT student member, students will receive documentation of their professional liability insurance policy via email from CPH. AAMFT student member can also contact CPH directly for documentation of their coverage. See the Professional Liability Insurance link at www.aamft.org for information on how to contact CPH.

Clinical Requirement in Master's Level Internship

Successful completion of the MFT Master's internship entails completion of a minimum amount of clinical experience and supervision by faculty supervisors and approved offsite supervisors, and adequate demonstration of clinical competencies. This Handbook outlines policies to facilitate students' success toward each of these three elements of internship (client contact, supervision, and competency demonstration). To ensure students' understanding and better

facilitate students' success in the program, students should be familiar with these policies and requirements prior to beginning internship. Students are strongly encouraged to communicate with core MFT program faculty regarding any questions related to internship requirements.

Direct client contact hours

Direct client contact is defined as face-to-face therapeutic contact with an individual, couple, or family client in either an ongoing therapeutic intervention or psychoeducational seminars/workshops. Activities such as training and case management activities cannot be direct client contact. A contact hour is defined as a therapeutic hour - most therapy sessions are approximately 45-50 minutes in length, leaving the clinician 10-15 minutes to write case notes, return phone calls, engage supervisor, etc. prior to beginning a session with another client. Sessions lasting less than 45 minutes should not be counted as a full hour of client contact. Interns should record their client contact in units of full hours (1.0 or 2.0) and half hours (i.e., 0.5 or 1.5). Interns whose clinical activities are not structured for hourly therapy session (e.g. in home therapy) should consult with a faculty supervisor regarding documentation of client contact.

Caseload Requirements in FRC:

Master's students must maintain a caseload of at least 2 active clients (each client/client system attending at least 2 sessions each month) at the Family Resource Center throughout the internship period. Failure of interns to maintain an adequate caseload will result in an Unsatisfactory grade for the internship course in which the intern is enrolled.

Clinical notes that are not completed same-day in Silicon Mesa will result in a conference with the supervisor(s) for the first offense, second and third violations will result in the student therapist's ability to see clients being suspended until documentation is caught up. A fourth offense will require a conference with the entire MFT faculty, and most likely dismissal from the program.

Supervision

Ongoing supervision by program faculty is essential to ensure that interns are developing expected clinical competencies and achieving Student Learning Outcomes established by the program. All Master's students must complete at least 50 hours (clock hours) of supervision during the MFT internship course sequence. Clinical supervision occurs in several formats within the program, and students must understand the distinctions between these supervision formats in order to accurately document their activities. All supervision activities take place in either small group (six or few supervisees) or individual (one to two supervisees) formats as opposed to the much larger groups associated with teaching. Small groups allow the clinical supervisor to provide personal attention to the clinical work of supervisee. Individual supervision will occur at least once every week in which students have direct client contact hours.

At all times, students should maintain a 1:5 ratio of supervision to client contact. In the event that students have insufficient supervision hours documented to maintain the 1:5 ratio, client contact hours counted toward program requirements will be adjusted to correct the ratio.

Requirements for internship will be reviewed in the internship orientation process before the start of each semester. Students are strongly encouraged to communicate regularly with their supervisors and program faculty about any internship questions. While program peers are invaluable resources for students in the program, the faculty discourages students from relying solely on information from peers regarding program requirements, policies, and procedures.

Although supervision can focus on the interface between the person of the therapist and the practice of therapy, it is clearly distinguishable from psychotherapy. Supervisors establish a boundary between supervision and personal therapy, even while working with students around personal issues that directly relate to their conduct of therapy. Students are not required to pursue personal therapy, but they are encouraged to do so, especially as particular needs arise.

Among other options, all NMSU students have free access to individual and group counseling through the Counseling Center located on campus.

Professional Misconduct by Student Interns

MFT student interns are expected to follow the AAMFT Code of Ethics within their clinical activities, as well as the State of NM Code of Ethics for Counselors and Therapists. Program students engaging in intentional negligence or professional misconduct in any internship setting will be subjected to the applicable NMSU policies, which may include suspension from internship or dismissal from the program.

Documentation of Client Contact and Supervision Hours

NMSU students are required to maintain records of their own client contact and supervision hours on Hours Logs provided by the program. Hours logs must be signed by the intern and appropriate supervisor(s) and turned in to the Clinical Director twice each semester (mid-term and at end of semester). Students should make a copy of all Logs for their own records prior to submitting them. The Hour Logs allow program faculty and supervisors to monitor their own progress toward the targets of 300 client contact hours and 50 hours of supervision. Instructions for completion of Hours logs will be provided at the Internship Orientation meetings, as well as by faculty supervisors during supervision meetings.

Interns are required to maintain separate Hours Logs for on-campus and off-campus clinical activity. The on-campus Logs must be signed by both the intern and intern's faculty supervisor for recorded contact and supervision hours to be counted toward program requirements. Off campus placement Logs must be signed by the intern, the off-campus supervisor, and the faculty supervisor. Interns' completion of Hours Logs occurs within the scope of NMSU academic honesty policy; interns who by intent or negligence misrepresent their clinical activities may be subject to disciplinary action by the Program, Department, and/or University.

At the conclusion of each academic semester, students will be provided with an Internship Summary Report Form documenting client contact and supervision hours accumulated by the student at the time. Copies of the Summary Report Forms will also be filed with students' department files. Students should immediately review the Report Forms and discuss any questions or inaccuracies with their faculty supervisor.

Evaluation of Clinical Competency and Achievement of Student Learning Outcomes in Internship

Clinical competency is evaluated throughout the internship process, both informally in the supervision process and formally through the completion of the Competency Evaluation Instruments (CEI's) by on-site and off-site supervisors. Interns also complete CEI's as a self-assessment. CEI's completed and signed by off-site supervisors must be returned to the Clinical Director by the intern prior to posted deadlines each semester.

MFT internship course are graded on a Satisfactory/ Unsatisfactory (S/U) grade scale. Students are evaluated based on their timely accumulation of client contact hours, engagement, and participation in supervision experiences, demonstrated professional and personal growth, and demonstration of expected clinical competencies in each internship course. To receive a Satisfactory evaluation in internship courses, students must document a minimum number of

client contact and supervision hours. However, accumulation of client contact hours alone does not ensure satisfactory evaluation of students within the internship sources. Students earn a Satisfactory (S) grade for each internship course through documentation of client contact and supervision hours necessary to remain on pace for completion of program requirements across 3 semesters of internship (see Table 6) and positive evaluations of clinical competencies by supervisors on Competency Evaluations Instruments (CEI).

Students who have demonstrated expected competencies but have not accumulated sufficient client contact or supervision hours to remain on pace for completion of internship requirements (across the three required internship courses), but beyond 50% of expected client contact, will receive an Incomplete (I) grade for internship courses. Students who earn grades of I are responsible for monitoring their hour totals and knowing when they have accumulated the required number of client contact hours. It is then the student's responsibility to demonstrate to the supervisor who assigned the I grade (typically through providing a copy of Internship Summary Report Form) that a grade of S is warranted. The faculty supervisor will then submit a Change of Grade form to the Graduate School.

Students who are not demonstrating expected levels of competency or not achieving student learning outcomes established by the program will not receive Satisfactory evaluations for internship courses. Students who have accumulated less than 50% of the client contact hours necessary to remain on pace for completion of internship requirements across three semesters AND/OR who fail to demonstrate development of clinical competencies commensurate with their levels will receive an Unsatisfactory (U) grade for that course and will be required to reenroll in the courses the next semester in order to continue in the program. The student is then required to develop a Remediation Plan in consultation with the supervisor who signed the Unsatisfactory grade. The supervisor will present the Remediation Plan to the MFT program faculty for approval. Failure to complete the remediation plan or continued Unsatisfactory evaluation in internship will result in the student being dismissed from the program.

Continued Enrollment in Internship

A satisfactory evaluation in FCS 525 signifies completion of all internship requirements for the MFT Master's program. Students who have not completed all requirements will receive an I grade for FCS 525 and be required to register for additional internship credits.

Completion of Internship Prior to Graduation

In order to be eligible for graduation from the MFT Master's program, students must have Satisfactory grades recorded for all semesters of internship credit in which they enrolled. Students will receive a Satisfactory grade in FCS 525 each semester when the following are documented:

Completion of 100 client contact hours and 20 hours of supervision, supervisors' evaluations reflect achievement of program student learning outcomes, off-campus supervisor and FRC Clinical Administrator confirm that all client records are in satisfactory condition (i.e., completed termination/transfer paperwork, all records up-to-date).

Summary of Internship Requirements Stated in Chapter

- Student maintain professional liability insurance policy throughout internship enrollment,
 - 300 hours of direct client contact, of which at least half must be relational,
 - Maintain case load of at least 2 clients at FRC at all times,
 - 50 hours of supervision with ratio 1:5 hours of supervision to client contact at all times,
- Student evaluation/grades on both number of client contact hours and demonstration of clinical competencies.

Appendices

Appendix A

Requirements to become a Licensed Marriage and Family Therapist in New Mexico.

Found at: <http://www.nmcpr.state.nm.us/nmac/parts/title16/16.027.0006.htm>

16.27.6.9 APPLICANTS FOR LICENSURE: As a marriage and family therapist (LMFT) must possess the following qualifications and provide the required documentation with the application:

- A. Age requirement. Be at least 21 years of age.
- B. Applicant must sign a statement provided in the application indicating the applicant has read the code of ethics and agrees to be bound and governed by the code of ethics.
- C. Hold a master's or doctoral degree from a accredited institution in marriage and family therapy, meets the requirements of the core curriculum in marriage and family therapy.
- D. Experience requirements.
 - (1) A minimum of two years' postgraduate marriage and family therapy experience.
 - (2) Evidence of having participated in a total of at least 1,000 hours of postgraduate marriage and family clinical client contact.
 - (3) 200 hours of appropriate postgraduate marriage and family supervision, including at least 100 hours of individual supervision. The appropriate supervision must be received from an individual who has education, clinical experience, and supervisory experience in the field of marriage and family therapy.
- E. Application fee of \$75.00.

[16.27.6.9 NMAC - Rp 16 NMAC 27.5.8, 6-15-01; A, 7-1-04; A, 2-10-06]

16.27.6.10 EXAMINATION: Applicants must demonstrate professional competency by passing the examination for marital and family therapy (PES). [16.27.6.10 NMAC - Rp 16 NMAC 27.5.9, 6-15-01; A, 2-10-06]

16.27.6.11 DOCUMENTATION REQUIRED FOR LICENSURE:

- A. A completed application as specified in 16.27.3.8 NMAC.
- B. Proof of education and experience requirements:
 - (1) the applicant is required to submit an official transcript in a sealed envelope from each institution contributing to the applicant's master or doctoral degree; the transcript must be submitted with the application; applicants educated in foreign institutions who are unable to submit certified official transcripts shall submit a statement explaining why such transcripts are not available and shall submit certified copies of the degree certificates granted, information on the curricula offered, and any other documentation requested by the board; and
 - (2) a statement from each supervisor in a sealed envelope on a form provided by the board (attachment B) verifying the applicant's supervised experience and setting forth the nature and extent of such supervision must be submitted with the application; the statement shall verify that the applicant's performance was in accordance with adequate counseling and therapy standards of practice; if a supervisor's statement is not available, the applicant may submit documentation explaining why the supervisor's statement is not available and sworn affidavits from other individuals verifying that supervision took place and describing the nature and the extent of the supervision;

- (3) documentation of 1,000 hours of postgraduate client contact hours in marriage and family therapy and 200 hours of appropriate postgraduate supervision in marriage and family therapy;
- (4) attachment D, listing only specific graduate coursework;
- (5) documentation of the applicant's licensure, registration or certification status must be submitted on application attachment form A, which must be sent directly to the board by the jurisdiction in which the applicant is licensed, certified, or registered.

[16.27.6.11 NMAC - Rp 16 NMAC 27.5.10, 6-15-01; A, 7-1-04; A, 2-10-06]

Appendix B

Core Competencies of the American Association for Marriage and Family Therapy (AAMFT, 2004; Available on AAMFT website, www.aamft.org)

The marriage and family therapy (MFT) core competencies were developed through a collaborative effort of the American Association for Marriage and Family Therapy (AAMFT) and interested stakeholders. In addition to defining the domains of knowledge and requisite skills in each domain that comprise the practice of marriage and family therapy, the ultimate goal of the core competencies is to improve the quality of services delivered by marriage and family therapists (MFTs). Consequently, the competencies described herein represent the minimum that MFTs licensed to practice independently must possess.

Creating competencies for MFTs and improving the quality of mental health services was considered in the context of the broader behavioral health system. The AAMFT relied on three important reports to provide the framework within which the competencies would be developed: Mental Health: A Report of the Surgeon General; the President's New Freedom Commission on Mental Health's Achieving the Promise: Transforming Mental Health Care in America; and the Institute of Medicine's Crossing the Quality Chasm. The AAMFT mapped the competencies to critical elements of these reports, including IOM's 6 Core Values that are seen as the foundation for a better health care system: 1) Safe, 2) Person-Centered, 3) Efficient, 4) Effective, 5) Timely, and 6) Equitable. The committee also considered how social, political, historical, and economic forces affect individual and relational problems and decisions about seeking and obtaining treatment.

The core competencies were developed for educators, trainers, regulators, researchers, policymakers, and the public. The current version has 128 competencies; however, these are likely to be modified as the field of family therapy develops and as the needs of clients change. The competencies will be reviewed and modified at regular intervals to ensure the competencies are reflective of the current and best practice of MFT.

The core competencies are organized around 6 primary domains and 5 secondary domains. The primary domains are:

- 1) Admission to Treatment – All interactions between clients and therapist up to the point when a therapeutic contract is established.
- 2) Clinical Assessment and Diagnosis – Activities focused on the identification of the issues to be addressed in therapy.
- 3) Treatment Planning and Case Management – All activities focused on directing the course of therapy and extra-therapeutic activities.
- 4) Therapeutic Interventions – All activities designed to ameliorate the clinical issues identified.
- 5) Legal Issues, Ethics, and Standards – All aspects of therapy that involve statutes, regulations, principles, values, and mores of MFTs.
- 6) Research and Program Evaluation – All aspects of therapy that involve the systematic analysis of therapy and how it is conducted effectively.

The subsidiary domains 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.

Although not expressly written for each competency, the stem “Marriage and family therapists...” should begin each. Additionally, the term “client” is used broadly and refers to the therapeutic system of the client/s served, which includes, but is not limited to individuals, couples, families, and others with a vested interest in helping clients change. Similarly, the term “family” is used generically to refer to all people identified by clients as part of their “family system,” this would include fictive kin and relationships of choice. Finally, the core competencies encompass behaviors, skills, attitudes, and policies that promote awareness, acceptance, and respect for differences, enhance services that meet the needs of diverse populations, and promote resiliency and recovery.

Domain 1: Admission to Treatment

Number	Subdomain	Competence
1.1.1	Conceptual	Understand systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy
1.1.2	Conceptual	Understand theories, and techniques of individual, marital, couple, family, and group Psychotherapy
1.1.3	Conceptual	Understand the behavioral health care delivery system, its impact on the services provided, and the barriers and disparities in the system.
1.1.4	Conceptual	Understand the risks and benefits of individual, marital, couple, family, and group psychotherapy.
1.2.1	Perceptual	Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).
1.2.2	Perceptual	Consider health status, mental status, other therapy, and other systems involved in the clients’ lives (e.g., courts, social services).
1.2.3	Perceptual	Recognize issues that might suggest referral for specialized evaluation, assessment, or care.
1.3.1	Executive	Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors.
1.3.2	Executive	Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extrafamilial resources).
1.3.3	Executive	Facilitate therapeutic involvement of all necessary participants in treatment.
1.3.4	Executive	Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.

1.3.5	Executive	Obtain consent to treatment from all responsible persons.
1.3.6	Executive	Establish and maintain appropriate and productive therapeutic alliances with the clients.
1.3.7	Executive	Solicit and use client feedback throughout the therapeutic process.
1.3.8	Executive	Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care, and payers.
1.3.9	Executive	Manage session interactions with individuals, couples, families, and groups.
1.4.1	Evaluative	Evaluate case for appropriateness for treatment within professional scope of practice and competence.
1.5.1	Professional	Understand the legal requirements and limitations for working with vulnerable populations (e.g., minors).
1.5.2	Professional	Complete case documentation in a timely manner and in accordance with relevant laws and policies.
1.5.3	Professional	Develop, establish, and maintain policies for fees, payment, record keeping, and confidentiality.

Domain 2: Clinical Assessment and Diagnosis

Number	Subdomain	Competence
2.1.1	Conceptual	Understand principles of human development; human sexuality; gender development; psychopathology; psychopharmacology; couple processes; and family development and processes (e.g., family, relational, and system dynamics).
2.1.2	Conceptual	Understand the major behavioral health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course, and prognosis.
2.1.3	Conceptual	Understand the clinical needs and implications of persons with comorbid disorders (e.g., substance abuse and mental health; heart disease and depression).
2.1.4	Conceptual	Comprehend individual, marital, couple and family assessment instruments appropriate to presenting problem, practice setting, and cultural context.

2.1.5	Conceptual	Understand the current models for assessment and diagnosis of mental health disorders, substance use disorders, and relational functioning.
2.1.6	Conceptual	Understand the strengths and limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups.
2.1.7	Conceptual	Understand the concepts of reliability and validity, their relationship to assessment instruments, and how they influence therapeutic decision making.
2.2.1	Perceptual	Assess each clients' engagement in the change process.
2.2.2	Perceptual	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 process.
2.2.3	Perceptual	Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.
2.2.4	Perceptual	Consider the influence of treatment on extra-therapeutic relationships.
2.2.5	Perceptual	Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms.
2.3.1	Executive	Diagnose and assess client behavioral and relational health problems systemically and contextually.
2.3.2	Executive	Provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, elders, and persons with special needs.
2.3.3	Executive	Apply effective and systemic interviewing techniques and strategies.
2.3.4	Executive	Administer and interpret results of assessment instruments.
2.3.5	Executive	Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.
2.3.6	Executive	Assess family history and dynamics using a genogram or other assessment instruments.
2.3.7	Executive	Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems.

2.3.8	Executive	Identify clients' strengths, resilience, and resources.
2.3.9	Executive	Elucidate presenting problem from the perspective of each member of the therapeutic system.
2.4.1	Evaluative	Evaluate assessment methods for relevance to clients' needs.
2.4.2	Evaluative	Assess ability to view issues and therapeutic processes systemically.
2.4.3	Evaluative	Evaluate the accuracy and cultural relevance of behavioral health and relational diagnoses.
2.4.4	Evaluative	Assess the therapist-client agreement of therapeutic goals and diagnosis.
2.5.1	Professional	Utilize consultation and supervision effectively.

Domain 3: Treatment Planning and Case Management

Number	Subdomain	Competence
3.1.1	Conceptual	Know which models, modalities, and/or techniques are most effective for presenting problems.
3.1.2	Conceptual	Understand the liabilities incurred when billing third parties, the codes necessary for reimbursement, and how to use them correctly.
3.1.3	Conceptual	Understand the effects that psychotropic and other medications have on clients and the treatment process.
3.1.4	Conceptual	Understand recovery-oriented behavioral health services (e.g., self-help groups, 12-step programs, peer-to-peer services, supported employment).
3.2.1	Perceptual	Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.
3.3.1	Executive	Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.
3.3.2	Executive	Prioritize treatment goals.
3.3.3	Executive	Develop a clear plan of how sessions will be conducted.
3.3.4	Executive	Structure treatment to meet clients' needs and to facilitate systemic change.
3.3.5	Executive	Manage progression of therapy toward treatment goals.
3.3.6	Executive	Manage risks, crises, and emergencies.

3.3.7	Executive	Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present.
3.3.8	Executive	Assist clients in obtaining needed care while navigating complex systems of care.
3.3.9	Executive	Develop termination and aftercare plans.
3.4.1	Evaluative	Evaluate progress of sessions toward treatment goals.
3.4.2	Evaluative	Recognize when treatment goals and plan require modification.
3.4.3	Evaluative	Evaluate level of risks, management of risks, crises, and emergencies.
3.4.4	Evaluative	Assess session process for compliance with policies and procedures of practice setting.
3.4.5	Professional	Monitor personal reactions to clients and treatment process, especially in terms of therapeutic behavior, relationship with clients, process for explaining procedures, and outcomes.
3.5.1	Professional	Advocate with clients in obtaining quality care, appropriate resources, and services in their community.
3.5.2	Professional	Participate in case-related forensic and legal processes.
3.5.3	Professional	Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.
3.5.4	Professional	Utilize time management skills in therapy sessions and other professional meetings.

Domain 4: Therapeutic Interventions

Number	Subdomain	Competence
4.1.1	Conceptual	Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies and culturally sensitive approaches.
4.1.2	Conceptual	Recognize strengths, limitations, and contraindications of specific therapy models, including the risk of harm associated with models that incorporate assumption of family dysfunction, pathogenesis, or cultural deficit.
4.2.1	Perceptual	Recognize how different techniques may impact the treatment process.
4.2.2	Perceptual	Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes.

4.3.1	Executive	Match treatment modalities and techniques to clients' needs, goals, and values.
4.3.2	Executive	Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issue of the client).
4.3.3	Executive	Reframe problems and recursive interaction patterns.
4.3.4	Executive	Generate relational questions and reflexive comments in the therapy room.
4.3.5	Executive	Engage each family member in the treatment process as appropriate.
4.3.6	Executive	Facilitate clients developing and integrating solutions to problems.
4.3.7	Executive	Defuse intense and chaotic situations to enhance the safety of all participants.
4.3.8	Executive	Empower clients and their relational systems to establish effective relationships with each other and larger systems.
4.3.9	Executive	Provide psychoeducation to families whose members have serious mental illness or other disorders.
4.3.10	Executive	Modify interventions that are not working to better fit treatment goals.
4.3.11	Executive	Move to constructive termination when treatment goals have been accomplished.
4.3.12	Executive	Integrate supervisor/team communications into treatment.
4.4.1	Evaluative	Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan.
4.4.2	Evaluative	Evaluate ability to deliver interventions effectively.
4.4.3	Evaluative	Evaluate treatment outcomes as treatment progresses.
4.4.4	Evaluative	Evaluate clients' reactions or responses to interventions.
4.4.5	Evaluative	Evaluate clients' outcomes for the need to continue, refer, or terminate therapy.
4.4.6	Evaluative	Evaluate reactions to the treatment process (e.g., transference, family of origin, current stress level, current life situation, cultural context) and their impact on effective intervention and clinical outcomes.
4.5.1	Professional	Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case).

4.5.2	Professional	Set appropriate boundaries, manage issues of triangulation, and develop collaborative working relationships.
4.5.3	Professional	Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics.

Domain 5: Legal Issues, Ethics, and Standards

Number	Subdomain	Competence
5.1.1	Conceptual	Know state, federal, and provincial laws and regulations that apply to the practice of marriage and family therapy.
5.1.2	Conceptual	Know professional ethics and standards of practice that apply to the practice of marriage and family therapy.
5.1.3	Conceptual	Know policies and procedures of the practice setting.
5.1.4	Conceptual	Understand the process of making an ethical decision.
5.2.1	Perceptual	Recognize situations in which ethics, laws, professional liability, and standards of practice apply.
5.2.2	Perceptual	Recognize ethical dilemmas in practice setting.
5.2.3	Perceptual	Recognize when a legal consultation is necessary.
5.2.4	Perceptual	Recognize when clinical supervision or consultation is necessary.
5.3.1	Executive	Monitor issues related to ethics, laws, regulations, and professional standards.
5.3.2	Executive	Develop and assess policies, procedures, and forms for consistency with standards of practice to protect client confidentiality and to comply with relevant laws and regulations.
5.3.3	Executive	Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting.
5.3.4	Executive	Develop safety plans for clients who present with potential self-harm, suicide, abuse, or violence.
5.3.5	Executive	Take appropriate action when ethical and legal dilemmas emerge.
5.3.6	Executive	Report information to appropriate authorities as required by law.
5.3.7	Executive	Practice within defined scope of practice and competence.

5.3.8	Executive	Obtain knowledge of advances and theory regarding effective clinical practice.
5.3.9	Executive	Obtain license(s) and specialty credentials.
5.3.10	Executive	Implement a personal program to maintain professional competence.
5.4.1	Evaluative	Evaluate activities related to ethics, legal issues, and practice standards.
5.4.2	Evaluative	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.
5.5.1	Professional	Maintain client records with timely and accurate notes.
5.5.2	Professional	Consult with peers and/or supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work.
5.5.3	Professional	Pursue professional development through self-supervision, collegial consultation, professional reading, and continuing educational activities.
5.5.4	Professional	Bill clients and third-party payers in accordance with professional ethics, relevant laws and policies, and seek reimbursement only for covered services.

Domain 6: Research and Program Evaluation

Number	Subdomain	Competence
6.1.1	Conceptual	Know the extant MFT literature, research, and evidence-based practice.
6.1.2	Conceptual	Understand research and program evaluation methodologies, both quantitative and qualitative, relevant to MFT and mental health services.
6.1.3	Conceptual	Understand the legal, ethical, and contextual issues involved in the conduct of clinical research and program evaluation.
6.2.1	Perceptual	Recognize opportunities for therapists and clients to participate in clinical research.
6.3.1	Executive	Read current MFT and other professional literature.
6.3.2	Executive	Use current MFT and other research to inform clinical practice.
6.3.3	Executive	Critique professional research and assess the quality of research studies and program evaluation in the literature.

6.3.4	Executive	Determine the effectiveness of clinical practice and techniques.
6.4.1	Executive	Evaluate knowledge of current clinical literature and its application.
6.5.1	Professional	Contribute to the development of new knowledge.

Appendix C

Suggested Schedule of Courses

Year	Semester	Course
One	Summer	FCS 547 Infancy and Child Development (Odd Years) FCS 584 Family Law and Ethics (On-line) FCS 581 Middle Childhood Development (Even Years)
	Fall	FCS 572 Family Dysfunction and Diagnosis FCS 582 Theories of MFT FCS 585 The Family System (Even Years) FCS 586 Sexuality & Family Dynamics (Odd Years)
	Spring	FCS 587 Contemporary Marriage and Family Issues (Even Years) FCS 589 Family Crisis and Rehabilitation (Odd Years) FCS 592 Strategies & Techniques of MFT EDUC 519 Edometrics or other approved stats course
Two	Summer	FCS 546 Adolescent Development (Odd Years) FCS 548 The Aging Family (Even Years) FCS 525 Supervised Clinical Practice
	Fall	FCS 586 Sexuality and Family Dynamics (Odd Years) FCS 585 The Family System (Even Years) FCS 500 Research Methods FCS 525 Supervised Clinical Practice
	Spring	FCS 525 Supervised Clinical Practice FCS 549 Family Ethnicities & Subcultures (Odd Years) FCS 583 Parenting and Child Guidance (Even Years) FCS 587 Contemporary Marriage and Family Issues (Even Years) FCS 589 Family Crisis and Rehabilitation (Odd Years)

Appendix D

Marriage and Family Therapy Practicum Evaluation

Supervisor's Name:

Intern's Name:

Supervisor's Phone Number:

Placement Site:

Please use the following scale in rating the trainee's performance:

0= Poor (definite weakness)

1= Needs Improvement (below level of training)

2= Average at level of expected proficiency for this stage of professional development

3= Above Average

N/O= No opportunity to observe or evaluate.

I. THE THERAPEUTIC PROCESS A. Initial Stage	0=Poor, definite weakness	1=Needs Improvement (below level of training)	2=Average (at level of expected proficiency)	3=Above Average	N/O= No opportunity to observe or evaluate
Able to communicate understanding of and empathy toward clients' concerns					
Attends to clients' messages (verbal and nonverbal)					
Able to establish rapport with clients.					
Shows respect for the clients (i.e., is nonjudgmental)					
Identifies and sets initial goals with clients.					
Devises a treatment plan					

I. THE THERAPEUTIC PROCESS A. Middle Stage	0=Poor, definite weakness	1=Needs Improvement (below level of training)	2=Average (at level of expected proficiency)	3=Above Average	N/O= No opportunity to observe or evaluate
Exhibit ability to track clients' content					
Acknowledges clients' nonverbal messages					
Willing to recognize and respond to clients' affect					

Sets and reaches short range goals (session by session)					
Moves toward long-range goals					
Has identified a theoretical orientation for self to conceptualize clients' concerns					
Able to apply techniques based on orientation and/or theory and research conducted on a particular type of problem					
Able to deal effectively with resistance					
Responds non-defensively to clients					
Able to recognize boundaries and establish limits with clients					
Provides concrete recommendations to facilitate clients' resolution of concerns					
Recognizes impact of transference and countertransference within the therapeutic relationship					
Acts appropriately and sensitively to clients' crises					

I. THE THERAPEUTIC PROCESS	0=Poor, definite weakness	1=Needs Improvement (below level of training)	2=Average (at level of expected proficiency)	3=Above Average	N/O=No opportunity to observe or evaluate
A. Termination Stage					
Recognizes need for and makes referrals to appropriate community resources as necessary.					
Summarizes work with clients and provides recommendations for continuation of clients' goals					

Assesses achievement of goals with clients.					
Provides for closure with clients.					
Recognizes need for and provides appropriate structure for clients to process termination issues					

II. SUPERVISION	0=Poor, definite weakness	1=Needs Improvement (below level of training)	2=Average (at level of expected proficiency)	3=Above Average	N/O= No opportunity to observe or evaluate
Demonstrates self-awareness through ability to identify strengths and weaknesses					
Able to identify goals for supervision					
Is receptive to feedback from supervisor					
Able to integrate and act on supervisor feedback					
Consults appropriately with supervisor and/or other staff					
Demonstrates preparation for supervision					
Willingness to address concerns regarding supervisory relationship with supervisor					
Audio/Video tapes client sessions and is willing to share tapes with supervisor on a weekly basis					
Willing to explore and/or recognizes areas of growth which could impact on the therapeutic relationship (i.e., personal problems)					

III. ETHICAL/ PROFESSIONAL BEHAVIOR	0=Poor, definite weakness	1=Needs Improvement (below level of training)	2=Average (at level of expected proficiency)	3=Above Average	N/O= No opportunity to observe or evaluate
Is knowledgeable of and follows AAMFT Ethical Codes					
Knowledgeable and aware of legal issues					
Is up to date on professional issues, concerns, topics					
Maintains current documentation on all client files					
Completes administrative duties in a timely fashion (i.e., paperwork)					
Provides clients with informed consent regarding status as trainee and informing client of rights and responsibilities and of the counseling process					
Maintains positive relationship with colleagues and staff					
Is knowledgeable of and implements appropriate crisis management techniques					
Shows sound and reasonable judgement (i.e., in a client crisis, the parameters of the appropriate standard of care are acted upon)					
Demonstrates initiative in learning about clinical topics pertaining to client needs					
Consults with supervisor when necessary					

IV. OPEN ENDED QUESTIONS

- A. What do you perceive are this intern's strengths?
- B. What do you perceive as areas for continued growth or remediation that you would suggest this intern focus on in the future?

Supervisee Signature

Date

Supervisor Signature

Date

Please return this form to:

Dr. Kourtney T. Vaillancourt
Department of Family & Consumer Sciences
Box 30003, Dept 3470
New Mexico State University
Las Cruces, NM 88003-0003

Fax: 575-646-1889;
Phone: 575-646-3383

- List the courses for which you have received a B-, C, D, F, U, IP or IC grade by semester, year, and course instructor.

Example: Summer 2013-	<u>Grade</u>
Human Development / Vaillancourt	C+

Clinical -

Attach copies of the following documents:

- Clinical hours for fall, spring, and semesters (use current hourly count for summer)
- Supervisor evaluations from Dr. Holcomb at the FRC and your off-site supervisor

Appendix F

Master's Student Handbook Agreement

My signature below indicates that I have received a copy of the Marriage and Family Therapy (MFT) Master's Student Handbook.

I understand that this handbook represents the most current and up to date policies for the master's program in MFT. It is designed to complement, rather than conflict with, departmental policies set forth by the Department of Family and Consumer Sciences or NMSU's Graduate School.

The provisions of this handbook are subject to change based on the MFT Program's needs and administrative approval.

By signing this page, I confirm my receipt of the MFT Master's Student Handbook.

Signature

Date

Please print name: _____

Return only this page to the MFT Program Director.