

A large graphic on the left side of the cover, composed of several overlapping geometric shapes. At the top is a dark green semi-circle. Below it is a dark blue semi-circle. To the left of these is a white semi-circle. Below the dark blue semi-circle is a teal triangle. At the bottom left, there are several vertical teal lines of varying heights, and a dark green triangle at the very bottom left corner.

ANTIOCH
UNIVERSITY
SEATTLE

**AUS CFT
CLINICAL
INTERNSHIP
HANDBOOK**

ACADEMIC YEAR 2022-23

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Overview

The purpose of the Clinical Internship in Couple and Family Therapy (CFT) training is to provide CFT students with an opportunity to apply their academic learning and skills in a practical setting. At Antioch University Seattle, the CFT Clinical Internship is structured under the COAMFTE Accreditation Standards, Version 12.5, effective January 1, 2022. The internship experience most commonly entails working in a community mental health center, youth services bureau, health maintenance organization, or similar organized mental health setting which allows students to gain supervised experience as couple and family therapists with diverse and underserved populations. Internship settings should offer an intern a broad range of experiences in terms of populations and presenting problems and the internship site should provide a qualified internship supervisor (see pages 9-10 for information about qualifications for internship supervisors) for supporting professional identity development.

The internship experience is the final step in training as a CFT student. Internships occur at the end of pedagogical and experiential learning so that students can synthesize and apply the learned information in a clinical setting. Internships are important because the experience provides intensive on-the-job training which closely emulates the setting in which the student will likely seek employment after graduation. The primary difference between internship and full employment is the level of supervision provided by the internship supervisor.

The CFT faculty at Antioch University Seattle (AUS) acknowledge that completing an internship is a large commitment for students, requiring around 16-20 hours at an internship site--including approximately 6-8 hours direct client contact, of which 2-3 are relational hours--each week to complete the requirements for internship in four quarters. It is highly recommended that students approach these time commitments mindfully and consider the additional time burdens of jobs and additional coursework. The Director of Clinical Training (DCT), Dr. Rachel Hughes, is available to consult with and support students as they approach and enter the internship phase of their degree.

Where to Turn. If students have concerns about any aspect of their potential internship site, they should discuss those concerns with their instructor for Competency Assessment III (CA3), the Director of Clinical Training (DCT; Dr. Rachel Hughes), and/or their Faculty Advisor. Once students are in their clinical internship and enrolled in case consultation, students will primarily solicit support from their case consult instructor (AUS faculty) and internship supervisor (provided by the internship site).

CFT Director of Clinical Training (DCT). The CFT DCT serves as a liaison between the student, the internship site, and Antioch University. The Director offers information for academic advisors and students regarding CFT internships. While placement is subject to approval by the DCT, it remains the responsibility of the student to locate an agency site.

Readiness for Internship. Couple and family therapists (CFT) must not only be knowledgeable about all of the psychological and relational dynamics that result in dysfunction, they must also possess a level of intrapersonal and interpersonal capability themselves if they are going to effectively help clients resolve formidable difficulties. Consequently, before CFT students are permitted to begin their internships, their advisor must review their performance in the graduate program for meeting the clinical competency requirements and sign off on the [Pre-Internship Advisor Meeting Form](#) (see Appendix L of the 2022-2023

CFT Student Handbook; also available in the Clinical Training Hub under CFT-Specific Resources). This is not just about rigor, but is about being able to manage the highly strenuous demands of working with clients who are experiencing the severe levels of emotional and psychological stress. Demonstrating readiness includes interns successfully completing recent personal counseling hours and a social justice advocacy volunteer experience (see Appendices J and K of the 2022-2023 CFT Student Handbook), as well as passing all applied therapy courses and an endorsement of readiness by all applied therapy course instructors. Faculty members track an interns' clinical aptitude by completing four completed Clinical Readiness Assessment forms (see Appendix C of this Handbook) by the instructor in each of the required applied courses: Applied Couple Therapy, Applied Family Therapy I & II, and Individual Therapy in the Family System.

Before entering an internship, students must also meet certain other course and program requirements. These requirements are outlined in the 2022-2023 CFT Student Handbook. This CFT Clinical Internship Handbook was created as a guide to supplement the CFT Student Handbook by explaining the internship process and requirements, site and supervision requirements, and to provide as a collection of all internship forms.



CFT Program Regulatory Alignment

In order to comply with U.S. Department of Education regulations (effective July 1, 2020) regarding universities that offer programs leading to professional licensure, Antioch University makes the following disclosure:

Antioch University's academic programs that lead to professional licensure are designed to meet educational requirements in the states in which they are offered. The curriculum and coursework in this Couple and Family Therapy training program aligns with the educational and clinical practice requirements (e.g., coursework, clinical experience, and supervision) for the Commission on Accreditation for Marriage and Family Therapy Education ([COAMFTE](#)), as well as the regulatory requirements for entry-level practice as a Marriage and Family Therapist in Washington State. You may read more about the state requirements for MFT licensure in Washington by visiting the [Dept of Health Washington State MFT guidelines](#) or [AAMFT's Resources for Washington state](#).

Marriage and Family Therapy is a profession that leads to licensure in all 50 states; however, each state has its own law and regulations about what is needed to become licensed as a MFT in that state. Not every state will accept a degree and supervised hours earned in another state. Review license requirements in the state you intend to practice as soon as possible. If you plan to pursue licensure in another state than Washington, please review all requirements for your desired license in your intended state of licensure so that you understand what may and may not be accepted across state lines. Here is a listing of all relevant MFT licensing boards if you want to clarify or confirm any requirements:

https://www.aamft.org/Directories/MFT_Licensing_Boards.aspx

If you have questions about the program's alignment with professional licensure you may contact the Program Director or Director of Clinical Training.

Beginning the CFT Internship Process

Starting the internship process can be overwhelming for students. AUS CFT students are responsible for identifying their own internship sites; that is, students must submit their resumes and/or applications to potential internship sites and compete for internship positions in these agencies. We choose to take this approach to internship placement in the spirit of experiential learning. Unlike in other programs that might limit student choice and simply place students in internship sites in the community, we value the process of students' agency in selecting and applying for an internship site on their own. This process prepares students for the post-graduation job search, including allowing them to practice skills related to resume writing, seeking out and applying for clinical positions, and completing the interview experience.

The following is a brief timeline that summarizes a CFT student's internship-related timeline in the program. *There will be variation from this timeline depending on the student's plan of study and unique circumstances.*

Pre-Internship Coursework

Remember that your entire education and training in the program is preparing you for your internship. Prior to entering internship, you will complete all of your Pre-Internship Course Requirements (see your Plan of Study), which will academically prepare you with a foundational knowledge and practice of systemic therapy.

A Year Before Your Anticipated Start to Internship

Students should start to talk with their peers enrolled in case consultation class about what they are experiencing at their internship sites. Students can begin the preliminary search process of identifying their top priorities in an internship and selecting internship sites that they will consider closer to internship. Students priorities will depend on their primary goals during the internship. Priorities might include: type of internship site (e.g., private practice, residential), population served by the site (e.g., children and adolescents, the Latinx community), supervisory style of the site supervisor, proximity to home address, and the internship site work schedule. These priorities are unique to each student. The DCT will help each intern narrow down possible internship sites based on their priorities in scheduled meeting times or courses.

COUN 5981: CFT Internship Preparation - Three Quarters Before Your Anticipated Start to Internship

Students are required to take COUN5981: CFT Internship Preparation at least three quarters before internship. During this 0 credit course, students will:

- Meet with the AUS Writing Center to receive feedback on your resume and cover letter,
- Complete a resume and cover letter for a specific internship application and understand typically asked interview questions,
- Practice mental health-specific interview questions in a role play with a peer,
- Learn where to access CFT-specific internship resources,

- Identify top three personal priorities in finding an internship and identify at least two sites that fit within these priorities.

This course will offer an overview of the internship requirements and allow students to ask any questions regarding the internship application process. Additionally, the DCT will describe what an intern's responsibilities are to the site at which they are interning and what the internship site and site supervisor's responsibilities are to the intern.

Find Your Internship Site: One-to-Three Quarters Before Your Anticipated Start to Internship

After completing CFT Internship Preparation, students should contact supervisors at agencies and practices that they might want to apply. CFT interns commonly pursue (and are encouraged to seek out) internships at larger community mental health organizations, such as Compass Health, Navos Mental Health Solutions, SOUND). Occasionally CFT interns pursue private practice internships at sites dedicated to serving disparate populations (e.g., Life Transitions, Resonant Relationships). The application process at each internship site is different, but students can expect to submit a resume and a cover letter and participate in an interviewing process of some sort at the site, if selected for an interview.

If students are struggling to identify sites at which to interview, they are recommended to take one or multiple of the following steps:

- *Utilize the AUS MA Internship and Practicum Site Website.* [This website](#) is updated frequently but may not reflect all the sites we are affiliated with. This is the best way to look at locations of sites.
- *Browse existing sites in the Supervision Assist Site Directory.* This can be located by logging into your Supervision Assist account, selecting the Placement Hyperlink in the top black navigation bar and selecting "Supervision Site Directory". The Supervision Assist Site Directory also offers direct contact information for site supervisors.
- *Attend an internship fair.* Held at least annually in winter quarter, these fairs give students the opportunity to network with internship site supervisors. Currently, internship fairs are being held remotely via Zoom. Internship fairs are announced to students by email and also in announcements on the MA Clinical Training Hub on Sakai.
- *Review the [Internship Sites Currently Seeking Interns](#) folder on the MA Clinical Training Hub.* The DCT updates this folder based on calls for interns received from partnered internship sites. The folder holds some current available placements and a description of the internship site seeking interns.
- *Currently, the CFT department is only accepting new affiliations with sites in geographical disparate locations (i.e., where there are no other identified sites for students located there) and/or sites that address a specific marginalized population not already represented by our current internship sites. If a CFT student wishes to intern at a site or with a supervisor not on the list, the student should proceed with caution since:*
 - 1) the site has not been used before by a CFT student and therefore has not been vetted,
 - 2) past CFT students may have rated the site or supervisor unfavorably, or
 - 3) the site may have been found to not provide enough hours for graduation. The DCT must evaluate and approve all sites and supervisors to ensure a quality internship experience for

interns. *If the site is not already within the listed internship sites, it is advantageous to start working as early as possible with the site and the DCT to start the at-times-lengthy approval process for a new internship site and supervisor.*

Internship Site Requirements

- A complete and active Affiliation Agreement between Antioch and the site
- Ability to provide sufficient clinical hours for internship
- Mission-aligned with our program's mission statement as evidenced by pro bono sessions, significantly reduced intern session fees, or acceptance of state-provided insurance (e.g., Molina, Apple Health, CHPW).
- Dedication to antiracism and inclusivity

Internship Site Supervisor Requirements

- Be eligible in Washington State to supervise Marriage and Family Therapy candidates according to [WAC 246--809-134](#). This means the supervisor:
 - Currently holds a state license without restriction in good standing for at least the past 2 years, and
 - Has completed at least 15 clock hours of training in clinical supervision
 - Has at least 25 hours of experience in supervision of clinical practice
- Able to provide weekly supervision to intern for the duration of their internship and administrative/crisis support as needed
- *Come to an Internship Advising Drop-In Hour hosted by the CFT DCT*

Each quarter the DCT dedicates weekly drop-in advising sessions. These times are updated on the CFT Program Events calendar, the MA Clinical Training Hub in the Announcements, and in the signature line of Dr. Rachel Hughes's email and can be accessed at any point during the quarter. If the time does not work for a student during the quarter, please contact Dr. Rachel Hughes (rhughes1@antioch.edu) to schedule an appointment directly.

- *Supplemental Internship Experiences*

Secondary sites can offer a more specialized internship experience (e.g., sex therapy; area of specialization, like eating disorders) to supplement the more general internship experience of the primary site. To avoid potential issues, the student must talk with the DCT as soon as possible to ensure an appropriate process for obtaining a secondary site is followed. Students must have a signed contract with the secondary site and written approval from the DCT before the start date. If a student does not get written approval from the DCT, the student will not be allowed to count the hours. In the past, some interns have volunteered at camps without a prior signed contract, and they were not able to count those hours.

Applying to Interview

- Plan to submit applications, including your cover letter and CV to at least 3-5 different internship sites.
- Be Persistent After You Apply. Don't just send your resume. Follow up. Call them. Offer to stop by and see their facility. The supervisors are overworked and often forget to call you back. If you have submitted your resume or application, it can be helpful to follow up every week or two.

Interviewing at a Site

- It is important to treat each internship inquiry like a professional job interview. During the initial interview, students should take a copy of their resume with them, and be prepared to discuss the agency's philosophy, services provided, client populations served, previous work experiences, current level of skills, learning and supervision needs, expectations, professional interests, and future occupational goals. Some agencies will also want to know about a prospective intern's understanding of theory or theoretical orientation. Remember that you are interviewing the site as much as the site is interviewing you. It is important to assess the site for goodness of fit in your life.
- Typically, the interviewers are not concerned that you have no previous clinical experience since most applicants are students who also do not have experience. Highlight any experience – personal or professional – you've had with children, teens, and parents. Be warm and as likable as possible. Highlight your ability to be prompt with appointments and paperwork. Questions may be about: 1) experience working with children and families, 2) willingness to work in schools, 3) why apply there, 4) how you might approach a case scenario, and 5) your theoretical orientation. A common question is why you want to work with the site and what you have to offer. This question can best be answered by thinking about how your personal mission and skills align with and could support the mission of the agency you're interviewing with. The mission statements are likely listed on the organization's website for your review before interviewing.
- Be up front about your internship requirements.

Most sites in our system will have recent knowledge of CFT internship requirements, but it is important to assess the site's ability to provide the required 100 relational hours during the course of your internship year. Youth and family service agencies (e.g., Navos, Sound, Compass, etc.) are likely to be able to provide the required 100 relational hours. However, other agencies (e.g. Valley Cities, etc.) may not have enough family clients. In the past, some students have accepted non-family-oriented internships and have become frustrated by having to acquire a second internship to get their family hours. Avoid this frustration by choosing a family-oriented site, not just any site that offers an internship. Also, if an agency is not on the recommended agencies list, it is possible that the agency has been omitted due to lack of hours.

Note: Even if a site anticipates having enough relational hours, interns will still need to proactively accrue these hours. The responsibility of relational hours ultimately falls on the intern to ask for and arrange at their site. Do not assume your site will provide you

with your relational hours clearly. It is important to advocate with your clients for systems to be involved in therapy whenever possible. An individual client can often transition to a relational client with your advocacy.

Once You Receive an Offer

- Congratulations on receiving your offer! You now have the opportunity to move forward with this placement if you have already verified that the CFT department approves the supervisor and site. You may also want to consider other options if you are interviewing at more than one site. Internship site representatives are aware that interviewees are often considering multiple options during the internship hunting process; however some of the sites might be on specific deadlines that are outside of the site supervisor's control and may not be able to wait an extended period of time on an interns' answer. Remember that you do not have to accept the first offer you receive.
- Currently, the learning contract (see Appendix A) is located in Supervision Assist. *Note: We do not accept paper contracts for internships. The Appendix is offered for informational purposes only.* When an internship offer has been made, students can "Request a Placement" with their site in Supervision Assist. After completing the request, the learning contract is automatically sent out to the email address the student provided for the site supervisor. A more in-depth instruction guide for this process can be found [here](#).
- If you are struggling to decide between multiple sites, you might want to ask for a few perspectives from your advisor, peers, course instructors, the DCT, loved ones, etc. The choice is ultimately up to you and your opinion is the most important.

COUN 5020-1: Competency Assessment 3 - One Quarter Before Internship

Now that you have decided on an internship site you can register for COUN 5020-1: Competency Assessment III the quarter before internship. In order to attend CA3, you must have a signed contract with your internship completed prior to the CA3 meeting on the Tuesday of Week 3. Students who do not have a completed internship contract will be asked to drop CA3 and delay internship until they are able to complete this requirement.

To successfully complete CA3, you will need to turn in the following forms by Week 5 of the quarter:

- Pre-Internship Advisor Meeting Form, (2022-2023 CFT Student Handbook, Appendix L) which requires an advisor meeting and signature approval for the following items:
 - 20-hour Personal Therapy Requirement form (See 2022-2023 CFT Student Handbook, Appendix J)
 - Social Justice Advocacy/Volunteer Experience Form (See 2022-2023 CFT Student Handbook, Appendix K)
 - Note this is only required for students who entered the program Fall 2020 or later
 - Your four (4) clinical readiness assessment forms from your Applied courses (i.e. Applied Couples Therapy, Applied Family Therapy: Parts I & II, Individual Therapy

in the Family System). These forms need to be collected by students and submitted to the advisor prior to the Pre-Internship Advisor Meeting. See Appendix L of the 2022-2023 CFT Student Handbook; also given to students after completing the COUN5981: CFT Internship Prep.

- Pre-internship coursework completion (Degree Audit check)
 - If you entered the program prior to Fall of 2020, you will bring a completed domain competency grid demonstrating at least 50% intermediate or greater competency per competency domain of pre-internship coursework. If you entered the program after Fall of 2020, you will bring a DCA with at least 75% of coursework completed above required competency level (verified on Domain Competency Matrix)
- You will only show this documentation to your academic advisor who will then file it in your student records. Only the Pre-Internship Advisor Meeting Form is required for CA3.
- A copy of the verification of your active CPH liability insurance (see details below)
- Verification of a telehealth ethics training that satisfies the [requirements of the WA DOH](#) (due week 8 of the quarter you take CA3)
 - Though there is not a specific required telehealth training, students can use trainings provided by the state, Simple Practice, or trainings provided by internship sites. Additionally, if you are a CFT CAT student, your AUS clinic telehealth training exceeds this requirement. No further documentation is needed for you.
- A completed Internship Learning Contract, submitted through Supervision Assist (see Appendix A of this handbook).
 - *Note:* All learning contracts are completed electronically in Supervision Assist. Once you make a placement request and complete your portion of the electronic contract, Supervision Assist will send a contract to your site supervisor.

On the meeting day for CA3, the DCT will verify all of the required forms and work with students to complete any missing paperwork. The meeting will discuss more in depth requirements of the internship experience, including COAMFTE V 12.5 internship hour requirements (see below) for direct clinical contact hours, relational hours, and supervision hours, as well as a rough overview of administrative commitments, the case consultation registration process, and the hour recording protocol in Supervision Assist. During CA3 students will also complete a survey about schedule availability for COUN 6002: Internship Case Consultation sections (or COUC 6002 for CAT-students) the following quarter. If students are unsure of what their internship schedule will be, they can email the DCT directly as soon after CA3 as they know. Waiting too long to do this may result in a less desirable case consultation time.

Students can find all of the required internship forms in Sakai: AUS MA Clinical Training Hub → Resources->CFT Specific Resources.

Liability insurance

AAMFT provides professional liability insurance through CPH & Associates for all of its student members. In compliance with the accreditation governed by COAMFTE, effective Fall Quarter 2018, all students

working in clinical training (at pre-internship and practicum sites) are required to have individual liability coverage. Students will enroll for 1st time membership in AAMFT and WAMFT in their first quarter course, Competency Assessment I. Once the application is submitted and approved, students will receive a confirmation email within 7-10 business days. This email will provide the student instructions to opt-in for free student liability insurance. Students should follow the link and sign up for the liability insurance.

Beyond the first quarter of the program, it is the student's responsibility to maintain/renew membership in AAMFT and WAMFT (you will receive a reminder email for membership renewal from AAMFT each year). Students will be required to demonstrate current AAMFT/WAMFT membership and liability insurance in CA3 by sending proof of liability insurance to their CAIII and CAIV instructors. Further, when students begin internship they will be required to demonstrate that they have current membership in AAMFT/WAMFT each quarter in Case Consultation.

To renew annual AAMFT/WAMFT membership

You will receive an email reminder from AAMFT each year when your membership renewal is due. To renew, you may follow the links in the renewal email OR go to www.aamft.org and click on the [Membership](#) tab, and follow the links to login and renew your membership. Remember that you will need to add on the [Washington Interest Network \(WAMFT\)](#) at the time of your renewal. You may also join other [Topical Interest Networks](#) (e.g. Queer and Trans Advocacy Network, MFTs Working with Trauma, Family Therapists in Schools, etc) for additional fees.

Once all the required information is submitted during CA3, the Clinical Training team will finish verifying the paperwork for each student. Once verified, students will receive an email notification of their case consultation assignment. Once students are assigned to a section of Internship Case Consultation, they will remain with the same section of Case Consultation until they complete their internship.

The rationale for students remaining in the same section of Case Consultation is that the curricula in Internship Case Consultation are designed to guide students toward the achievement of course related skills by the end of their final quarter. Each quarter, students are expected to make satisfactory, developmental progress toward the attainment of those skills. Instructors will most accurately track that progress when students remain with the same section of Internship Case Consultation across quarters. Moreover, greater familiarity with other students in these informal internship "cohorts" tends to create greater trust and learning that translates into more effective mutual support and clinical feedback on presented cases.

Case Consultation During Internship

During internship, students enroll in COUN-6002: Qtr 1-4 Internship Case Consultation. Internship Case Consultation offers students the opportunity to practice systemic conceptualization skills and apply a theory of change to internship clients with a small group of peers and a faculty supervisor. All faculty supervisors are Program Clinical Supervisors, meaning that they hold a strong professional identity as a CFT and completed specialized training in MFT Systemic/Relational Supervision.

Case Consultation Registration

The procedure for enrolling in Internship Case Consultation differs from that for enrolling in other courses and should be clearly understood by students who are planning on starting their internship.

Once students are assigned a section of Internship Case Consultation, they will be guaranteed a spot in the same section for the remainder of their internship. PLEASE NOTE: *Due to administrative tasks each quarter with coordinating registration permissions, students may not be able to register for their case consultation section immediately when their registration window opens. Please do not panic if you are unable to register right away; all spots in case consultation are held and monitored for each student by the DCT.*

When registering for Internship, students should sign up for the Internship Case Consultation section that corresponds with your Case Consultation instructor. Use the following guide for registering for internship:

- Quarters 1, 2, 3, and 4: COUN-6002: Qtr 1-4 Internship Case Consultation (4 credits)
- Quarter 5: COUN-6004: Qtr 5 Internship Case Consultation (0 credits)

The instructors' initials will follow the course number. For example, Instructor Jane Doe would have a section numbered COUN-6002-JD. Students assigned to this section should select the appropriate section in order to register for class.

Over each academic year, two CFT case consultation instructors lead each case consultation section to provide a more diverse supervisory perspective for interns. The instructors alternate every two quarters except in extraordinary circumstances. Instructors will notify students before the change in the quarter before registration.

What Students Must Do To Pass Case Consultation

Students complete their internship process with case consultation to consolidate and develop applied clinical skills and their individual theory of change. Case consultation classes are built to support this process. In order to pass case consultation classes, students must complete the following each quarter:

- Maintain good standing at the internship site. This means that students must follow site guidelines and policies and complete all requirements from the site,
- Complete informal and formal case presentations with at least one client video and required competency or above,
- Participate in peer feedback sessions professionally and with evidence of critical thinking,
- Complete the assigned capstone project chapter at required competency or above by the end of each quarter,
- Submit all necessary documentation in Supervision Assist on clinical hours logged and self-evaluations.

Switching Case Consultation Sections

As a rule, students are not permitted to switch sections of Internship Case Consultation once they are assigned. Requests for changing sections will *only* be considered in extraordinary circumstances (e.g. required internship meeting schedule conflicts, etc) and these requests must be submitted *in writing to the DCT* no later than Week 3 of the previous quarter. Interpersonal conflicts with instructors or other students are not considered to be acceptable reasons for requesting to switch sections.

16-Credit Internship Course Requirements

To qualify for graduation, students must register for and complete 16 credits (i.e., 4 quarters) of internship and case consultation. See the requirements below for finishing in four, five, or six or more quarters. *Note:* Students entering on a plan of study prior to Fall of 2020 need to coordinate with their academic advisor to take an extra 4 credits of electives if not otherwise met.

Quarter	4-Quarter Internship Plan
1	COUN-6002: Qtr 1-4 Internship Case Consultation (4 credits)
2	COUN-6002: Qtr 1-4 Internship Case Consultation (4 credits)
3	COUN-6002: Qtr 1-4 Internship Case Consultation (4 credits)
4	COUN-6002: Qtr 1-4 Internship Case Consultation (4 credits)
Total Credits	16 credits of internship case consultation

5-quarter Internships. If a student completes internship in 5 quarters, the student will still take 16 credits of Internship and Case Consultation, since quarter 5 of case consultation is a 0 credit course.

Quarter	5-Quarter Internship Plan
1	COUN-6002: Qtr 1-4 Internship Case Consultation (4 credits)
2	COUN-6002: Qtr 1-4 Internship Case Consultation (4 credits)
3	COUN-6002: Qtr 1-4 Internship Case Consultation (4 credits)
4	COUN-6002: Qtr 1-4 Internship Case Consultation (4 credits)
5	COUN-6004: Qtr 5 Internship Case Consultation (0 credits)
Total Credits	16 credits of internship case consultation

5-or-more-quarter Internships. If a student completes internship in 5 or more quarters, the student will still only take 16 credits of Internship and Case Consultation. Students who enter a 6th quarter or more will need to abide by the course requirements for 6th-or-more-quarter interns as outlined in the syllabus based on the discretion of the Case Consultation instructor.

Quarter	6-or-more-Quarter Internship Plan
1	COUN-6002: Qtr 1-4 Internship Case Consultation (4 credits)

2	COUN-6002: Qtr 1-4 Internship Case Consultation (4 credits)
3	COUN-6002: Qtr 1-4 Internship Case Consultation (4 credits)
4	COUN-6002: Qtr 1-4 Internship Case Consultation (4 credits)
5	COUN-6004: Qtr 5 Internship Case Consultation (0 credits)
6	COUN-6006: Qtr 6 Internship Case Consultation (0 credits)
7	COUN-6006: Qtr 6 Internship Case Consultation (0 credits)
Total Credits	16 credits of internship case consultation

Registration with 30 or fewer hours remaining in internship (5+ quarters of Internship)

If a student enters their 5th quarter of internship with 30 or fewer remaining direct client contact hours to accumulate, it might not be necessary for the student to complete an entire additional quarter of Case Consultation. For liability reasons, these students must still register for COUN6004: 5th Quarter Internship Case Consultation (0 credits), but they may stop attending this class **if and only if** they have completed their required internship hours and have ceased seeing clients at their internship sites. (Students must still receive end of quarter evaluations from their onsite supervisor in order to meet course requirements and their degrees will not be conferred until the end of the quarter.)

Note: As long as students are seeing clients, or clinically active, at their internship site, they must continue to receive on-campus supervision at Antioch via Internship Case Consultation class. This remains true if the student is working on terminating clients after achieving their 300 direct client contract requirement.

If students do not complete their remaining 30 or fewer clinical hours by the end of week 2 of their 6th quarter, they must remain enrolled in Internship Case Consultation and complete all requirements for the course as articulated in the syllabus and by the instructor, including all assignments, evaluations, and any other requirements for class and at their internship site(s). These students will not be allowed to stop attending or drop Internship Case Consultation even if they finish their hours after the week two cut off.

Students who use this option will not receive course credit and/or be eligible for graduation until the end of the quarter in which the clinical hours are completed. The registrar only confers degrees one time per quarter, and neither the Case Consultation instructor nor Program Chair can expedite this process.

Be advised that this option is not available to interns in the first four quarters of internship.

Internship Hour Requirements

A CFT internship must conform to the following minimum criteria:

- Length: At least 4 quarters (at least 1 calendar year in length)
- Hour Requirements:
 - 300 direct client contact hours
 - 100 of the 300 direct client contact hours must be *relational* (with couples and families). Only actual time spent with more than one client at the same time may count as *relational*.
 - 100 hours of supervision from an AAMFT-Approved Supervisor or Supervisor Candidate:
 - A minimum of 50 of the 100 required supervision hours must be based on observable data (one-way mirror, co-therapy, video recording, or audio recording) by a Program Clinical Supervisor
 - Your on-campus supervisor in CFT Case Consultation all provides these hours.
 - Interns in case consultation should log each case presentation with video and/or audio as supervision with observable data.

Creative Art Therapy CFT Internship Requirements

CFT-AT Internship Requirements

- Usually 4 quarters
- 700 total hours (*note: not necessarily direct client contact hours*)
 - 350 direct client contact hours
 - 100 of these hours must be relational
 - All 350 hours must be AT to complete internship at 350 direct client contact hours
 - Note that AT students may commonly obtain more than 350 hours if they complete any non-AT client contact hours
 - Outside of the direct client contact hours, the remainder of the 700 total hours can be accrued through:
 - Indirect clinical contact hours
 - Supervision hours

CFT-DT Internship Requirements

- Usually 4 quarters
- 800 total hours (*note: not necessarily direct client contact hours*)
 - 300 direct client contact hours
 - 100 of these hours must be relational
 - All 300 of these hours must be using Drama Therapy if the student wishes to complete internship with 300 direct client contact hours
 - Of the 300 DT hours, 100 hours must be in a group modality

- Note that AT students may commonly obtain more than 350 hours if they complete any non-AT client contact hours.
- Outside of the direct client contact hours, the remainder of the 800 total hours can be accrued through:
 - Indirect clinical contact hours
 - Supervision hours

For the CFT-DT internship, interns must work with at least two distinct populations (e.g., school children, military families). This requirement may be satisfied by working with a different population during internship than in Pre-Internship Practicum.

Please note: CFT AT/DT/DMT students may not count Pre-Internship Practicum (PIP) hours toward their 300 direct clinical internship hours but may count them toward the additional AT/DT/DMT program required hours. Please see CFT Student Handbook, Appendix A for more detailed information.

CFT-DMT Internship Requirements

- For specific DMT internship requirements, please request more information from Dr. Janice Hoshino (jhosino@antioch.edu), the Program Director of Creative Arts Therapy.

Other Program Certificate Requirements

Sex therapy and internship.

- Students pursuing the sex therapy certificate at AUS **are not required to obtain sex therapy hours during their master's level internship or practicum** and are unable to count direct client contact hours or supervision hours towards their sex therapy certification (even those provided by an AASECT-certified supervisor).
- All hours towards becoming an AASECT-certified sex therapist must be accrued **post-graduation**, as AASECT clearly states that any candidates for certification **MUST** hold a license to practice before accruing hours.

Play therapy and internship.

- Students pursuing the play therapy certificate at AUS are not required to obtain play therapy hours during their master's level internship or practicum. If they are able to and are supervised by a Registered Play Therapy Supervisor (RPT-S) these direct client contact hours will count towards their Registered Play Therapy designation (via Association For Play Therapy), not towards their state licensure hours. Students are not guaranteed to work with an RPT-S during internship.
- Post graduate accrued Play Therapy hours **MUST** be supervised by a Registered Play Therapist Supervisor for a duration of 2 years post graduation and acquire 15 CE hours of approved play therapy training prior to applying for their Registered Play Therapist designation. These play

therapy direct contact hours and supervision can be done concurrently with the obtaining of state licensure hours.

Addictions counseling and internship.

- If you are a student in the Addictions Studies certificate program please refer to your certificate requirements for more information on hour requirements needed.

How to Log Clinical Hours

Clinical time is considered face-to-face (either in person or online) time spent with the client. Here is the hourly breakdown by minutes of Client Contact:

- Less than 10 minutes may not be considered as therapeutic contact time
- 15 - 30 minutes = 30 minutes
- 30 - 45 minutes = 45 minutes
- 45 - 60 minutes = 1 hour

300 Direct Clinical Contact Hours		
Type	Definition	Type of Hours
Individual Therapy	Refers to sessions involving one client and therapist(s)	Counts towards 300 total hours but NOT towards <i>relational</i> hours
Relationship/ Family Therapy	Refers to sessions involving two or more persons conjointly who have a relationship established prior to therapy. This may include family subsystems, romantic or intimate partner relationships, enduring friendships, or ongoing community relationships. Interns may only log <i>time spent</i> with two or more clients <u>at the same time</u> as relational hours. For example, if working with a child and their parents for a 50-minute session: If an intern spends 30 minutes with a parent AND child providing therapy and then 20 minutes with the child individually, the intern would log 30 minutes of relational direct clinical contact and 20 minutes of individual direct clinical contact. In order to count the entire hour as relational, more than one family member must be present for the entire session.	Counts towards 100 <i>Relational</i> hours, which can be used towards 300 total hours

Co-Therapy	Therapy conducted with more than one therapist present. The other therapist may be your site supervisor or a colleague.	Co-Therapy hours count towards the 300 Direct Clinical Contact Hours (also towards the 100 if the client is relational)
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*****Note: Out of the 300 total hours of face-to-face direct clinical hours, at least 100 need to be relational**

Teletherapy Hours

- In COAMFTE Version 12.5 standards, direct client contact hours may be earned via teletherapy modality.
- Teletherapy is considered any synchronous CFT assessment, therapeutic intervention, treatment planning practices conducted with **both video and audio** components.
- Telephone (i.e. audio only) hours **DO NOT count as direct clinical hours, per COAMFTE standards** (see COAMFTE V 12.5 standards definition of “Direct Clinical Contact Hours, p. 37).

Hours That Do Not Count for Direct Client Contact Hours

The following hours do not count toward CFT internship:

- *Phone Calls.* Per current COAMFTE standards, phone calls/audio only sessions cannot be counted as client contact hours (see COAMFTE V 12.5 standards definition of “Direct Clinical Contact Hours, p. 37).
- *Shadowing Intakes or Therapy Sessions.* Direct client contact hours include those in which the therapist is acting in a therapeutic manner with the client. Though shadowing intakes and therapy sessions are highly useful to intern development, these appointments *do not count* towards the 300 total direct client contact hours. However, co-therapy (or providing therapy in conjunction with another acting therapist) does count as direct clinical contact hours.
- *No Shows.* If a client ‘no- shows’ client contact cannot be counted. However, if a client is late 15 to 20 minutes for an appointment but does end up attending, the student may count the entire appointment time. If a client is later than 20 minutes, the actual time spent in session would need to be counted.
- *Other.* Trainings, meetings without the client, or client’s family members present (e.g., treatment team meetings without the client), and paperwork hours are not counted toward CFT internship direct client contact hours.

Supervision Hours

Per COAMFTE V. 12.5 standards, “Students must receive at least 100 hours of MFT relational/systemic supervision from a program clinical supervisor on a regular and consistent basis while seeing clients....MFT relational/systemic supervision can be individual MFT relational/systemic supervision (one supervisor with one or two supervisees) or group MFT relational/systemic supervision (one supervisor

and eight or fewer students) and must include a minimum of 50 hours of MFT relational/systemic supervision utilizing observable data” (p. 26).

At Antioch’s CFT Program, your case consultation instructor is your “Program Clinical Supervisor” for the purposes of COAMFTE accreditation. All 100 hours of MFT relational/systemic supervision required for COAMFTE accreditation is provided for each student in their first four quarters of case consultation. All case consultation instructors meet the COAMFTE definition of Program Clinical Supervisor, which is defined by:

- Demonstrating professional identity as a marriage and family therapist, and
- Demonstrating training in MFT relational/systemic supervision through designation as an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate

It is essential that interns maintain regular contact with program clinical supervisors (case consultation instructors) and site supervisors to develop systemic conceptualization skills. This means at least one supervisory meeting weekly for each week that an intern is seeing clients.

Case consultation sections are limited to eight or fewer students, and supervision within case consultation is conducted from an MFT relational/systemic lens. All students bring at least two video clips each quarter for direct supervision by their Program Clinical Supervisors, providing between 12 and 16 hours of supervision based on observable data (i.e., audio and video recordings) per quarter for each student in case consultation class.

Required: 100 Hours of MFT Relational/Systemic Supervision			
Type		Definition	Hours
Individual Self-Report Supervision		Refers to supervision in which the supervisor and no more than two students are present. Cases are presented and discussed; no observable data is shown.	Counts towards 100 hours of required supervision IF the supervisor is a Program Clinical Supervisor
Individual Supervision with Observable Data	Individual Video Supervision	Refers to supervision in which the supervisor and no more than two students are present. Video clips are presented and discussed. If any video is shown, the total time of supervision is counted as video.	Counts towards 50 hours of <i>Supervision with Observable Data</i> (i.e., Video/Live supervision) IF the supervisor is a Program Clinical Supervisor

	Individual Live Supervision*	Refers to the supervisor watching no more than two therapists behind the two-way mirrors or in-person while they provide direct client therapy. Discussion usually happens before and after the session. All time is counted as live supervision.	Counts towards 50 hours of <i>Supervision with Observable Data</i> (i.e., Video/Live supervision) IF the supervisor is a Program Clinical Supervisor
Group Self-Report Supervision		Refers to supervision in which the supervisor and more than two students (max of 8) are present. Cases are presented and discussed; no observable data is shown.	Counts towards 100 hours of required supervision IF the supervisor is a Program Clinical Supervisor
Group Supervision with Observable Data	Group Video Supervision	Refers to supervision in which the supervisor and more than two students (max of 8) are present. Video clips are presented and discussed. If any video is shown, the total time of supervision spent discussing the case is counted as video.	Counts towards 50 hours of <i>Supervision with Observable Data</i> (i.e., Video/Live supervision) IF the supervisor is a Program Clinical Supervisor
	Group Live Supervision*	Refers to supervision and one or more students watching therapists behind one-way mirrors or in-person. Discussion usually happens before and after the session. All time is counted as live supervision.	Counts towards 50 hours of <i>Supervision with Observable Data</i> (i.e., Video/Live supervision) IF the supervisor is a Program Clinical Supervisor

*Note on Group Live Supervision:

- Therapists count this session as both “live supervision” (either individual or group) AND “direct client contact” (either individual or relational) since they are providing direct client therapy and being supervised on the therapy at the same time.

Recording Client Sessions at Your Site

As a part of your case consultation course, you will show regular videos of your therapeutic work using Supervision Assist or another appropriate way to record (see page 39 on “[Alternative Ways of Recording](#)”). As a reminder, interns are required to complete at least 50 hours of supervision with video or audio recordings included to graduate. While this number is not difficult to reach, interns should make a plan of regular video recordings and their process for asking for client consent at the beginning of their internship so as not to get behind.

How to Talk to Clients About Recording

Interns sometimes express discomfort asking for clients to record because of fears that this will burden the clients when they are there to receive help. Instead of thinking yourself out of asking for a client’s permission to record consider the following:

- As a an intern, you are a learning clinician, meaning that you need a supervisor to see you acting as a therapist in order to receive the best feedback and support possible to continue your clinical development,
- You are not coercing clients into providing this permission. You are simply asking and explaining the purpose of the recording. If a client says no, then you can move on with the clinical activity. Asking someone something is not an obligation for them to complete it.
- Clients often feel more comfortable knowing that an advanced clinician is monitoring their sessions to support the learning therapist. This also adds a higher degree of feedback and conceptualization to enhance the therapeutic process for these clients.

When asking a client to record, approach the topic confidently and with a practiced script. Consider the following conversation starter:

“As you know, I’m a learning therapist with Antioch University. Because I want to provide you with the best services possible, I’d like to ask your permission to record our sessions for my review. Additionally, I may share these with my faculty supervisor and supervision group to evaluate how I’m doing as an intern. If I do then I’ll be integrating the feedback into our therapeutic process, meaning that you’ll have the support of an expert therapist with our time. Would this be okay?”

Some clients will consent to this process readily, while others may have a few questions. Be ready to answer the following questions from clients.

- Who exactly will you share these videos with?

The only people who will see these videos are my faculty supervisor and my group of learning peers. When we meet in my group supervision class, everyone is held to the same confidentiality standards that I am. As a reminder, the focus will be primarily on me as a therapist to help me grow.

- How will these videos be kept safe? When will they be deleted?

Our program uses Supervision Assist to record all videos. Supervision Assist is a HIPAA secure recording platform that automatically uploads any videos to the secure cloud after recording. Only people with special permissions given by me would ever have access. Supervision Assist automatically deletes all videos after my graduation.

- What if I decide to change my mind later about recording?

That's totally fine! Consent is an ongoing process and you are welcome to change your mind at any time without any repercussions. Just let me know when this happens. I'll remind you that I'm recording at the beginning of each session to give you a chance to do this.

On-Site Supervision

Site supervisors are required to provide at least one hour of clinical supervision for each week that an intern is seeing clients. Site supervision is a critical component of an intern's learning experience because site supervisors provide the clinical expertise specific to the internship site's population and the administrative understanding of maintaining clinical documentation. While site supervisors manage the day to day activities of an intern, including emerging client crises, scheduling, and maintenance of clinical documentation, program approved or faculty supervisors support the intern in developing a cohesive theory of change and acts as a liaison between the intern's site supervisor and Antioch University - Seattle. Your site supervisor may hold an unrestricted mental health license other than that of an LMFT, including but not limited to an LMHC, LICSW, or a Board Certified Psychologist. Supervision Between Academic Quarters

Interns will likely continue providing therapy at their internship site between academic quarters to prevent disruption of therapy services for their clients. However, case consultation classes will not typically meet during Weeks 11-13 of the quarter. During these gaps between case consultation meetings, students should continue to meet with their site supervisor weekly until the next academic quarter starts. Students cannot meet with their clients in the break between quarters if they are not receiving weekly supervision from their site supervisor.

Supervision During Emergencies

Occasionally, case consultation instructors may need to cancel classes because of illness or an unforeseen life circumstance. In these events, interns should meet with their site supervisor at least weekly to maintain appropriate supervision.

In the event of a site supervisor becoming ill or needing to miss a weekly supervision, interns should be provided with another appropriate supervisor for this time frame. During the quarter, students may also check in more frequently with their case consultation supervision.

Clinical Evaluation During Internship

Internship Case Consultation Competencies

Students are required to enroll in COUN-6002 or COUC-6002: Internship Case Consultation during each quarter of internship. Internship Case Consultation courses are designed to provide students with support as they carry out clinical work at the internship site. Internship Case Consultation also serves as the last evaluative “gateway” through which students pass before graduation. In these courses, CFT students meet three hours per week or 30 hours per quarter of classroom time.

The intent of Internship Case Consultation is to assist students in developing competencies related to conceptualizing cases for presentation and offering clinical feedback to case presenters. Attainment of competencies is based on a developmental model covering four or more quarters of internship. Competency attainment in each quarter is expected to build on the level of competency achieved in the student’s prior quarter.

Granting Credit for Internship Case Consultation

Internship Case Consultation instructors are the faculty on record to grant students credit for Internship Case Consultation – not the internship site supervisor. The instructor and internship site supervisor share information and confer throughout the quarter to monitor and evaluate the quality of student clinical work. In other words, the internship site supervisor does not grant credit for Internship; that is the Internship Case Consultation instructor’s responsibility.

At Antioch, we evaluate our students on a competency based system which uses narrative assessments rather than letter grades (for more information, see the Competency Evaluation section on page 22 of the 2021-2022 CFT Student Handbook). Case consultation instructors provide ongoing feedback to students during students’ clinical internships and work to incorporate feedback from internship site supervisors and students’ clients in order to determine whether students are achieving at least 75% Intermediate or Advanced Competency in Domain 9: Supervised Clinical Practice; in other words, students must receive Intermediate or Advanced Competency in at least half of the quarters they are enrolled in Internship Case Consultation (i.e. if students complete a 4-quarter internship, they must earn IC or AC in 2 or more quarters)..

Here is a breakdown of what each of the grading competencies mean and the standards by which we hope our students are being assessed:

Below Competency - Failed to meet minimum graduate-level competency in terms of the course attendance, scholarship, and performance standards. *Below Competency marks should only be given if the student is **failing to meet internship requirements*** in significantly concerning ways. In the event that a student fails to meet the standards set forth in the Internship Case Consultation syllabus, the student will receive a Below Required Competency rating and a No Credit in Internship Case Consultation and may not receive credit for any clinical hours during that quarter. In addition, the intern will create a Student Development Plan (SDP) in consultation with the Internship Case Consultation instructor, Faculty Advisor, and Program Chair.

Required Competency - Met minimum graduate-level competency in terms of the course attendance, scholarship, and performance standards. *Required Competency marks may be developmentally expected of a 1st quarter internship student who has just started seeing clients, but beyond this, should only be assigned as a way to indicate that students are meeting **only basic standards** in their clinical internship (i.e. barely passing, but meeting basic requirements re: attendance and job duties). In second quarter of internship and beyond, Required Competency indicates that there are some significant concerns in the student's clinical, developmental, or professional abilities.*

Intermediate Competency - Achieved Required Competency plus demonstrated mastery of the identified course knowledge and/or skills areas. Intermediate Competency is the desired standard for students in the early stages of their Internship. This designation indicates that the student is demonstrating an ability to join with, assess, develop treatment plans and interventions for clients using case conceptualization skills, and awareness of self as therapist, *at a developmentally appropriate level in their learning* (i.e., students will be more adept at these skills as they progress in their programs). This evaluation indicates that the intern is meeting expectations of student learning and clinical work for their developmental level in their program/internship.

Advanced Competency - Achieved Intermediate Competency plus demonstrated a level of expertise in the course knowledge and/or skill areas that would be expected of entry-level master's practitioners. Advanced Competency indicates a standard that the therapist is demonstrating excellent clinical and conceptualization skills expected of an entry-level clinician. This is the goal for learning for students in the late stages of their internship and indicates that the intern is exceeding expectations of student learning and clinical work for a master's level intern therapist. We strive to help all CFT students achieve Advanced Competency in all domains upon graduation. Therefore, hopefully, upon graduating, the student's internship supervisor will rate the student's work as meeting the requirements for "Advanced Competency." However, an intern's final competency is ultimately determined by the case consultation instructor.

The case consult section classes follow a similar format to the narrative evaluations. It is important to note that most first quarter interns will earn *Required Competency* for the quarter. After the first quarter, interns will typically attain *Required Competency* or *Intermediate Competency*. *Advanced Competency* is sparingly used in this course (often only earned by students in their final quarter of internship) because it indicates the competency-level of an entry-level systemic clinician.

If completing internship in 4 quarters, students must receive an Intermediate or Advanced Competency rating in at least 2 quarters of Internship Case Consultation in order to successfully complete internship. If students complete internship in 5 quarters, students must receive an Intermediate or Advanced Competency rating in at least 3 quarters of Internship Case Consultation. Students who fail to meet this requirement must fulfill the requirements of a remedial plan developed collaboratively with the student's advisor and the Internship Case Consultation instructor, designed to assist the student in mastering the relevant competencies in which improvement is needed. This plan may include registering for an additional quarter of internship or an equivalent learning activity.

Note: A failure to meet internship standards could result in a denial of course credit for Internship Case Consultation and Internship as well as a loss of credit for internship hours gained during the quarter. In

this instance, the Internship Case Consultation instructor will make a decision in consultation with the student's advisor, the CFT department chair, and the DCT.

Assessment of Students' Clinical Performance

CFT Interns are assessed on the Condensed MFT Core Competencies (C-MFT-CC; Northey & Gehart, 2019), which comprises 16 core competencies that condense the original 128 Marriage and Family Therapy Core Competencies (MFT-CC) to measure competency-based attainment in MFT programs. The assessment uses the following 5-point scale:

N/A = I am not able to assess this competency at this time.

1 = A consistent weakness for this student.

2 = The student is inconsistent in this area, sometimes appearing competent and other times this is a weakness.

3 = The student is generally competent in this area but should continue to work on this skill

4 = The student is generally strong in this area, though it seems to be more difficult with some clients.

5 = This student is very strong in this area with all clients; this comes naturally to the trainee.

The assessment is organized into nine domains:

- Domain 1: Foundations of Relational/Systemic Practice, Theories & Models
- Domain 2: Clinical Treatment with Individuals, Couples and Families
- Domain 3: Diverse, Multicultural and/or Underserved Communities
- Domain 4: Research & Evaluation
- Domain 5: Professional Identity, Law, Ethics, and Social Responsibility
- Domain 6: Biopsychosocial Health & Development Across the LifeSpan
- Domain 7: Systemic/Relational Assessment & Mental Health Diagnosis and Treatment
- Domain 8: Contemporary Issues, CFT Professional Identity, and Portfolio Development
- Domain 9: Community Intersections and Collaboration

The Condensed MFT Core Competencies (see Appendices B and C) is the primary tool used to assess student performance. This form is completed independently at the end of each quarter from three sources: the internship site supervisor, the case consultation supervisor, and the student (self-assessment). Internship Case Consultation instructors use the internship site supervisor's evaluation in order to assess each intern's performance at internship and submit a narrative assessment for Internship Case Consultation incorporating data from their own completion of the C-MFT-CC and the student's self-evaluation.

Client Satisfaction Surveys

Because the CFT program is accredited by COAMFTE, our program is required to provide information from our client community of interest. Tracking this data provides us with information on how our interns are doing from the perspectives of the consumers of their clinical services. Each year interns are required to collect at least five client satisfaction surveys, which should take clients no more than five minutes to complete. The intern will facilitate the completion of this survey on a computer or cell phone,

while providing as much privacy for the client to reflect on clinical services as possible. While the surveys ask for the intern's name, this is to monitor the completion of the required surveys per intern. The program does not include any of the information collected in narrative evaluations for case consultation courses or provide the data to the case consultation instructors or site supervisors. All data is treated as aggregate and used only for accreditation purposes.

Note: The program will communicate with you through the DCT emails and your case consult instructor when these surveys are needed. Interns do not need to collect these on a rolling basis and should wait for additional prompting from the program.

Handling Internship-Related Issues and Concerns

Internship can be a challenging process at times. Throughout your internship process, please stay in touch with your site supervisor, case consult instructor, and the CFT DCT with any questions, concerns, or issues. Below you'll find clearer instructions on what to do in particular issues you might encounter during your internship.

Issues with Registration for Case Consultation

When registration opens each quarter, you are responsible for registering for your case consultation section. Once assigned to your section, these assignments do not change unless you have been given explicit notification or permission (see CFT Clinical Internship Handbook, p. 15). When you are registering for case consultation, please verify that you are registering for the correct section in terms of 1) instructor and 2) course numbers of case consultation based on quarter in internship (i.e. COUN6002- Quarters 1-4; COUN6004- Quarter 5; COUN6006- Quarter 6+).

If you have verified that you are registering for the correct section and are still having issues with registration, then please contact the CFT Program Associate at dct.ma.seattle@antioch.edu for assistance. *Please note:* case consultation instructors do not assign permissions for registration, so please do not contact your instructor for assistance with registration.

Issues with Supervision Assist

While Supervision Assist makes many things easy for interns, it can also be challenging. If you are having any issues related to Supervision Assist, contact the CFT Program Associate at dct.ma.seattle@antioch.edu. They will be able to support you with understanding the processes necessary for Supervision Assist. If your site supervisor mentions problems with Supervision Assist, please refer them to this contact as well. We can only help if we know what's going on.

Trouble Accruing Clinical Hours at your Site

Trouble Getting Hours in the 1st Quarter

When interns receive fewer than average client hours in their first quarter (e.g., 20 sessions), interns naturally worry about not being able to complete their internship within 5 quarters. This anxiety often prompts the intern to consider quitting their current internship and looking for another internship. If a student is experiencing this anxiety, it is recommended the student consult with the Case Consultation instructor, Faculty Advisor, and/or DCT. Often, interns will receive very few hours in the first quarter, so switching to a different site is usually unnecessary. Try not to get stuck in comparing yourself to your peers at different types of sites.

Trouble Getting Hours After the 1st Quarter

While it can be common for interns to accrue very few hours in the first quarter, in rare cases, some interns continue to not receive enough client hours after the first quarter. There are various reasons why interns do not get the hours they require, which may include (but are not limited to):

- There are too many interns at the site
- There are not enough clients at the site
- The supervisor does not trust the intern with clients
- The supervisor thinks the intern is overloaded and cannot handle more clients
- The supervisor does not notice the intern
- The supervisor is not advocating for the intern

If an intern is not receiving enough client hours, the intern can attempt the following options in sequence:

1. **Self-advocate for more client hours at the internship site.** To be an approved internship site, the site is expected to honor their commitment to taking interns by providing a certain amount of client hours per week. It is the student's right to advocate to get this need met.
2. **Speak up.** The squeaky wheel gets the grease. Students should talk with their supervisors. Students might need to talk about it each week at supervision. This step should work, since supervisors should be advocates for the student. Students should remember to cultivate a working relationship with their supervisor, so the supervisor is more likely to advocate for the student.
3. **Connect with intake personnel.** The student should talk with the intake personnel at their site, such as the front desk worker or the intake clinicians. If they know the student is in need of client hours, the student is more likely to get new clients.
4. **Increase hours with the current clients:** Students can decrease their drop-outs and no-shows by focusing on improving the therapeutic alliance with each client.

Students can reach out to clients who haven't scheduled in a while.

Students can schedule longer sessions or more sessions per week. E.g., students may offer to have 2- or 3-hour family sessions, if it is clinically indicated.

Students can meet with clients at school or in-home, if this falls within agency standards. Clients are much less likely to no-show in these settings. Students must receive approval from their onsite supervisor before doing this.

5. **Seek creative solutions:** Students can sit in on intakes. Students can sit in on/co-facilitate therapy groups or other therapy sessions. This is a great way for students to learn from other clinicians' styles.
6. **Request advocacy from the DCT.** If that doesn't work, students can ask the DCT to contact the onsite supervisor and advocate for the student.
7. **Consider a 5th quarter of internship.** Students can consider a 5-quarter internship to extend time to complete clinical hours.
8. **Consider a secondary internship site.** Often interns prematurely consider this step before putting effort into the previous steps. But if a student has exhausted all previous options, then

the student may consider getting a secondary internship site. Adding a secondary site, however, does not excuse you from meeting your commitments to your primary internship site.

Not Getting Enough Relational Hours

CFT interns are required to complete 100 relational hours out of their 300 hour total, meaning that they should plan on an average of 2-3 relational hours per week in internship over a 4-quarter internship. If you notice that you are not receiving relational hours, practice advocating with your clients to bring in essential system members to promote longer and more effective change in the client's life. Notice your own biases impeding your ability to get relational hours. For instance, do you assume that no teenage clients want their parents at the same time? Remember that teenagers are still a large part of the family system and parents can often collaborate for more effective and comfortable solutions to the teenage clients' problems.

If your personal assessment and avocation doesn't result in more relational hours, consult with your site and faculty supervisor about ways to increase these hours. Site supervisors typically support interns who want to create relational groups or involve other family members in existing client sessions.

If your site supervisor is unable to support your relational hours, please consult with the DCT about next steps.

Getting Too Many Clients or Hours

Sites provide clients based on the clinic flow of referral, process for assessments, and number and role of clinicians. This means that some interns may be in a position of receiving too many clients (e.g., 4+ intakes in one week). Interns in this position may understandably feel overwhelmed.

If you feel like you are in this position, the first step is to evaluate your actual caseload and hour requirement. Review the list of your clients in terms of how many hours of direct service they are receiving per week; at times much of your caseload may be on biweekly or monthly appointment schedules, meaning that your caseload looks higher than your actual weekly direct hours. If this is the situation you are in, focus on graduating your monthly clients in a collaborative way.

If after reviewing your caseload, you feel like you still have too high a caseload/hour requirement, bring this up with your site supervisor! Use the information provided in this clinical internship handbook to guide the conversation. Interns are aiming to earn 8-10 hours of direct client contact a week. If you are completing 15 hours for multiple weeks, this is definitely a sign that you need to stop taking new clients and consult with your supervisor on how to reduce your workload.

If the conversation with your site supervisor yields little to no change, this is the time to consult with the DCT about your next steps. In this consultation the DCT and you will decide on if you'd like to be part of scheduling an internship site health meeting. The DCT will schedule this with your site supervisor and reiterate expectations and assess for any ways to alleviate the burden on the intern.

Please note that you will likely go over your 300 hours over the course of the internship. This is not a problem!

Issues with Colleagues or Fellow Interns at an Internship

Unethical behaviors or difficult interactions may happen with the people you work with at your internship. As systemic clinicians we believe that change happens through relationships and try to give people the benefit of the doubt in most interpersonal situations. If there is no immediate crisis, bring up what you noticed with your peer in a curious and “calling in” conversation to discuss the problematic nature of what you saw. If the behavior is still occurring after this conversation, make sure to talk to your site supervisor and/or your case consult instructor. These supervisors can help best guide you in your next steps.

Interpersonal Issues with Your Case Consult Instructor or Site Supervisor

Please refer to the CFT Program Concern, Complaint, and Grievance Policy (CFT Student Handbook, p. 65) for a more detailed explanation of how to move through the process of handling a concern, complaint, or grievance related to your internship experience.

If you are part of an on-going pattern of difficult interactions with your site or faculty supervisor, please speak up! First, bring up this issue directly with the supervisor and talk about your experience using “I statements” and non-reactive communication. This typically leads to a positive resolution for all parties involved and you will have practiced an essential skill in communication that can be scary for most people.

There may be some instances where a personal conversation with the supervisor feels too uncomfortable. In these instances, the DCT offers internship drop-in hours and personal consultations to help interns process through these difficult situations and decide on the best path forward. Additionally, if you’d like support with the conversation with the supervisor, the DCT can attend a mutually scheduled meeting to help facilitate the conversation, asking clarifying questions and clarifying expectations of interns and supervisors alike.

Though we hope this never happens and note it rarely does, there may be times where your supervisor behaves inappropriately or even abusively. If you feel that this has happened, immediately contact the DCT to talk about what has happened and get support. Again, the CFT Program Concern, Complaint, and Grievance Policy will provide guidance about how to move through challenging interpersonal situations.

Terminating your Internship Prior to Ending Case Consultation

If you have exhausted the above mentioned resources and still feel like the site is not a good fit (e.g. not collaborative, not providing enough hours, etc.), you may be able to terminate your internship early. This is not a recommended practice unless there is a critical problem. If you have determined that this is the only path forward, you will need to talk to your 1) site supervisor, 2) case consult instructor, 3) faculty advisor, and 4) the DCT about the plan for departure. If approved by the individuals outlined above, this process must be documented using the Early Internship Site Termination Form (See Appendix E). It is essential that you complete all responsibilities prior to leaving the site to make sure that you have completed any notes or documentation for your site and have ensured an appropriate transition plan for your clients at the site. *Do not* cease services to your site without completing the steps listed in the form above.

Support for Internship Site Supervisors

Supervision Assist

All inquiries about Supervision Assist can be sent to the MA Program Associate at dct.ma.seattle@antioch.edu or the DCT at rhughes1@antioch.edu. The student is welcome to support their site supervisor if able, but the Clinical Training Team is happy to help with any difficulties with Supervision Assist.

Interns' Work Performance

The faculty supervisor and site supervisor are a team to support the students' clinical development through the internship process. Site supervisors should stay in frequent contact with the intern's case consultation instructor about student successes, concerns, etc. As soon as a site supervisor has a concern, they should reach out to the interns' case consultation instructor about the issue. From there the faculty supervisor and site supervisor will collaborate on a solution to the best path forward. In extreme cases, poor performance at a site could result in a Student Development Plan created by your advisor and case consultation instructor with the guidance of the DCT. If students fail to make progress on remediation plans, students may run the risk of being removed from their internship site and receiving No Credit for the quarter of Internship Case Consultation.

An Extreme Issue with Intern Performance or Behavior at the Site

Any extreme issues should be immediately reported directly to the Director of Clinical Training (Dr. Rachel Hughes, rhughes1@antioch.edu). The DCT and the site supervisor will work together on a plan to decrease harm to clients in any situation. In rare instances, interns may be asked to leave internship sites. If this is the case, the DCT, the student's advisor, and the student will work together on the next steps forward.

Supervision Assist

To make hour counting as easy as possible, Antioch University Seattle has adopted **Supervision Assist** a comprehensive, HIPAA-secure web portal that integrates all the tools universities, supervisors, and students need for successful practicum and internship training. **Supervision Assist** allows students to (1) conduct live sessions in a HIPAA-secure environment, (2) upload or cloud record audio/videos, (3) track activity logs online with electronic supervisor signatures, (4) instantly view progress towards graduation and licensure, and (5) complete and review evaluations online.

The on-line features of the database include hours tracking and approval, documentation and documentation storage, searchable sites and site supervisors, electronic signatures, on-line evaluations, and other important features and functions.

There are additional benefits to this program, including free CEU's for all members, including site supervisors. The Supervision Assist web portal has tutorials built into the user's dashboard for easy access to training.

Students will be invited by the DCT to Supervision Assist during their Counseling Skills course. Payment associated with Supervision Assist is included in the lab costs for this course. Students will incur no further fees from Supervision Assist after the initial registration.

Setting Up Internship in Supervision Assist

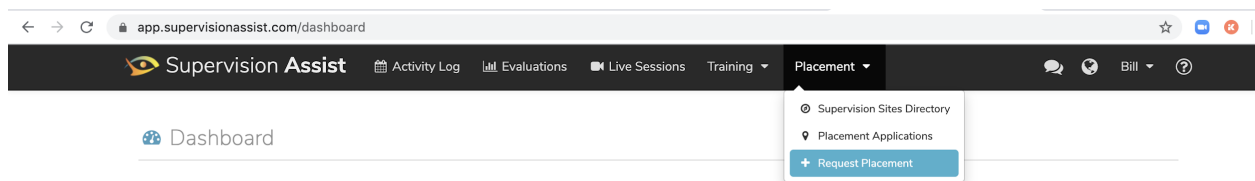
In addition to registering with the registrar for your case consult course, the DCT will register you in Supervision Assist in the appropriate training plan for the quarter. Training plans are date ranges that correspond with the quarter schedule and how many quarters of internship the student has completed (e.g., Quarter 1 Internship 1/1/2022 - 3/31/2022). It is at this time that the DCT will assign the case consult instructor as faculty supervisor.

Required HIPAA Training

Each student must complete the required HIPAA training module located in Supervision Assist. This module informs students of where ePHI is contained in Supervision Assist, as well as information on deleting information when it is no longer needed. The course is accessible on the Dashboard of Supervision Assist.

Requesting a Site Placement

After the DCT has verified the internship site and supervisor, students will request a placement directly in Supervision Assist. This link is accessible on the Dashboard in the top black bar.



After selecting the option to Request a Placement, students will select the appropriate Training Plan and Supervision Site (i.e., where the internship is physically located) and Supervisor.

Trainee Placement

Placement Applications | **Request Placement**

Select Training Plan
Training not assigned? [Request It](#)

Assigned Trainings
Quarter 1 Internship: 1/1/20 - 3/31/20

Select Supervision Site
Search for the supervision site you're applying for. If it's not found, you'll be prompted to add it to the directory.

Supervision Sites
Greater Lakes Mental Healthcare

To apply: Information about internships and a link to the online application can be found at <https://www.glmhc.org/careers/#Internships>

Select Supervisor
Supervisor not listed? [Invite Them](#)

Supervisors
Q Search...

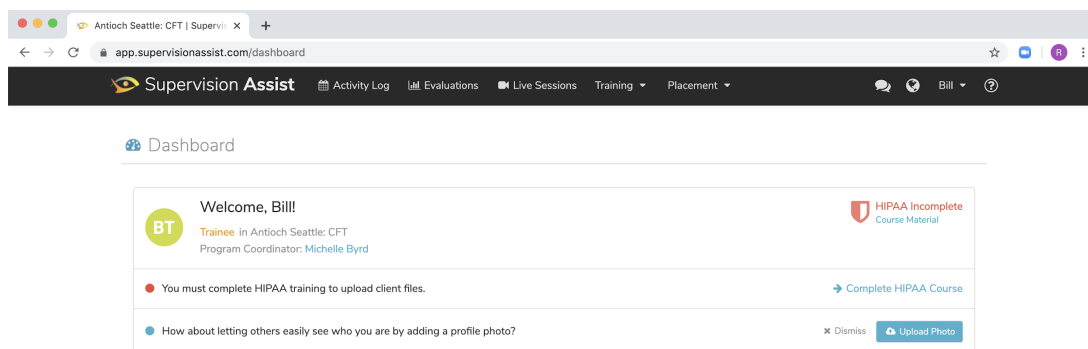
[Clear](#) [Submit](#)

If the desired Supervision Site is not available, please invite the site into Supervision Assist. The site supervisor will fill out information beyond the name of the organization and the address..

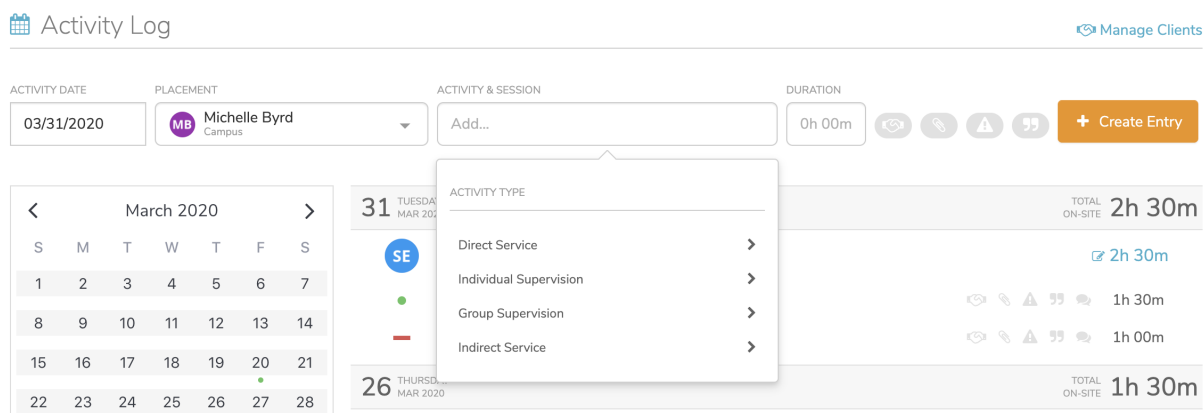
If the desired Site Supervisor is approved by the DCT but still unavailable to select, students can invite them into the Supervision Assist platform by selecting “Invite Them.” After requesting a site placement, the DCT will approve the request as soon as possible and will reach out with any concerns of issues.

How to Log Your Hours in Supervision Assist as a CFT Intern

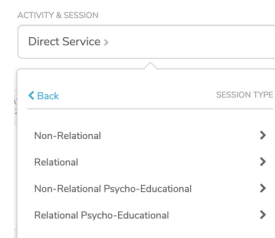
1. Log into your account at www.supervisionassist.com. Your default log-in screen will be on your dashboard.
2. Navigate to the Activity Log listed in the upper toolbar of the website.



3. To add new hours, select the appropriate date, placement, activity & session, and duration.
 - a. To select the appropriate placement (where service occurred), choose your site supervisor (or faculty member if in Counseling Skills course).
 - b. To select correct activity & session, select the empty box under this field, which will open the following drop-down menu:



- c. If you are logging hours of direct client contact, you would select the first option. The menu will then show you which types of direct service hours you can log:



- i. If you provided therapy to an individual or a group where no group members have a permanent relationship, you would select non-relational.
- ii. If you provide therapy to a couple, family, or more than one person with a permanent relationship between them, then you would select relational.
- iii. Select relational or non-relational psycho-education only if there was no individualized therapy content in your session (e.g., providing a presentation on depression to parents of a teen group without engaging in the process afterwards).

d. If you are logging indirect service hours, select the appropriate activity listed under indirect service. Note that Supervision Assist allows for you to create your own indirect hour type by selecting “Other – Enter details in journal” if none of the options fit.

e. As shown previously, there are two primary options when logging supervision: individual and group supervision.

- i. By COAMFTE standards, individual supervision is defined as supervision with no more than two MFT candidates, while group supervision allows up to eight MFT candidates.

ii. The selection menus for individual and group supervision are the same.

1. Direct supervision options are selected when your supervisor is giving live feedback by video or audio footage or is directly observing the session.
2. Select on-site or on-campus by where the supervision was facilitated.

4. Once all of the information is correctly entered, select the orange “Create Entry” button on the right side of the webpage.

ACTIVITY & SESSION

Indirect Service >

< Back SESSION TYPE

- Observation >
- Clinical Consultation/Collaboration >
- Trainee's self-study for meeting training objecti... >
- Client case management >
- Professional Development / Conferences >
- In-service agency training >
- Administrative meetings >
- Educational Outreach - Consultation / Interventi... >
- Research & Project Development >
- Score & Interpret Test >
- Orientation >
- Other - Enter details in journal >

ACTIVITY & SESSION







Group Supervision >

< Back SESSION TYPE

- On-Site Supervision based on Direct Observation >
- On-Campus Supervision based on Direct Obser... >
- On-Site Supervision-Self Report >
- On-Campus Supervision-Self Report >

 Activity Log

 Manage Clients

ACTIVITY DATE	PLACEMENT	ACTIVITY & SESSION	DURATION					
03/31/2020	 Michelle Byrd Campus	Direct Service > Relational	1h 30m					

5. You can then review the entry for accuracy by looking at the most recent entry in the activity log.

How to Log Supervision with Observable Data in Supervision Assist

As you know, CFT interns are required to receive 100 hours of clinical supervision during(their internship with *at least* 50 of those hours needing to be with observable data. The purpose of this guide is to give you a clear understanding of what constitutes a supervision with observable data hour and show you how to log it correctly in Supervision Assist under the CFT intern status.

Logging video and audio supervision

1. Go to your Activity Log in Supervision Assist using the top black bar.
2. Select the appropriate date and site for your supervision.
3. Under “Activity & Session,” you have the options for both Individual Supervision and Group Supervision. Choose the type of modality you received your supervision in.
 - a. Reminder individual supervision is when a supervisor meets with no more than two supervisees at a time. Group supervision is completed with more than two supervisees.
4. Next you’ll be asked to choose between the following options:
 - a. When you receive supervision with a case consult instructor, then you select on-campus. When you receive supervision from your site supervisor, you select on-site supervision. This choice is related to where you received supervision, not where you performed the clinical activity.
 - b. This is also where you select if your supervision was based on “observable data” if you have shown video, played audio, or practiced in front of a supervisor. All modalities of observable data are included in this category.

***For example if you watched two videos from your peers in case consultation and then talked about it as a group for a total of two hours, then you would log the following into Supervision Assist:

- 2 hours of On-Campus Group Supervision based on Observable Data

Storage of Audio or Video in Supervision Assist

Students should primarily use Supervision Assist for the recording of clients in live meetings and teletherapy sessions. PHI in Supervision Assist is encrypted and purged regularly; this includes video and audio of a client. Supervision Assist stores all recordings in a secure HIPAA-compliant cloud storage. These recordings are accessible by your site supervisor and case consult instructor when you share them. This information is provided to your site supervisor and representatives when signing the Internship Learning Contract. All videos in Supervision Assist are stored for one calendar year before deletion or deleted when the student graduates the program.

Alternative Ways of Recording

There may be a time where you are unable to record using Supervision Assist because of technological or site issues. Because direct observation is a required part of the supervision process in the CFT Program, all audio and video should be HIPAA compliant and conform to the policies of the particular internship site. Minimally, this requires encryption and password protection of all electronic data and computer systems.

Portable electronic devices such as laptops, PDAs, smart phones, or flash drives cannot be used for storing or transporting confidential information about internship clients unless that information is encrypted. Students should check with their internship onsite supervisor about obtaining the appropriate devices (e.g., encrypted flash drives) for the recording and transporting of clinical data for Case Consultation in the CFT Program.

HIPAA violation penalties for noncompliance are based on the level of negligence and can range from \$100 to \$50,000 per violation and can also involve criminal charges and jail time. Many Patient Health Information (PHI) data breaches are the result of theft. Therefore, encryption of PHI is critical to avoid data breaches and the resulting fines. For example, the Alaska Department of Health and Human Services was fined \$1,700,000 for a stolen unencrypted USB hard drive. The Massachusetts Eye and Ear Infirmary and Massachusetts Eye and Ear Associates were fined \$1,500,000 for a stolen unencrypted laptop with PHI.

Guidelines for Electronic Media Security

The recording and care of confidential electronic media is a shared responsibility of the university, the student, and the internship site. To increase the care with which confidential media is handled, students are required to comply with these policies.

- Students will obtain written permission from their clients to record therapy sessions, by either audio or video, according to the protocol that is utilized by their internship sites. Some basic guidelines for these matters are as follows:
 - In the unlikely event that such a protocol does not exist, students will request of their onsite supervisor that such a protocol be adopted. (A sample consent form is available on the AUS M.A. Clinical Training Hub.)
 - Under no circumstances shall a student record a client's therapy session without written permission to do so.
 - The original form upon which written permission is obtained will be shown to and initialed by the onsite supervisor and then retained in the client's file at the student's internship site.
 - Written permission must include a statement as to the intent and responsibility of the student intern to take reasonable care to secure the material against theft or loss and

unauthorized access, and to erase the recorded content soon after its use for supervisory purposes is concluded.

- o Students will erase recorded confidential material within a time frame that is reasonable and that is specified in the protocol that is used to obtain written permission. Once a student has been marked as “graduated,” Supervision Assist will purge all recordings for the graduated student.
- o When playing back recordings pertaining to internship clients in Case Consultation or Case Supervision classes (CFT only), students will obtain written permission from their clients and from their onsite supervisor (or their supervisor’s designate at the site) to store said material on Supervision Assist (part of the Internship Learning Contract) and to playback such recordings in a classroom setting. Any notes or transcripts of such sessions sent through email programs should also be encrypted.
- o Students are not allowed to play the video or audio session to anyone not connected to the class for which the tape is needed, unless it is another Antioch approved supervisor. Students are not allowed to view or listen to anyone else’s recorded sessions unless it is within the classroom setting or with another Antioch approved supervisor. Passwords for accessing recorded client sessions should not be given to anyone else under any circumstances.
- o **Students should prioritize Supervision Assist as the recording platform because of the HIPAA-compliant nature.** However, if students transport video data outside of Supervision Assist, they must use encrypted flash drives or cameras that are transported in a secure container that prevents access to said materials by any unauthorized persons. Students must also make provisions to protect, store, and transport any digitally recorded audio materials in an encrypted device in a secure container that prevents access to said materials by any unauthorized persons.
- o Students who use personal devices such as cell phones or computers for recording client sessions must use a password protected device, and must not store any data in a cloud service, share via email (unless encrypted), or any other social media platform. Any data must be uploaded onto an encrypted flash drive and then erased from the personal device.
- o Breaches of electronic security should be documented by the student and reported to the instructor or Antioch approved supervisor. Privacy regulations also require that these breaches be reported to the client and the federal Health and Human Services authorities. Serious and intentional breaches of electronic security can result in loss of course credit as well as dismissal from the program.
- Onsite supervisors are asked to monitor compliance with these policies. If needed, they are invited to communicate directly with the DCT, the student’s advisor, or the instructor in Case Consultation or Case Supervision (CFT). Otherwise, such communications will be quarterly in

that compliance with these policies will be part of the quarterly review process as reported on completion of the Onsite Supervisors Assessment.

The CFT Internship Hours Approval

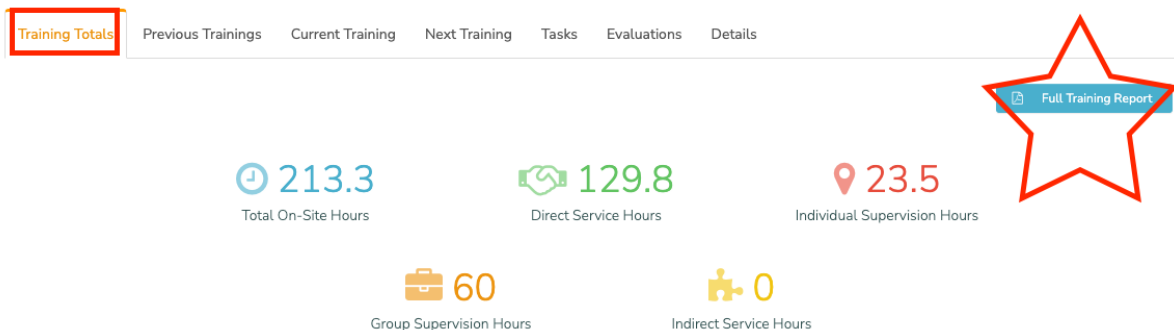
Supervision Assist maintains a tally of relational, non-relational, direct observation, and other supervisory hours by quarter of internship. Students will use Supervision Assist to maintain hour logs and assign the appropriate supervisor for approval of these hours. Typically this person will be your site supervisor. If your hours are not being approved regularly, a gentle reminder may be in order. If you continue to run into issues with your hours being approved, please contact the DCT for support.

CFT Internship End of Quarter Activities

At the conclusion of each quarter, the student should review comprehensively the hours accumulated during the quarter at internship and follow up with any unapproved hours. The student will also remind the onsite supervisor to complete the end-of-quarter evaluation within Supervision Assist. The case consult instructor subsequently signs the form and uses this information to complete the narrative assessment that is submitted to the Registrar's Office and becomes part of each student's permanent record. The form and OSA's are then submitted to the DCT, and then eventually placed in the student's file.

Total Hours Report in Supervision Assist

Recently, Supervision Assist created a total training report that provides you with your total hour logs in one report. To locate this report, interns will navigate to the "Training Totals" tab (noted in the image below with a red rectangle) from their trainee homepage. Then students will launch the "Full Training Report" (noted in the image below with a red star). This will provide trainees with a cumulative total of all hours accrued during internship.



CAT CFT students will need to subtract any direct clinical contact hours accrued during PIP I or PIP II from the internship total to get an accurate number of internship hours. CAT students may count their modality specific hours towards their total of certificate specific hours. An AT student would need to subtract 40 hours of direct clinical contact from their internship totals, but the student would count any AT-specific hours accrued during PIP I or II towards their AT hour total of 350.

Retain Copies of Internship Documentation

Supervision Assist allows for the storage and maintenance of hour logs, supervisor feedback forms, and other documents as needed. Students have access to their Supervision Assist account for six months after graduation. If students would like to cease the use of Supervision Assist after graduation, then they should download their log and evaluation forms before this point.

When applying for licensure in Washington or in another state (when students move), licensure applicants are required to report the above information. When state officials require specific confirmation of the above information, applicants must provide written verification. One quarter after graduation, the student file is shredded. It is required that students save all original documents should they be needed in the future. SAPCFT neither stores nor takes responsibility for such documentation.

CFT Capstone Project

As part of the CFT Program's emphasis on outcomes-based education, the CFT Capstone Project requires students to reflect on their growth as therapists-in-training and begin to develop their clinical integration perspective. Additionally, students are expected to critically evaluate and present their clinical work with a couple or family over the course of internship, which includes demonstrating their knowledge of systemic assessment and diagnosis and showing video clips of their clinical work with the client system. Students are expected to update their informed consent and disclosure statements and develop a post-graduation plan of action that includes applying for their associate license and creating a study guide for the licensure examination. The capstone consists of five chapters, which are outlined below.

Your case consultation instructor will provide any necessary information about the capstone project chapter you are working on during the quarter. First drafts of your capstone project chapter are due in Week 5 of the quarter; final submissions are due in week 8 of the quarter. You must pass your capstone project to receive credit for case consultation.

Please note that CFT-AT and CFT-DT interns will complete a master's project, instead of the Capstone Project.

Final evaluation of the CFT Capstone Project occurs in both the last quarter of Internship Case Consultation and Competency Assessment-IV. Please see the Capstone Project Manual for more details about the full project.

Quarter of Case Consultation	Capstone Project Chapter
1	Chapter 1: Personal Epistemology (<i>Materials for this chapter can be found in work completed in Competency Assessment I & II</i>)
2	Chapter 2: Updated Informed Consent & Disclosure Form (<i>Materials for this chapter can be found in work completed in Ethics & Professional Issues in CFT.</i>)
3	Chapter 3: Clinical Integration and Theory of Change (<i>Materials for this chapter can be found in work completed in the following courses: Systems Perspectives in Family Therapy (part I); Assessment, Diagnosis, & Treatment Planning (part I); Applied Family Therapy, Part I (part I); Applied Family Therapy, Part II (part II); and Advanced Systemic Theories and Models (part III)</i>)
4	Chapter 4: Final Case Paper, Presentation, and Conclusion

The Ballmer Behavioral Health Scholarship

Access to mental health care is a huge concern in the United States, especially for financially disparate populations. While mental health and substance use disorder rates climb, behavioral health agencies that routinely serve Medicaid and tribal health populations are facing a workforce shortage crisis. To start addressing this problem, the University of Washington School of Social Work launched the Washington State Behavioral Health Workforce Development Initiative (WDI). The Ballmer group donated substantial funds to provide master's students in accredited programs two-year grants of up to \$51,500. The WDI offers these grants to students who intern in a behavioral health agency during their internship and then commit to working 3 years in a behavioral health agency in Washington post-graduation. The goal is to reduce student debt in clinicians and increase the diversity of graduated clinicians working in sites that support our state's most vulnerable populations. Read more on the WDI's goals and strategic initiatives on [the website](#). You can find a list of currently qualified agencies [here](#).

The WDI also hosts the Career Support Network to support students with post-graduation job preparation. Currently, this network offers 1) career-oriented counseling, 2) professional self-assessment, 3) individual career development plans, 4) professional learning forums, and 5) an online professional development portal.

Who can apply?

Any student in our program planning on interning in a qualified behavioral health agency (see link to list above) in Washington and planning to work in Washington for at least 3 years in a behavioral health agency post-graduation. Students applying must have a current FAFSA filed.

When can I apply?

You can apply at any time in your program prior to starting internship. If you are applying, make sure that you are dedicated to finding a behavioral health agency internship. Your DCT can help you talk through options. The specific deadlines for the grant are available [here](#). You will also receive notifications from the clinical training team of when these grant applications are open.

What happens if I'm selected?

Your DCT will reach out to you directly as well as a representative for the WDI. You will complete a statement of financial need form, which we then forward to the Office of Financial Aid to identify your unmet financial need.

How many applicants will receive the grant each year?

Currently, the WDI wants to deliver 415 grants, which means that anyone who qualifies and is selected has a strong chance of receiving the grant from 2021-2024.

Do I have to work at the same agency where I interned during my program?

No! As long as your workplace is listed on the list above, you can change your placement.

Teletherapy Statement

The Antioch University - Seattle CFT program recognizes the growing need and use of teletherapy by CFTs. Since 2015, Washington State has released several state bills clarifying the definitions of telehealth and defining eligible patient locations ([SB 5175](#); 2015) and setting standards for safety and effectiveness of telehealth services ([SB 6519](#); 2016). Most recently, during the COVID-19 pandemic, Washington State moved to prioritize continuation of mental health services via teletherapy by clarifying state laws around telehealth training requirements and further clarifying teletherapy definitions ([SSB 6061](#); 2020). During the pandemic, COAMFTE also released modified standards that included the definition of teletherapy (described in the glossary on page 48) and necessary experience of students before performing teletherapy services (COAMFTE V. 12.5, 2021).

With these recent changes to state laws and our accreditation standards, our program has integrated basic training information regarding the ethics and use of teletherapy into our course curriculum and requires students to meet the WA State Telehealth Training requirements detailed in [SB 6061](#) prior to starting internship.

Requirements for Interns to Provide Teletherapy Services During Internship

Interns may provide teletherapy sessions to accrue direct clinical contact hours towards their internship totals under the following conditions:

- Prior to commencement of teletherapy sessions, students must complete a state qualified telehealth training meeting or exceeding the requirements in [SB 6061](#).
 - Note: This is a requirement before receiving credit for COUN 5020-1 Competency Assessment 3.
- Interns must appropriately consent clients using teletherapy services and follow all ethical principles detailed in the AAMFT Code of Ethics, Standards IV: Technology-Assisted Professional Services (2015), including assessing client's clinical appropriateness for receiving telehealth services.
- Interns must follow state laws regarding telehealth standards ([SB 5175](#); [SB 6519](#); [SB 6061](#)).
- Interns must use a HIPAA-compliant telehealth platform provided by their internship site and have video recording capabilities for supervision purposes.
 - *Antioch does not provide a HIPAA-compliant Zoom account for students; therefore, students are not permitted to use their Antioch Zoom account for clinical services.*
 - Supervision Assist offers a HIPAA complaint Zoom account for teletherapy sessions and makes recording sessions for supervision convenient. Use this platform when able.

Requirements for Site Supervisors and Program Approved Supervisors to Supervise Telehealth Services of Interns

Site supervisors and program approved supervisors are required to follow all relevant state and federal regulations pertaining to telehealth supervision, as well as AAMFT Code of Ethics, Standards IV: Technology-Assisted Professional Services (2015). Specifically Standard 6.1 details what supervisors are required to assess prior to commencement of supervision via electronic means.

Internship FAQs

What is the minimum length of an internship?

The minimum length of a CFT internship is 12 months (4 quarters). Most students will complete their internship in 12 months. In rare occurrences, some students require five quarters to complete their required hours.

How much time should I plan to spend at my internship each week?

Internship hours are typically completed within 16-20 hours of work per week. This includes direct client hours (about 6-8 direct client contact hours needed to complete internship in 4 quarters), supervision, staff meetings, time for completing paperwork, and any other internship requirements. This will vary depending on site needs.

How many client hours should I be averaging each quarter of my internship?

To achieve 300 direct clinical hours, a student should plan to complete about 6-8 direct clinical hours each week across 4 quarters. To achieve the 100 relational hours, students should plan to complete about 2-3 relational hours per week. Interns should modify these numbers based on their own anticipated experience, including a buffer for unexpected events and any planned breaks or holidays.

How do I log the supervision hours in my case consultation class?

Unless otherwise specified by your case consultation instructor, each case consultation class meeting constitutes three hours of total supervision. During your course meeting, you will participate in two types of supervision: on-campus group supervision based on self-report and on-campus group supervision based on observable data. During case consultation you and your peers will be scheduled to show video or audio recordings of your sessions. Whenever you are showing *or* watching a video and discussing the contents, this counts as on-campus group supervision based on observable data. For example, your class might look like the following:

- You spend one hour talking with your instructor and peers about ethical and legal issues at internship sites.
- You show a 15 minute video of a client session and you and your peers spend 45 minutes talking about the contents of the video.
- Your peer shows a 15 minute video and your peers and you spend another 45 minutes talking about this session.

Then you would log the following in Supervision Assist:

- 1 hour of On-Campus Group Supervision based on Self-Report
- 2 hours of On-Campus Group Supervision based on Observable Data

If you are confused about how you should log time during a case consultation class, please ask your case consultation instructor.

Can I get paid at my internship?

The short answer is yes, you can get paid by your internship. When considering this option, it is important to evaluate certain features of your offer. A consequence of taking an employment position while in internship is that you are responsible for all employment responsibilities listed in your contract. These responsibilities may radically exceed the requirements of the internship contract. Your DCT is unfortunately not able to challenge the responsibilities you signed a contract too. In the past this has become an issue when sites have required employed interns to take much higher caseloads than you would need to meet your internship requirements.

Some sites are able to offer stipends for interns, which does not come with the same stipulations as an employment contract. If your site is able to offer a stipend, this is great news! Your site supervisor can document this information on your learning contract completed at the beginning of your internship.

Glossary

Case Conceptualization

Therapists need to create a mental map based on the client system using biopsychosocial-spiritual assessment information to generate a client-specific plan identifying a path of change based on the client's goals. The goals are then translated into the therapist's theory of change framework and used to guide the therapy process.

Direct Clinical Contact Hours

Direct Clinical Contact Hours are hours spent in a therapeutic meeting of a therapist and a client (e.g., family, group, individual) occurring in-person or using a telehealth platform with both video and audio components (COAMFTE V. 12.5, p. 37).

Relational Hours

Relational Clinical Contact Hours is a category of direct clinical contact hours in which a clinician delivers therapeutic services to two or more individuals conjointly, who have an established relationship with one another outside of a therapy setting. This may include family subsystems, intimate partner subsystems, enduring friendships or community support subsystems, and residential treatment or situationally-connected subsystems. Relational hours may only be counted for the time spent with MORE THAN ONE individual physically or virtually in the therapy room.

Note: Relational hours may be counted with relational subsystems that include a person whose only available means to participate in the therapy meeting is telephonic or electronic (e.g., incarcerated individuals, deployed, or out-of-town subsystem members).

Note: Group therapy can be counted as relational hours if those in the therapy group have a relationship outside of (above and beyond) the group itself. Conversely, group therapy sessions of otherwise non-related individuals are counted as individual (non-relational) hours.

Interns may only log *time spent* with two or more clients present in the session as relational hours. For example, if working with a child and their parents for a 50-minute session: if an intern spends 30 minutes with a parent AND child providing therapy and then 20 minutes with the child individually, the intern could log 30 minutes of relational direct clinical contact and 20 minutes of individual direct clinical contact. In order to count the entire hour as relational, more than one family member must be present for the entire session.

Indirect Hours

Indirect Clinical Contact Hours are those hours spent by interns supporting the client without the client present. This may include treatment planning, clinical trainings, case management phone calls, treatment planning sessions without the client present, etc. Though these activities are all essential to

the therapeutic process, they are not considered direct clinical contact hours. Non-CAT CFT interns do not need to count these hours, though CAT CFT students do.

Program Clinical Supervisors

Program Clinical Supervisors professionally identify as marriage and family therapists and have training in MFT relational/systemic supervision. All of our case consult faculty members are AAMFT Approved Supervisors or AAMFT Approved Supervisor Candidates and therefore qualify as program approved supervisors (COAMFTE V. 12.5, p. 41).

Internship Site Supervisors

Internship site supervisors are clinicians who oversee intern's work at an internship site. To be approved by the CFT program, internship site supervisors must be mental health clinicians who meet the qualifications in the state of Washington to supervise Marriage and Family Therapy candidates, meaning that they have been licensed at least for two years and have attended at least 15 hours of supervisory-specific training. Oftentimes site supervisors will provide administrative support and site-specific clinical support.

MFT Relational/Systemic Supervision

MFT Relational/Systemic Supervision is a process in which a learning therapist develops the clinical competencies and professional growth consistent with MFT ethics, theory, and practice (COAMFTE V. 12.5, p. 40).

Teletherapy/Technology-Assisted Services

Teletherapy refers to any services provided in the scope of marriage and family therapy practice through synchronous two-way electronic communication. See page 22 for more information about what forms of teletherapy count towards direct clinical contact hours.

Virtual Supervision

Supervision provided synchronously through a secure video platform in a manner compliant with the state and federal regulations in which the supervisor and supervisee are physically located (COAMFTE V. 12.5, p. 43).

Observable Data

Information containing live data from a clinical session. This can include video or audio components as well as live observation (e.g., behind a one-way mirror, supervisor shadowing the session)(COAMFTE V. 12.5, p. 47)

Appendix A: CFT Internship Learning Contract



School of Applied Psychology,
Counseling and Family Therapy

Internship Learning Contract

Last Updated: May 5, 2022

Required Hours of Client Contact:

- The Couple and Family Therapy Program at Antioch University Seattle requires 300 direct client contact hours of CFT internship. A minimum of 100 of the 300 direct client contact hours must be with couples and families.
- ***SAPCFT interns typically finish an internship in four quarters but may extend to five quarter Interns must complete at least 4 quarters at the internship site to graduate. . In order to achieve 150 hours, this means that interns should average at least 8 hours of direct client contact a week; this also equates to about 4 hours a week with couples and families.***
- Art Therapy/ CFT requires a minimum of 700 hours of internship with 300 direct client contact hours. A minimum of 350 client contact hours must involve the use of art therapy and a minimum of 100 client contact hours must be with couples and families.
- Drama Therapy/CFT requires a minimum 800 hours of internship with 300 direct client contact hours. A minimum of 300 client contact hours must involve the use of drama therapy, and a minimum of 100 hours of direct client contact with couples/families.
- Please contact Janice Hoshino (jhoshino@antioch.edu) for information on requirements for Dance Movement Therapy CFT requirements.

Onsite Supervisor Requirement Tracks:

- 1) On-site supervisors must be fully licensed with an unrestricted mental health license (e.g., LMFT, LMHC, LICSW, Board-Certified Psychologist) and qualify as a [Washington State Supervisor](#), and/or
- 2) On-site supervisors must hold the AAMFT-Approved Supervisor certificate or be classified as an [AAMFT-Approved Supervisor Candidate](#) (please see p. 64)*
*Being in process of completing the credential will qualify supervisors in most circumstances. Please contact the CFT Director of Clinical Training if you have any questions or concerns about this.

In order to demonstrate the qualifications, please provide the CFT Director of Clinical Training with the (1) certificate from the most recent Washington State Supervisor training (16 hours of CEUs addressing mental health supervision), AAMFT Approved Supervisor credential, or [Supervisor Candidate Verification Form](#) (p. 64), (2) documentation of current licensure, and (3) an updated CV or resume.

Internship Site Supervisor – Please complete this section:

_____ By initialing, I acknowledge that I have read, understand, and meet the requirements of being an on-site supervisor for this CFT student.

_____ By initialing, I acknowledge that to my knowledge my site can support the hour requirements of this intern with direct services with couples and families.

_____ By initialing, I acknowledge that the intern will be able to record video sessions in compliance with HIPAA standards and with client consent for display in case consultation supervision groups multiple times a quarter.

_____ By initialing, I will promptly notify the intern and CFT Director of Clinical Training if I need to transition the intern to another supervisor during the planned internship duration. Any new supervisors will also need to gain approval prior to their work with an intern.

Couple & Family Therapy (CFT) internships require collaboration between onsite supervisors and AUS Case Consultation/Case Supervisor instructors.

_____ By initialing, I agree to complete a quarterly evaluation of the intern's development and have ongoing contact with the Case Consultation/Case Supervision instructor and to contact the case consult instructor prior to any conversation that could lead to disciplinary action.

**Not fulfilling the above-mentioned agreements could result in your agency not being a recommended placement for future Antioch Couple and Family Therapy students.*

1. Agency Name _____

 Mailing Address _____

 City, State, Zip _____

 Phone w/Area Code (_____) _____ Email Address: _____

 Dates of Placement - from _____ to _____

 for _____ hours a week on the following days: _____

*Please note that vacations are to be negotiated between internship supervisor and student.

2. No fees may be charged to Antioch University or to the student for supervision. Students may receive stipend payments for work at the internship site. Please describe financial arrangements, if any (specify): _____

3. Onsite Supervisor's Name & Degree (e.g., MA, MS, MSW, PhD, PsyD): _____

License (e.g., LMFT, LCSW, LMHC): _____

Supervisory Credential (if any): _____

_____ AAMFT Approved Supervisor or Supervisor Candidate
 _____ Washington State Approved Supervisor (verify with CFT
 DCT)
 _____ Other (specify) _____

4. Student will engage in the following activities:

a. _____ Therapy* d. _____ Intake** g. _____ In-service
 b. _____ Record Keeping* e. _____ Supervision* h. _____ Psychoeducational Groups _____
 c. _____ Case Conferences f. _____ Seminars i. _____ Other (specify) _____

*Starred activities reflect activities required from a primary internship site.

**If interns are not able to lead intakes independently, please make sure that they have the opportunity to shadow intakes-- including observing diagnostic evaluations and processes-- especially with couples and families.

Supervision: The onsite supervisor agrees to provide the student at least one hour per week of individual supervision during weeks that students provide treatment to clients. In addition to the supervision received onsite from a CFT Approved Supervisor, interns also receive supervision on-campus via Internship Case Consultation during the academic quarter.

5. Evaluations: The onsite supervisor agrees to complete an evaluation of the student's clinical work each quarter via the Onsite Supervisors Assessment, and agrees to submit the MFT Condensed Core Competencies--Supervisor Form evaluation in Supervision Assist by the end of the 10th week of the quarter.

Student – Please complete this section:

Student Name: _____ CFT - Art Therapy _____ Yes _____ No

CFT - Drama Therapy _____ Yes _____ No

CFT - Dance Movement Therapy _____ Yes _____ No

Indicate Internship Type (please √):

_____ Primary Internship Site
 _____ Secondary Internship Site

_____ Replacement Site: Please list the previous agency where you are
 no longer interning: _____

Student and Onsite Supervisor Contract Signatures:

AUS Student:

I agree to abide by this Internship Learning Contract and the course syllabus for COUN6002 or COUC6002 that applies to CFT.

The student has verified that the supervisor has submitted all required documentation (listed on first page) and meets requirements as an approved supervisor according to the CFT Director of Clinical Training. I understand that if the supervisor does not subsequently receive such a designation then the site may not qualify for internship requirements by COAMFTE Version 12.5 standards and I will need to find another placement.

Student's Signature	Date	Phone w/area code
---------------------	------	-------------------

Onsite Supervisor:

I agree that the above information supplied by me is accurate and valid, that I have retained a copy of the materials listed below, and that I will abide by this contract.

Internship Onsite Supervisor's Signature	Date	Email Address	Phone w/area code
--	------	---------------	-------------------

Materials Provided to Internship Site Supervisor:

- Completed Internship Supervision/Learning Contract
- Condensed MFT Core Competencies (C-MFT-CC) -- Supervisor Version

Materials Provided by Onsite Supervisor to the AUS M.A. Internship Office Before First Quarter of Internship:

- Current State Licensure Verification
- Copy of documentation demonstrating supervisor qualifications
- Recent CV and resume
- Completed Internship Learning Contract (provided electronically through Supervision Assist)

Note: Student retains a copy of the Internship Learning Contract within their Supervision Assist account and provides the onsite supervisor and the Internship Office with copies of the completed and signed contract. If a student adds an alternative site, changes sites, or receives a new supervisor, a new Internship Learning Contract and accompanying paperwork must be submitted as stated above.

Appendix B: Supervisor End-of-Quarter Evaluation

Condensed MFT Core Competencies (C-MFT-CC) -- Supervisor Version

Instructions: The Condensed MFT Core Competencies (C-MFT-CC; Northey & Gehart, 2019) consists of 16 core competencies expected of MFT students. Rate the degree to which each of the following competencies is a consistent strength or weakness for the student. It is possible that the student might not yet have had the opportunity to demonstrate one or more competencies. In those cases, please mark "N/A."

The survey uses the following 5-point scale:

N/A = I am not able to assess this competency at this time.

1 = A consistent weakness for this student.

2 = The student is inconsistent in this area, sometimes appearing competent and other times this is a weakness.

3 = The student is generally competent in this area but should continue to work on this skill

4 = The student is generally strong in this area, though it seems to be more difficult with some clients.

5 = This student is very strong in this area with all clients; this comes naturally to the trainee.

Select the number that most closely represents how you evaluate the student for each competency.

Domain 1: Foundations of Relational/Systemic Practice, Theories & Models

1. Applies systems concepts, theories, and techniques of marriage and family therapy in clinical work.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

Domain 2: Clinical Treatment with Individuals, Couples and Families

1. Recognizes strengths, limitations, evidence base, and contraindications of marriage and family therapy models consistent with contextual factors, including culture, diagnosis, and trauma history.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

2. Adapts and integrates models as appropriate for client needs.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

3. Establishes and maintains appropriate and productive therapeutic alliances with clients from a position of cultural humility.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

4. Recognizes when to involve significant others and extrafamilial systems.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

5. Develops measurable outcomes, treatment goals, and treatment plans.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

6. When applicable, develops appropriate referrals and aftercare plans utilizing a systemic perspective.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

7. Delivers systemic interventions that are consistent with a model of therapy, evidence base, cultural and contextual dynamics, practice setting, and goals of the treatment plan.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

8. Screens and develops adequate safety plans for substance abuse, maltreatment of children and vulnerable adults, domestic violence, physical violence, suicide potential, and danger to self and others.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

Domain 3: Diverse, Multicultural and/or Underserved Communities

1. Conducts assessment with sensitivity to contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

2. Conducts therapy with sensitivity to contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

Domain 4: Research & Evaluation

1. Measures the effectiveness of one's own clinical practice, using outcome measures, and client feedback.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

2. Uses current MFT and behavioral health research to inform clinical practice.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

Domain 5: Professional Identity, Law, Ethics, and Social Responsibility

1. Practices within state, federal, and provincial laws/regulations and professional ethical standards.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

2. Contributes to supervision and consultation by providing rationales for interventions, assessment information, and systemic understanding of clients' context and dynamics.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

3. Monitors personal reactions to clients and treatment process (e.g., family of origin, boundaries, triangulation, current stress level, current life situation, cultural context, transference, supervision) and their impact on clinical outcomes and practice.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

Domain 6: Biopsychosocial Health & Development Across the LifeSpan

1. Understands principles of human and family development and their implications for treatment.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

2. Understands principles of human sexuality and gender development and their implications for treatment.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

3. Understands principles of trauma, psychopathology, psychopharmacology, and recovery-oriented care, and their implications for treatment.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

Domain 7: Systemic/Relational Assessment & Mental Health Diagnosis and Treatment

1. Diagnoses and assesses client behavioral and relational health concerns systemically and contextually using current models for assessment and diagnosis.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

2. Assesses interpersonal patterns, family history, biopsychosocial functioning, social position as they relate to the presenting problem using genograms, systemic interviewing techniques, structured interviews, and symptom inventories to conceptualize treatment systemically and develops relational hypotheses.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

Domain 9: Community Intersections and Collaboration

1. Works collaboratively with stakeholders, including family members, other significant persons, and professionals that empower clients to navigate complex systems of care.

N/A	1	2	3	4	5
	consistent	inconsistent	generally	generally	very

weakness

competent

strong

strong

Appendix C: Student Self-Evaluation

Condensed MFT Core Competencies (C-MFT-CC) -- Student Version

Instructions: The Condensed MFT Core Competencies (C-MFT-CC; Northey & Gehart, 2019) consists of 16 core competencies expected of MFT students. Rate the degree to which you believe each of the following competencies is a consistent strength or weakness for you. It is possible that the you might not yet have had the opportunity to demonstrate one or more competencies. In those cases, please mark "N/A."

The survey uses the following 5-point scale:

N/A = I am not able to assess this competency at this time.

1 = A consistent weakness for me.

2 = I consider myself inconsistent in this area; sometimes I feel competent and other times this is a weakness.

3 = I consider myself generally competent in this area but should continue to work on this skill.

4 = I consider myself generally strong in this area, though it seems to be more difficult with some clients.

5 = I consider myself very strong in this area with all clients; this comes naturally to me.

Select the number that most closely represents how you evaluate yourself for each competency.

Domain 1: Foundations of Relational/Systemic Practice, Theories & Models

1. My supervisee apply systems concepts, theories, and techniques of marriage and family therapy in my clinical work.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

Domain 2: Clinical Treatment with Individuals, Couples and Families

1. I recognize strengths, limitations, evidence base, and contraindications of marriage and family therapy models consistent with contextual factors, including culture, diagnosis, and trauma history.

N/A	1	2	3	4	5
-----	---	---	---	---	---

	consistent weakness	inconsistent	generally competent	generally strong	very strong
2. I adapt and integrate models as appropriate for client needs.					
N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong
3. I establish and maintain appropriate and productive therapeutic alliances with clients from a position of cultural humility.					
N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong
4. I recognize when to involve significant others and extrafamilial systems.					
N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong
5. I develop measurable outcomes, treatment goals, and treatment plans.					
N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong
6. When applicable, I develop appropriate referrals and aftercare plans utilizing a systemic perspective.					
N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong
7. I deliver systemic interventions that are consistent with a model of therapy, evidence base, cultural and contextual dynamics, practice setting, and goals of the treatment plan.					
N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

- I screen and develop adequate safety plans for substance abuse, maltreatment of children and vulnerable adults, domestic violence, physical violence, suicide potential, and danger to self and others.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

Domain 3: Diverse, Multicultural and/or Underserved Communities

- I conduct assessment with sensitivity to contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

- I conduct therapy with sensitivity to contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

Domain 4: Research & Evaluation

- I measure the effectiveness of one's own clinical practice, using outcome measures, and client feedback.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

- I use current MFT and behavioral health research to inform clinical practice.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

Domain 5: Professional Identity, Law, Ethics, and Social Responsibility

1. I practice within state, federal, and provincial laws/regulations and professional ethical standards.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

2. I contribute to supervision and consultation by providing rationales for interventions, assessment information, and systemic understanding of clients' context and dynamics.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

3. I monitor personal reactions to clients and treatment process (e.g., family of origin, boundaries, triangulation, current stress level, current life situation, cultural context, transference, supervision) and their impact on clinical outcomes and practice.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

Domain 6: Biopsychosocial Health & Development Across the LifeSpan

1. I understand principles of human and family development and their implications for treatment.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

2. I understand principles of human sexuality and gender development and their implications for treatment.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

3. I understand principles of trauma, psychopathology, psychopharmacology, and recovery-oriented care, and their implications for treatment.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

Domain 7: Systemic/Relational Assessment & Mental Health Diagnosis and Treatment

1. I diagnose and assess client behavioral and relational health concerns systemically and contextually using current models for assessment and diagnosis.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

2. I assess interpersonal patterns, family history, biopsychosocial functioning, social position as they relate to the presenting problem using genograms, systemic interviewing techniques, structured interviews, and symptom inventories to conceptualize treatment systemically and develop relational hypotheses.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

Domain 9: Community Intersections and Collaboration

1. I work collaboratively with stakeholders, including family members, other significant persons, and professionals that empower clients to navigate complex systems of care.

N/A	1	2	3	4	5
	consistent weakness	inconsistent	generally competent	generally strong	very strong

Appendix D: Clinical Readiness Form



Antioch University Seattle

Clinical Readiness Assessment

Couple and Family Therapy

Last Updated: August 2020

Student Name:

Date:

Instructor Name (please print):

Quarter/Year:

Applied Course (check one):

- ☐ **Applied Couples Therapy**
- ☐ **Applied Family Therapy: Part I**
- ☐ **Applied Family Therapy: Part II**
- ☐ **Individual Therapy in the Family System**

The clinical readiness assessment process is designed to identify opportunities to provide feedback to students on exhibited character, attitudes, attributes, behavior, and basic systemic clinical skills as they advance toward becoming a competent couple & family therapist. This process is meant to aid students' development of the essential skills of taking in feedback, self-reflecting, and continuously evaluating and positively modifying their own behavior. The assessment questions are based on the five professional core competencies (professionalism, reflective practice, applied critical thinking, diversity, inclusion, & social justice, and written communication) expected of all AUS MA psychology students as well as the 16 core competencies expected of CFT students (Condensed MFT Core Competencies, Northey & Gehart, 2019).

*Instructors should rate the degree to which the following professional core competencies and emerging foundational clinical competencies are consistent strengths or challenges for the student. Instructors should reserve 5's for students who are either 1) consistently meeting the criteria with minimal support or direction for most of the quarter or 2) meeting the criteria consistently in response to instructor feedback. Instructors should note when a criterion has been problematic for a student even in cases where the student has made progress in the same quarter. Instructors are strongly encouraged to provide additional written feedback noting specific strengths relevant to each student in addition to the criteria specified in this form. In the applied course for which this student is being evaluated, there might be one or more competencies listed below that are outside the scope of the course. In those cases, please mark "N/A." Competencies designated as "N/A" should be consistently applied for all students taking this course. **For a student to pass this course (and thus be eligible for clinical placement), they must hold no unresolved "1" or "2" scores in any of the professional or core CFT competency areas by the end of the quarter.***

Rating Scale:

N/A = I am not able to assess this competency at this time.

1 = A consistent growth area for this student.

2 = The student is inconsistent in this area, sometimes appearing competent and other times this is an area of growth.

3 = The student is consistently competent in this area but could continue to improve by incorporating specific feedback noted by the instructor for this criterion.

4 = The student is generally strong in this area but should continue to work on this skill.

5 = This student is very strong in this area in most or nearly all contexts.

RATING 5 4 3 2 1 N/A	Professionalism <i>Adheres to the ethical guidelines of AAMFT. Behaves in a professional manner towards supervisors, instructors, peers, and clients (e.g. emotional regulation). Is respectful and appreciative to the culture of colleagues and is able to effectively collaborate with others.</i>	Comments <i>For any ratings at 1 or 2</i>
5 4 3 2 1 N/A	Student has exhibited behavior that is aligned with or exceeds MFT profession's ethical standards.	
5 4 3 2 1 N/A	Student seeks, accepts, and integrates feedback.	
5 4 3 2 1 N/A	Student maintains appropriate boundaries with peers/ instructors while modeling a flexible disposition.	
5 4 3 2 1 N/A	Student excels at self-awareness and applying that knowledge to their interactions with others.	
5 4 3 2 1 N/A	Student uses their evolving skills to successfully express frustration, confusion, or struggle without attacking, devaluing, or exhibiting hostility.	
5 4 3 2 1 N/A	Student continues to hone their process of interpersonal effectiveness as a clinician-in-training (e.g., patience, respect, empathy, responsibility, reasonable judgment).	
5 4 3 2 1 N/A	Is sober (i.e., free of alcohol and drugs) during all professional activities, except where prescribed by a physician.	
5 4 3 2 1 N/A	Uses self-disclosure judiciously and appropriately.	
Average Score		

RATING 5 4 3 2 1 N/A	Reflective Practice <i>Demonstrates capacity to engage in self-analysis, flexibility in thinking, sitting with abstract concepts and complexity. Exhibits ability to take responsibility for behavior, choices, and mistakes.</i>	Comments For any ratings at 1 or 2
5 4 3 2 1 N/A	Student uses feedback to increase self-awareness and purposeful reflection taking, responsibility for personal/professional choices.	
5 4 3 2 1 N/A	Student makes connections between areas of growth and potential harm to role play clients/peers.	
5 4 3 2 1 N/A	Student has appropriate awareness of privilege and how that may impact effectiveness with clients.	
5 4 3 2 1 N/A	Student is self-reflective and non-defensive conveying an open stance and welcomes feedback.	
5 4 3 2 1 N/A	Can recognize when personal problems are interfering with coursework and/or clinical effectiveness, and communicates such to appropriate personnel (e.g., faculty, advisor, clinical supervisor).	
5 4 3 2 1 N/A	Student submits assignments that explore appropriate self-disclosure, professionalism, reflection that is connected to the role of therapist.	
5 4 3 2 1 N/A	Accepts responsibility for own actions.	
5 4 3 2 1 N/A	Consistently demonstrates flexibility and adapts processes to incorporate new information.	
5 4 3 2 1 N/A	Student has insightful and realistic expectations of self, peers, and instructors.	
Average Score		

RATING 5 4 3 2 1 N/A	Applied Critical Thinking <i>Recognizes multiple sides of an issues, tolerate ambiguity, accept situations which require flexibility in thinking and creative solutions.</i>	Comments For any ratings at 1 or 2
5 4 3 2 1 N/A	Student is informed by personal experience, using clinical skills and empirical evidence and other scholarly works to balance intellectual curiosity and critical thinking as it relates to the MFT profession.	
5 4 3 2 1 N/A	Student understands course material in a way that allows for depth, abstract thinking, ambiguity, and new knowledge of application to work with clients.	
5 4 3 2 1 N/A	Student's assignments are organized, and developmentally sound, offering creative perspectives of key theoretical concepts.	
5 4 3 2 1 N/A	Thoroughly evaluates alternative points of view.	
Average Score		
RATING 5 4 3 2 1 N/A	Diversity and Social Justice <i>Demonstrates awareness, knowledge, and skills of both self and other, in relation to working with individuals, groups and communities from various cultural backgrounds and identities. Works to dismantle systems of marginalization, domination, oppression, and consciously resists engaging in microaggressions.</i>	Comments For any ratings at 1 or 2
5 4 3 2 1 N/A	Student shows significant growth/awareness working with groups/communities from various cultural backgrounds identities.	
5 4 3 2 1 N/A	Student has a clear understanding of perceived micro-aggressions regarding self or others.	
5 4 3 2 1 N/A	Student integrates feedback and if needed, changes behavior.	
5 4 3 2 1 N/A	Student has an awareness of personal experiences and/or potential biases and how these might impact effectiveness as a CFT.	

5 4 3 2 1 N/A	Student appropriately communicates issues related to culture with peer and instructors.	
5 4 3 2 1 N/A	Student proactively engages in behaviors that actively exhibit the importance of developing advocacy skills and demonstrates an understanding of social justice, anti-racism, anti-oppression, as applicable, in the context of marginalized populations and cultures.	
Average Score		
RATING 5 4 3 2 1 N/A	Written Communication <i>Writes clearly, professionally, and reflectively; integrates personal and academic material. Presents ideas and information in an organized format. Demonstrates Master's level technical writing skills and APA style. Student does not engage in plagiarism of any type.</i>	Comments <i>For any ratings at 1 or 2</i>
5 4 3 2 1 N/A	Student meets or exceeds writing skills (e.g., grammar, punctuation, editing, sentence structure).	
5 4 3 2 1 N/A	Student incorporates acceptable APA standards as evidenced by their professional application to written work.	
5 4 3 2 1 N/A	Student completes/submits written assignments in an efficient and timely manner.	
5 4 3 2 1 N/A	Student demonstrates congruence with course material, integrating a balance of personal reflection and academic material in class and written assignments	
Average Score		

RATING 5 4 3 2 1 N/A	Select MFT Core Competencies	Comments <i>For any ratings at 1 or 2</i>
5 4 3 2 1 N/A	Student is developing an ability to apply systems concepts, theories, and techniques of marriage and family therapy in role play sessions and assignments in applied courses.	
5 4 3 2 1 N/A	Student is beginning to recognize strengths, limitations, evidence base, and contraindications of marriage and family therapy models consistent with contextual factors, including culture, diagnosis, and trauma history.	
5 4 3 2 1 N/A	Student is developing an ability for establishing and maintaining appropriate and productive therapeutic alliances with role play clients from a position of cultural humility.	
5 4 3 2 1 N/A	Student conducts mock therapy with sensitivity to contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).	
5 4 3 2 1 N/A	Student monitors personal reactions to role play clients and mock treatment process (e.g., family of origin, boundaries, triangulation, current stress level, current life situation, cultural context, transference, supervision) and their impact on clinical outcomes and practice.	
Average Score		

Specific Strengths, Positive Qualities, or Notable Improvements:

Final Readiness Assessment

- ☐ Student exceeds expectations for clinical readiness as assessed in this course
- ☐ Student meets basic expectations for clinical readiness as assessed in this course
- ☐ Student does not meet basic expectations for clinical readiness as assessed in this course

If student does not meet basic expectations for clinical readiness, please describe the remediation recommendations based in your observation of the student:

Note: Please contact student's advisor if student is assessed at this level, as student will need to be placed on a Student Development Plan with their faculty advisor.

Additional Comments:

Instructor Signature: _____

Signature of Student: _____

Appendix E: Site Early Termination Form



School of Applied Psychology,
Counseling and Family Therapy

Internship Site Termination Form

Last Updated: August 3, 2021

Prior to the termination of an internship site, students must complete the following form to document their ending date. The purpose of this form is to ensure collaboration with all relevant parties and make sure that there is no lapse in care to clients. Please have complete the first part of this form, have the second part completed by your internship site supervisor, and then schedule an exit interview meeting with the Couple and Family Therapy Director of Clinical Training. Please continue providing services at the internship site until this meeting occurs and you have completed all responsibilities indicated in this form.

Student – Please complete this section:

Student Name: _____

Student Program: _____ CFT _____ CFT-DT

_____ CFT-AT _____ CFT-DMT

Site Supervisor: _____

Describe rationale for request of termination of Internship: _____

Date of termination requested: _____

_____ I attest that I have discussed this decision with:

- ☐ My Advisor: _____ (name)
- ☐ My Case Consultation Instructor: _____ (name)
- ☐ The CFT Director of Clinical Training (Rachel Hughes)
- ☐ My Internship Site Supervisor: (named above)

Student Signature

Date

Site Supervisor -Please complete this portion:

I, _____(site supervisor), acknowledge that (intern name)_____ plans to withdraw from their internship at (site name)_____ on (date)_____ for the following reason(s):

Please verify that all responsibilities below have been completed prior to ending internship:

Student Responsibilities Prior to Ending Internship:

- _____ Completing all outstanding required paperwork
- _____ Return of all company property (e.g., laptop, cell phone)
- _____ Clinically terminated with all assigned clients

Supervisor Responsibilities Prior to Ending Internship:

- _____ Completion of final intern evaluation within Supervision Assist
- _____ Approval of all accrued hours from intern in Supervision Assist

Supervisor Signature

Date

CFT Director of Clinical Training - Please complete this section:

I have verified that all intern and site supervisor responsibilities have been met prior to ending internship.

CFT Director of Clinical Training Signature

Date