



# ANTIOCH UNIVERSITY

## **Master of Arts in Couple & Family Therapy Clinical Training Handbook 2025-26**

**Effective August 2025**

Antioch University  
Graduate School of Counseling, Psychology, and Therapy  
Relational Therapy Division  
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## **Introduction to the Antioch University Couple and Family Therapy Masters Program**

The Master's program in Couple and Family Therapy (CFT) is a 60-credit low residency program leading to the Master of Arts (M.A.) degree in Couple and Family Therapy and is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE; <https://www.coamfte.org/>). The program is designed to be a full-time, part-time, concentrated,

integrated experience with students completing the coursework and clinical hours in eight semesters over three years. The program offers an introduction to systemic, feminist, modern and postmodern theories as foundation for clinical work with individuals, couples, families, groups, and larger systems from a social justice perspective. Faculty draw upon a variety of teaching approaches and aim to provide a comprehensive program that introduces students to the broad base of practice within the family therapy field.

The Antioch University CFT program believes that CFTs have a relational/systemic philosophy and endorse relational/systemic ethics. This relational/systemic philosophy “focuses on relationships, including patterns of interaction between individuals that organizes relationship dynamics with an emphasis on what is happening rather than why it is happening. Relational systems composed of individuals are seen as self-organizing, dynamic entities embedded in contexts of larger systems and function both as subsystems and suprasystems with biopsychosocial influence. Recognizing and respecting the relational field of interconnection and influence serves as the foundation for professional efforts to engage others, make meaning, and participate in change” (COAMFTE Standards, Version 12.5, p. 36). The program strives to train therapists who are multi-culturally informed, consider a global context, and value the creative stimulating synergy that comes from interacting with diverse populations of people. CFTs keep the tenants of the AAMFT Code of Ethics in all of their work.

## Program Mission

The mission of the Couple and Family Therapy Master of Arts program at Antioch University is to prepare and train knowledgeable, skilled, self-aware, and ethical couple and family therapists through an experiential educational approach that centers anti-racism, multicultural awareness, and social justice. The program's goals and philosophy parallel the standards set by the Commission on Accreditation for Marriage and Family Therapy Education and the American Association for Marriage and Family Therapy (AAMFT; <http://www.aamft.org>).

## Program Goals and Student Learning Outcomes

The CFT MA clinical training experience (i.e., internship) is the program's foundational application component and provides students with essential opportunities to transform academic learning into practical skill in order to become competent entry level professionals. The program's goals span five domains of professional competency—knowledge, practice, ethics, research, and diversity—and correspond to a total of 11 student learning outcomes to be

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accomplished by the end of the clinical training experience, which also coincides with the end of the program.

### **PG 1. (Knowledge)**

Graduate students who demonstrate understanding of foundational and contemporary relational systemic theories and models and who are prepared to obtain licensure as MFTs. **SLO 1:** Students demonstrate knowledge of CFT models and interventions that are adaptable to

work with populations of varying social locations and contexts. (Knowledge)

**SLO 2:** Students demonstrate knowledge of broader content areas in CFT, including human development and family studies, families in larger systems, human sexuality and sex therapy, addictions, and intrafamilial violence. (Knowledge)

### **PG 2. (Practice)**

Graduate students who apply systemic clinical skills and models to practice as a CFT and integrate multiculturally-attuned clinical skills that are adaptable to work with client populations of varying social locations and global contexts.

**SLO 3:** Students will effectively apply relational and family systems theories to practice systemic case conceptualization and treatment planning in their clinical work. (Practice) **SLO 4:** Students demonstrate competency in systemic assessment and diagnosis. (Practice) **SLO 5:** Students demonstrate differentiated and culturally-attuned positions while engaging in critical and exploratory conversations with people from backgrounds and perspectives different than their own. (Practice)(based on SE SLO4)

### **PG 3. (Ethics)**

Graduate students who demonstrate a relational systemic ethical, administrative, and professional framework that is reflected in practice with client populations of varying social locations and contexts.

**SLO 6:** Students demonstrate professionalism in CFT. (Ethics)

**SLO 7:** Students demonstrate legal and ethical competence by understanding and adhering to relevant laws and ethical codes including the AAMFT Code of Ethics. (Ethics)

### **PG 4. (Research)**

Graduate students who engage with, apply, and critique CFT research, advocating for the inclusion of diverse populations, sociocultural awareness, and social justice in future scholarship, while considering the complexity of identity.

**SLO 8:** Students demonstrate understanding of systemic, anti-racist, and anti-oppressive qualitative and quantitative research methodologies through a critical lens. (Research) **SLO**

**9:** Students apply systemic research to clinical practice with client populations of varying social locations and contexts. (Research)

### **PG 5. (Diversity)**

Advance the profession by graduating a diverse student body trained to practice CFT from a socially just and culturally responsive framework that promotes inclusion, respect for diversity, anti-discrimination, and social responsibility.

**SLO 10:** Students demonstrate self-awareness of social structures, social locations, experiences,

and biases that influence their practice as CFTs. (Diversity)

**SLO 11:** Students demonstrate and integrate an anti-racist and anti-oppressive stance in their knowledge and systemic practice. (Diversity)

## Overview of Clinical Experience Requirements

The goal of the CFT MA clinical training experience, i.e. internship, is to offer students the opportunity to provide direct long-term and short-term psychotherapy services to individuals, couples, and families of various compositions, at different life stages, and with a variety of presenting problems. Throughout this **commitment**, students assume a primary role in assessment, treatment planning, and conducting couple and family therapy under supervision. Throughout clinical training, students will develop competence in providing **in-person ongoing therapy sessions as the primary therapist**, engaging in consistent supervision with both a program clinical supervisor and a local clinical supervisor.

The clinical training experience takes place over the course of four semesters, typically beginning in the fourth semester of the program and continuing throughout the second and third years of the program. During the clinical training experience, students are continuously enrolled in clinical courses, completing Internship courses I, II, III, and IV over approximately 16 months, as well as continuing required didactic coursework throughout this time. Prior to beginning the clinical training experience, students must identify a clinical placement and qualified clinical supervisor near where they reside. While the program provides students with support around locating a clinical training placement, it is the responsibility of the student to identify potential placements and secure an appropriate placement.

The CFT MA clinical training requirements are designed to meet or exceed the foundational practice requirements established by COAMFTE version 12.5 standards, as well as the educational requirements for licensure in New Hampshire, where the program is physically based. As a low-residency program, we have many students (a majority) who reside outside of New Hampshire and who plan to pursue LMFT licensure in states or provinces other than New Hampshire. The program's clinical training requirements set minimum standards that surpass COAMFTE and New Hampshire requirements while also providing a foundation on which students in other locations may complete state or provincial requirements that exceed those of COAMFTE and New Hampshire. The AU CFT MA program requires students to meet the graduate clinical practice requirements for the state that they have declared as their intended state of licensure. **For students practicing in and planning to pursue licensure in locations other than New Hampshire, the program will always defer to students' state or provincial standards, if they exceed program standards. Students, supported by their local Site Supervisors, are responsible for being informed about and adhering to location-specific requirements.**

Because licensure requirements frequently change, students are responsible for reading their province's or state's LMFT licensure requirements and working with the Director of Clinical Training to determine current educational requirements for licensure. In addition to being

semester, as well as during the process of preparing to start clinical training. State-specific requirements for graduate coursework and for graduate program clinical practice will be documented in an individualized student clinical training plan.

While the program strives to support students with planning for future licensure, the CFT program and faculty cannot predict future licensure requirements or changes, nor are they able to interpret how licensure boards apply their own standards. Students are directed to the [website of the AAMFT](#) for current information on licensure requirements for the Licensed Couple and Family Therapist across North America. Students are also encouraged to call and write State Boards directly with questions and to obtain copies of all answers in writing. The Antioch CFT program will provide training in alignment with current COAMFTE guidelines but cannot promise to meet the future requirements of every state or provincial LMFT license, as these occasionally change and students must meet licensure requirements that exist at the time of their LMFT application.

## **Clinical Hours Requirements Overview**

As part of the clinical training component of the CFT MA program, students must complete a minimum number of clinical hours to ensure:

- Adequate preparation for the profession
- Alignment with **COAMFTE standards**
- Compliance with **state licensure expectations**

### **Standard Requirement (Program Minimum meeting COAMFTE standards)**

- **300 direct client contact hours**
  - At least **150 hours must be relational** (i.e., with couples, families, or relational systems)

### **Additional Hours (If Required by State)**

- Some states or provinces require **more** than 300 direct client contact hours as part of the graduate program requirements for licensure
  - Some states require more direct client contact hours than 300 hours
  - Some states require more relational hours than 150 hours
  - Some states require additional requirements for supervision
- In these cases, students are required to complete the **direct client contact hours** required by their state. All students must complete a minimum of 300 direct client contact hours, even if their state requires less.
  - **150 relational hours** still required

## **Student Responsibilities**

- **Identify** their intended state or province of licensure prior to beginning clinical training

- **Research** their state's licensure requirements
- **Work with the Director of Clinical Training (DCT) to:**
  - Receive appropriate advising
  - Create an **individualized clinical training plan** if additional hours are needed
- Notify the university and DCT promptly regarding moving states

All students, must also complete:

- A minimum of **100 hours of clinical supervision with a faculty supervisor**, including **at least 50 hours of observable data supervision**.

Students are responsible for confirming their state's requirements, tracking their hours in Supervision Assist, and working closely with the Director of Clinical Training to ensure alignment with both program standards and licensure eligibility.

### **Supervision Hours Required**

- Weekly **AAMFT Approved supervision** provided by Faculty Supervisors with a minimum of **100 hours** (this is covered in internship class). Students are required to continue in weekly program supervision throughout their clinical training, regardless of whether they have exceeded the minimum hours required.
- Minimum of **50 hours** of observable data supervision by Faculty Supervisors (covered in internship class)
- Weekly clinical supervision with the Site Supervisor in alignment with state or provincial licensing requirements. Wherever possible, site supervision should be individual or dyadic.

The contact hours and supervision requirements listed above reflect the program's requirements for ALL students, regardless of their location or intended state of licensure. Students are required to declare their intended state of licensure prior to starting clinical training and will be required to complete contact and supervision hours that, as far as the program can determine, align with the intended state of licensure. It is important for students to understand that the program cannot interpret licensing regulations for students, nor can the program make firm determinations about what licensing boards will or will not accept in terms of graduate clinical training.

NOTE regarding requirement for in-the-same room direct clinical contact: In the event that public health or other extenuating circumstances present substantial barriers to completing 150 hours of in-the-same room direct clinical contact, a student may request an extenuating circumstances exception to the 150-hour requirement. Such requests should be directed to the Director of Clinical Training in writing and should document the extenuating circumstances leading to the request.

## Structure of CFT Clinical Training

Prior to starting clinical training, students must complete a number of preparation steps, including researching the clinical training educational requirements in their intended state of licensure, searching for potential placements, and becoming familiar with the placement application process. These preparation steps, which are explained further below, are addressed in students' coursework, as well as being supported by Faculty Academic Advisors and the Director of Clinical Training. To proceed into their first internship course, students must have a fully approved placement. Typically, students start their internship at the beginning of their fourth semester.

Hours Requirements			Supervision Requirements		
	Direct Contact Hours	Relational Duration Hours	Faculty Supervisor Supervision	Raw Observable Data Supervision w/ Faculty Supervisor	Site Supervision
Standard Requirements (300 hours)	300 direct client contact hours <b>*150 hrs in person</b> minimum	150 relational 4 semesters + contact hours option for (RCH) continuation (within 300)	100 hours	50 hours	1 hour/week (individual/dyadic preferred)
Individualized Requirements (500 hours)	RI: 500 ME: 360	RI: 250 4 semesters VA/FL: 200 minimum, 5 Rest states: 150 (within 500)	100 hours MA: 50+ individual supervision	50 hours	1 hour/week (individual/dyadic preferred)
Creative Arts Therapy CFT-AT	350 direct client contact hours (plus 350 more hours to include supervision and indirect hours). 700 hours total required for CFT-AT	150 relational 4 semesters + hours (within 350) option for continuation	100 hours (CFT requirement) + 5 hours (to fulfil minimum 105 hours of Art Therapy requirement)	50 hours	1 hour/week (individual/dyadic preferred)

**\*Note:** Weekly AAMFT Faculty Supervision + Weekly Site Supervision required for all three tracks.

Internships I, II, III & IV are considered full-time experiences where students continue to integrate their academic knowledge with the practice of couple and family therapy. Students will further develop their identity as CFTs while working more independently, yet under close supervision, as therapists at their local clinical sites.

Target Hours Benchmarks during Internship courses I, II III, IV (4 semesters)

**Standard 300 hours requirement (\*Note: See Appendix H for CFT/AT requirement of 350 hours)**

Term	Direct Hours Target (300 needed)	Relational Hours Target (150 hrs needed)	Direct Cumulative Total
Internship I	75 hours	35-40 hours (of the 75)	75
Internship II	75+ hours	35-40+ hours (of the 75)	150+
Internship III	75+ hours	35-40+ hours (of the 75)	225+
Internship IV	75+ hours	35-40+ hours (of the 75)	300+

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Internship I	75 hours	35-40 hours (of the 75)	75
Internship II	75+ hours	35-40+ hours (of the 75)	150+
Internship III	75+ hours	35-40+ hours (of the 75)	225+
Internship IV	75+ hours	35-40+ hours (of the 75)	300+

**500 Hour Option (if required by your state)**

Term	Direct Hours Target (500 needed)	Relational Hours Target (150 hrs needed)	Direct Cumulative Total
Internship I	100 hours	35-40 hours (of the 100)	100
Internship II	100 hours	35-40 hours (of the 100)	200
Internship III	100 hours	35-40 hours (of the 100)	300
Internship IV	100 hours	35-40 hours (of the 100)	400
Internship V	100 hours	35-40 hours (of the 100)	500

## Notes:

- Relational hours are counted within the direct hours total, not in addition to them. • Students must complete a minimum of 150 relational hours by the end of Internship IV. • These benchmarks help ensure timely completion of internship in four semesters. • Students may earn less than the suggested hours in internship I due to orientation and time to build a caseload. Students need to make up those hours later semester.

## Meeting Your Clinical Hour Goals

In order to successfully work toward your clinical training hour requirements, it's essential to approach your

internship with the same level of commitment and consistency as you would a job. This means setting aside dedicated time each week to be present at your site, engage with clients, and complete clinical tasks.

To stay on track, we recommend the following:

- **Average Weekly Goal:** 8–10 direct client contact hours per week (50% ideally are relational cases)
- **Recommended On-Site Availability:** 12-15 hours per week

*(This allows for client cancellations, supervision, documentation, and other clinical responsibilities)*

**More availability = more flexibility.** Sites often experience client no-shows or last-minute changes. Students should aim to schedule more hours than the weekly minimum to buffer against cancellations.

We strongly encourage students to review their weekly schedules with site supervisors early in *each term* to 13

ensure a realistic and sustainable pacing plan for meeting clinical benchmarks.

If a student does not complete all required client contact hours and supervision hours by the end of the four-semester internship sequence, they must formally request an Internship Continuation. No course credit will be granted for the final semester of internship until all clinical training requirements are met. If the student is unable to complete the required hours during the continuation period, additional tuition may be required to allow for extended enrollment. To remain eligible to provide therapy as a graduate student intern and to be covered under Antioch University's liability insurance, the student must maintain active enrollment through continuation. If a student fails an internship semester, the program may permit re-enrollment and course repetition following the successful completion of a remediation plan approved by the core CFT faculty.

#### Capstone Requirement: Final Case Presentation and Theory of Therapy Paper

By the end of the final semester (in Internship IV), each student will make a final case presentation or Capstone Presentation that is approximately 45-50 minutes in length. This video case presentation demonstrates key elements of the student's theory of therapy (theory of change), incorporating 3 to 6 video clips of their therapy to illustrate their theory of therapy. These clips should demonstrate various dimensions of clinical skill and should ideally illustrate the points addressed in the accompanying Capstone paper, which serves as the final description of the Theory of Therapy. Students start the theory or therapy paper in Internship I and complete it in Internship III. The objective in the Capstone Presentation and Capstone Paper is for the student to describe and illustrate their clinical work and professional identity as a couple and family therapist, serving as an opportunity to assess the student's accomplishment of the program's learning outcomes. The Capstone Presentation is delivered to the internship group, including the faculty supervisor, and as well as one additional program faculty, who will serve as a second evaluator of both the Capstone Presentation and the Capstone Paper. The presenting student may also invite their Site Supervisor to the presentation. Following the presentation, the group will provide constructive feedback to the student therapist. A summary evaluation will be provided by the Faculty Supervisor for the student's course grade, based on the grading

rubric, and for the student's file as documentation of having met CFT master's program requirements.

An overview of the Capstone Presentation and Evaluation Process appears in [Appendix E](#) and the rubric for the assessment of the Capstone Presentation is included in [Appendix F](#).

## **Essential Clinical Training Policies**

The following policies apply to all parties involved in the program's clinical training, including students, placement sites and Site Supervisors, Faculty Supervisors, and program administration.

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### **Adherence to Ethical Code and All Applicable Legal Standards**

All program clinical training activities, including clinical services and clinical supervision, will be carried out according to the AAMFT Code of Ethics, as well as state and federal regulations applicable to where the site, Site Supervisor, and student are located. The Site Supervisor/Clinician of Record is responsible for oversight of student's clinical work, ensuring alignment with state/provincial laws and regulations and upholding the standards in the AAMFT Code of Ethics (AAMFT, 2015).

### **Clinical Training Requirements and Future Plans for Seeking Licensure**

Students are required to inform the program of both their intended clinical training location and the state or province in which they plan to pursue licensure. This information must be submitted early in the program and prior to securing an internship placement, as it directly informs advising, clinical hour requirements, and the development of an individualized clinical training plan. While the program course sequence and clinical requirements are designed to meet COAMFTE standards and align with the educational requirements for licensure in New Hampshire, the clinical experience is structured to allow students to complete state clinical requirements that exceed COAMFTE standards, if necessary. **Students are responsible for identifying and confirming any state-specific clinical training requirements that exceed the program's minimum standards.** In such cases, students are expected to meet the higher standard and will work in collaboration with the Director of Clinical Training (DCT) to ensure their clinical training plan aligns with those requirements. Students who do not intend to pursue licensure in the United States (e.g., international students) will be required to meet all program clinical requirements, which fulfill COAMFTE standards and which align with New Hampshire educational requirements for licensure.

Before beginning clinical training, students must confirm the following with their intended state or provincial licensure board:

- **Total Direct Clinical Contact Hours**

What is the minimum number of direct client contact hours required during the graduate clinical training experience?

*(Note: This refers to hours completed within the qualifying degree, not post-degree supervised experience.)*

- **Relational Therapy Requirements**

Does the state specify a required number or percentage of relational therapy hours?  
(e.g., 250 relational hours, or 50% of total hours must be relational)

- **Telehealth Eligibility**

Does the state accept telehealth hours as direct clinical contact during graduate training?  
(Some states require in-person therapy to qualify as direct contact.)

- **Virtual Supervision**

Are virtual supervision hours (via video conferencing) accepted for the graduate clinical training experience?

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- **Individual vs. Group Supervision**

Does the state specify a required ratio or minimum number of individual versus group supervision hours?

- **Alternative Contact Hours**

Does the state permit alternative contact hours (e.g., psychoeducation, case management) to count toward the total direct client contact requirement?

## **Confidentiality and Client Information**

The protection of client confidentiality is a core ethical and legal obligation in the practice of couple and family therapy. **All Student Therapists are required to adhere to the AAMFT Code of Ethics (2015), with particular emphasis on Standard II: Confidentiality**, which outlines the ethical responsibilities related to safeguarding client information in all professional contexts.

In addition to ethical standards, students must also comply with relevant federal regulations, including the **Health Insurance Portability and Accountability Act (HIPAA)**. To that end, **all students are required to complete HIPAA training prior to beginning clinical work**.

In today's digital age, client information exists across multiple platforms—paper records, electronic health records, email, video conferencing, and cloud-based storage—making confidentiality more complex and requiring increased vigilance. Furthermore, **student participation in clinical supervision (individual, group, and live formats)** introduces additional layers of ethical responsibility when sharing client information for educational purposes.

Student Therapists must demonstrate a clear understanding of these ethical and legal responsibilities and are expected to maintain the highest standards of confidentiality across all aspects of clinical training and professional communication.

## Securing Physical and Electronic Documents

Clinical documentation must be protected **at all times**. This includes both physical and electronic materials that contain protected health information and/or identifying information about clients. Physical documents should never be taken outside of the placement facility without permission and must always be kept in a locked container (file cabinet or other cabinet) in a secured (locked) room. For written materials used for university-based supervision, the student should use only initials and codes to disguise any identifying information in the case.

In addition to these AU CFT program policies, clinical internship sites will have similar policies regarding: (1) how long student therapists are to keep recordings; (2) the secure and locked housing of all clinical material; (3) the secure and locked transportation of clinical material to university-based supervision; and (4) for the appropriate destruction of client materials. *It's the students responsibility to work with the site to ensure they understand the site specific policies.*

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## Securing Technology-Mediated Therapy and Supervision Sessions

All students in the CFT MA program will participate in virtual supervision (telesupervision) as part of their clinical training experience. Additionally, in some contexts, students will provide teletherapy as part of their clinical experience. In both telesupervision and teletherapy, Student Therapists are responsible for establishing a physical environment, including technology equipment, that ensures both the quality and the security of the clinical interaction. Students engaging in teletherapy as part of their placement must follow all site policies and state/provincial regulations pertaining to technology-mediated therapy, in addition to adhering to program policies. At a minimum, students must have access to a fast, secure internet connection and a computer with a webcam. They must also establish a private place to participate in telehealth interactions, ensuring that no one else can see or hear the communication taking place.

While attending Antioch virtual supervision, students must be alone, on camera, and fully engaged. Supervision sessions typically take place using a HIPAA-compliant video conferencing platform. Joining group supervision while driving, while in a public location, or while on public or unsecured Internet connection is not permitted. Students are evaluated on their adherence to these expectations as part of class participation evaluative assessments in clinical supervision.

## Securing of Recordings of Clinical Work

The student is required to use Supervision Assist's HIPAA compliant recording so as to meet the programmatic requirements for video recorded clinical work for their site supervision and course requirements. This eliminates students having to provide recording equipment and transport it off site. Students are not to use the site's or their own personal equipment to record

sessions. No recordings should be transported outside of the placement site. Students must obtain written permission from clients to record, and keep the written permission in the client's clinical file (See Example in Appendix A). Recordings should be shared only within supervision. Recordings are never to be reviewed outside of supervision, unless the Student Therapist is alone. Recordings in Supervision Assist will be deleted automatically after one year. Additionally, a student must delete all recordings associated with clients at a particular site immediately upon their conclusion at that site.

### Confidentiality During University Supervision and Course Work

Students, Faculty Supervisors, and Site Supervisors will not discuss clients or supervision with persons not involved with the case at the placement site or outside of the supervision group; this includes not discussing clients with significant others. The only exceptions are if the student has a supervision problem (either with a site or with a clinical course) that cannot be resolved by the Faculty Supervisor. In this instance, the student may discuss supervision issues with the CFT Director of Clinical Training or the CFT Program Director.

Other than in confidential site supervision meetings, clients are **not** to be discussed outside of university supervision. When discussing clients within university supervision, all client

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identifying information will be kept confidential. Clients are **never** to be talked about in public spaces or over the Internet—even with CFT faculty and classmates. In university supervision, clients' identifying information will not be revealed, and only initials will be used in supervision. Students may bring case-specific information into CFT class discussions or assignments in which cases are used to learn the application of CFT training ideas (e.g., for assignments like treatment plans, assessments, and case examples of applying a therapy model). Names will **never** be disclosed and identifying information will be altered slightly so as to protect client identity.

In addition to protecting client confidentiality, students and Faculty Supervisors are also ethically responsible for protecting the confidentiality of fellow therapists and the things they disclose in supervision. Students should not discuss supervision outside of supervision, even with others in the same supervision group. Faculty Supervisors will only disclose the contents of supervision for the purposes of monitoring the quality of supervision (e.g., in supervision mentorship) or for the purpose of directly supporting a student's clinical training (e.g., with the CFT Director of Clinical Training or CFT Program Director).

### Accurate and Timely Record-Keeping

In addition to complying with legal, ethical, and site requirements for maintaining records for clinical practice, the student is responsible for documenting client contact and supervision hours and requesting the signatures of the Clinician of Record/Site Supervisor in Supervision Assist. Although it is best practice to log clinical and supervision hours daily, students are expected to complete their logs no less than monthly. **Failure to complete clinical and supervision hours in**

**supervision assist will result in delayed credit for the term until the hours are filed, and a deduction in the participation and documentation grade.** Students should be sure all client documentation is completed in a timely manner, both to fulfill their ethical and legal responsibilities and because Supervisors will NOT sign logs if all client-related work is not completed. **A student's completion of their hour logs asserts that they have done all clinical work related to these hours in an ethical and complete manner and that these hours are an accurate summary of that work.** The student will maintain records of all clinical experience activities, and file all relevant forms in a timely manner.

## **Rounding Hours**

Students may not round clinical or supervision hours up or down to more than the closest 5-minute increment. Do not round up a session that concludes after 45 or 50 minutes to 60 minutes. Rounding may jeopardize the ability to use hours for licensure in some states.

### ***Record-Keeping for Relational Contact Hours***

The program follows the **COAMFTE definition of relational therapy**: sessions involving **two or more related individuals** who engage **together (conjointly)** with the therapist.

A session is considered **relational** if:

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- Two or more individuals participate together for part or all of the session

Examples:

- A couple discussing their relationship
- A parent joining a child's session to talk about progress
- Both partners engaging before one is seen individually

### **Telehealth Policy: Teletherapy and Telesupervision in Program Clinical Training**

The **AAMFT Code of Ethics (2015)** and **COAMFTE Version 12.5 standards** recognize **technology-assisted services**—such as **teletherapy** and **telesupervision**—as legitimate and evolving components of couple and family therapy practice. Unlike earlier COAMFTE versions, the current standards allow accredited programs to **count teletherapy toward clinical hour requirements**.

However, **state and provincial laws vary**, and some jurisdictions restrict or prohibit the use of teletherapy by student therapists. For example, certain states require all graduate clinical hours to be completed **in person**, or define direct contact as being **physically present in the same room**.

## **Program and Site Responsibilities**

Where teletherapy is permitted:

- **Students, Sites, and Site Supervisors must comply with all applicable laws and regulations, and must follow AAMFT Standard IV: Technology-Assisted Professional Services.**
- All students are required to **review and adhere to AAMFT Code of Ethics Standard 6.1**, which includes:
  - Verifying legal compliance before offering services
  - Ensuring appropriateness of telehealth for clients or supervisees
  - Informing clients of risks and benefits
  - Using secure, HIPAA-compliant platforms
  - Receiving proper training before providing telehealth

### **Site Supervisor Expectations**

- Site Supervisors are the **Clinician of Record** and are responsible for ensuring student compliance with local regulations.
- Supervisors must be **qualified to provide telehealth** and trained in:
  - Ethical and legal standards
  - The technology used for therapy and supervision
  - Supervision Assist functions, including reviewing recordings or joining live sessions● In cases where states require a supervisor to be “on-site” during sessions, this means being **available in real time**—even via technology—during a student’s telehealth sessions.

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### **Location and Jurisdiction Guidelines**

- Per **AAMFT Standard 6.5**, therapists must not practice across state lines without authorization. ● **Students must declare the state/province** where their clinical training takes place. ● **Students may only provide teletherapy to clients located in the same state as the site and supervisor**, and only while the client is physically in that state during the session.
- **Teletherapy across state lines is not allowed**, except in rare border-resident scenarios (e.g., student lives in NJ, site is in NY).

### **Ethical and Educational Support**

Both **Site Supervisors and Faculty Supervisors** share responsibility for supporting ethical, competent student practice. This includes assessing the **appropriateness of telehealth** for each client and ensuring that clients are adequately informed of the risks and responsibilities of technology-assisted services.

Sites must support students by providing access to appropriate tools for **secure, high-quality telehealth and telesupervision**. The CFT MA program equips students with **HIPAA-compliant platforms for video conferencing, session recording, and secure storage**.

Students receive foundational training in telehealth ethics and best practices during core coursework. All students are also encouraged to review the **AAMFT Best Practices in the Online Practice of Couple and Family Therapy: [AAMFT Online Therapy Guidelines](#)**

## Confidentiality of Student Therapist Disclosures in Supervision

All discussion regarding AU CFT students will be contained within the Student/Site Supervisor/Faculty Supervisor/Program Administration boundary. Even within this boundary of privileged communication, information regarding a student will be shared on an “as necessary” basis in accordance with the AAMFT Code of Ethics (2015, standard 4.7) which states that couple and family therapists “do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the student. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law.”

This means that information shared by a student with any supervisor or faculty will be shared with others on a need-to-know basis to ensure that the student receives the best training possible. For example, issues such as a student having a learning disability, going through a divorce, or getting behind on work would be examples of need-to-know issues that would be shared for the purposes of the student’s training.

## Liability Insurance

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Antioch University provides Liability Insurance coverage for all CFT students **enrolled** in internship courses. A student who has a second extension or an internship continuation approved and on-file with the Registrar’s office is considered enrolled. Students who are not considered enrolled are **not covered** by the University’s policy.

Students cannot provide clinical services without their own current personal liability insurance coverage. **While enrolled in Internship I, II, III, IV & V, students are required to be student members of the AAMFT and to obtain their own student-level liability insurance through their AAMFT membership.** A copy of the student’s active liability insurance certificate must be uploaded to their Supervision Assist account while they are enrolled in an internship course.

Students having their own Liability Insurance is of benefit for several reasons. One is that it is good to have a personal liability coverage history when applying for coverage after graduation. Second, Antioch’s policy is good, but limited in coverage. It is of benefit to students to carry their own liability insurance and thus have access to their own lawyer (not just the lawyer who works for Antioch or a placement site). Third, there are professional benefits to being an AAMFT student member, including discounts on professional media, access to professional journals and practice strategies, and discounted or free access to the annual AAMFT conference as a student volunteer. AAMFT Membership info: <https://www.aamft.org/join>.

Students are encouraged to confirm with their internship site whether they are covered under the site's liability insurance, given that they are providing services under the supervision and license of the Site Supervisor.

### Payment for Student Internship Work

Historically, it has been rare for Master's level clinical internship placements to pay students, although, it is both possible and permissible for sites to pay student clinicians. However, clients may never directly pay students for services because this can be misconstrued that the student is the Clinician of Record/Site Supervisor.

Students should be aware that accepting a paid position or stipend may come with additional responsibilities, expectations, or employment-related obligations beyond the program's minimum internship requirements. These arrangements often involve separate contracts between the student and the site, which may fall outside the direct oversight of the academic program. As such, students entering into employment or stipend agreements should do so thoughtfully. Please note that in these cases, the program's ability to intervene or advocate on the student's behalf may be limited if issues arise, due to the nature of the contractual relationship with the site. Students are encouraged to ask questions, clarify expectations, and keep lines of communication open with both the site and the Director of Clinical Training (DCT) when considering or entering a paid internship arrangement.

In some cases, a site may qualify to participate in the federal work-study program through AU, compensating students who are eligible for work-study pay. Among other requirements, in 21 order to do this, the site must intend to pay someone to cover the work that the student would do if they did not hire a student clinician. Specific work-study requirements would be handled through the work-study administrative team at AU and the site. Students should inquire with the CFT program administrators if they think their site might qualify. Students must have already qualified to receive work-study money according to AU's regulations and time lines.

### Students Paying for Supervision

Many states' licensure boards clearly state that students may not pay for supervision above tuition payments. Because of this AU students cannot be asked to pay for supervision at their placement sites. AU will not pay Site Supervisors either, but will provide periodic education opportunities for free or at minimal charge.

### Considerations for International Students

As student clinicians provide an off-campus service and have some contractual accountability to the off-campus location, international students may be required by the U.S. Government to get special authorization for this off-campus work. It is the student's responsibility to contact the

proper authorities for their specific situation. International students should also refer to the AU Student Handbook and consult with the International Student Advisor as F-1 Student Status also requires students to be pursuing full-time study.

### Student Use of Personal Vehicles

Please note that neither the Antioch Insurance nor the student-level liability insurance covers student therapists for clients in their private vehicle. For this and other safety issues, the CFT program does **not** want students transporting clients in their personal vehicles. This can be dangerous and we do not want students in any potentially dangerous situation. It is expected that student therapists will use their own vehicle to get from site to site, or house to house when doing clinical work in clients' own homes. Sites involving in-home therapy should have liability insurance that covers students while working in-home.

### Student Health and Personal Therapy

The AU CFT program encourages CFT students to have personal medical insurance so that they can maintain good health and have access to health care throughout their studies. Graduate study and training to become a therapist can be stressful. Self-care is actively encouraged throughout the program. While Antioch does not provide health insurance to its students, all AU students have access to mental health services through the University's [WellConnect program](#) (link requires Antioch login to access). Students are strongly encouraged to engage in personal therapy (whether through WellConnect or elsewhere) if they have not already experienced what it is like to be a client, or if they are feeling stressed.

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## Placement Site and Site Supervisor Requirements and Responsibilities

Clinical training sites provide student therapists the opportunity to apply concepts and skills learned in the CFT MA program in a professional, supportive setting. A variety of clinical settings may be appropriate, but **all placements must meet the following minimum requirements:**

### Clinical Experience

- Students must provide **therapy**—not only case management or support services—and must have the opportunity to provide **relational therapy** (i.e., couple and/or family therapy).
- The placement should expose students to a **diverse range of clients, relationships, and presenting issues**.
- Sites must offer experiences that support the program's clinical requirements and promote work with clients from **diverse cultural, racial, religious, socioeconomic, and relational backgrounds**.

### Supervision & Professional Community

- Sites must have a **clinician who qualifies to serve as a Site Supervisor**.
- The Site Supervisor must provide **weekly individual or dyadic supervision** and serve as the **Clinician of Record**.
- If the site cannot provide qualified supervision, the program may approve an **Off-Site Supervisor** through a formal agreement.
- A **CFT Qualified to Supervise Form** must be submitted in Supervision Assist and approved by the DCT.

#### **Learning Environment**

- Students must be treated as **learners, not employees**, and should not be held to employment-level expectations.
- The site must provide an **orientation** to train students on documentation, site policies, and procedures.
- The site must not require students to attend meetings that **conflict with AU coursework**.

#### **Infrastructure & Policies**

- The site must provide:
  - **Office space**, private meeting areas, and secure **document storage**
  - Policies that ensure **HIPAA compliance and adherence to the AAMFT Code of Ethics**
  - A written **emergency policy** (e.g., for client crises, suicidal or homicidal risk)
  - A documented **grievance policy and procedure**, provided at orientation
- For sites offering **telehealth**, appropriate **technology, security policies**, and supervision must be in place to ensure ethical and legal service delivery.

#### **Site Changes & Communication**

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- Sites must notify the program of any **changes in staffing, supervision, or training structure** that may affect the student's clinical experience.
- If a **Site Supervisor changes**, students must submit a **new placement application** in Supervision Assist, which must be approved by the DCT before continuing clinical work.

### **Placement Site Considerations for Providing Supervision**

#### **Supervisory Relationship**

A good working supervisory relationship is a cornerstone of successful clinical training. To maximize the quality of the relationship between student and supervisor we recommend: (1) an interview between assigned supervisor and student before acceptance is made; (2) periodic discussion of the supervisor/supervisee relationship; and (3) joint evaluation of the content and process by both the supervisor and the student.

Each semester of internship, the student and Site Supervisor and Faculty Supervisor will work collaboratively to develop clinical training goals as an assignment in the internship course. The student and each supervisor should refer to and revise these goals throughout the internship.

process.

### Supervision Methods

Students have varied needs related to the structure of their supervisory experience and advancement in the program. The clinical background of our students ranges from having very little clinical experience to others who have had experience treating individuals, but little or no experience working from a systems perspective with couples and families. In each case, the supervision team will provide supervision which supports and challenges students at their current levels of experience.

Supervision should be distinguishable from psychotherapy, didactic enrichment, or training activities. Although supervision will at times involve discussion of a student's personal issues, and will involve teaching students how to perform particular activities, these foci are usually in reference to clinical cases with which the students are working.

In accordance with current training practices and COAMFTE accreditation requirements, supervisors must use direct observation of therapy, or watch a recording of therapy during supervision. (Antioch CFT students are required to record sessions using Supervision Assist). Supervision may be done by reviewing audio or video recordings, live observation of therapy via a one-way mirror, live observation while sitting in the therapy room, or in co-therapy (collectively referred to as observed/live supervision). The students in the AUCFT program are required to obtain **50 hours** of such supervision with their Faculty Supervisor specifically, however, all supervisors are strongly encouraged to incorporate observation-based supervision; observation-based supervision may be required in Site Supervision in certain states. Oral reports and discussion of written materials (report supervision), although useful, cannot replace

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live/video/audio supervision.

Students are also required to record segments of their work for presentations in the Internship courses at AU. All students need to be permitted to video or audio record therapy sessions and to view these recordings during AU Internship classes. Professional confidentiality rules about client data and the secured transportation of confidential materials will be followed by all parties at all times.

### Site Supervisor Role and Qualifications

#### ***Site Supervision as a Complement to Faculty Supervision***

Student therapists in the AU CFT MA program are required to have regular and consistent supervision from both a Faculty Supervisor and a local Site Supervisor throughout the internship experience. The Site Supervisor serves as the Clinician of Record and has primary oversight of and legal responsibility for the student therapist's clinical work at the site. The Faculty

Supervisor is responsible for supporting the student's overall development as a systemic/relational therapist, maintaining primary focus on the program's goals and learning outcomes. Collectively, the student therapist's supervision experiences during internship must meet both COAMFTE standards and the state licensing requirements for graduate clinical training in the state where the student is practicing. Faculty Supervision will meet COAMFTE requirements, while Site Supervision must meet state-specific supervision requirements. While the Faculty Supervision may also meet state licensure requirements, there may be cases where only Site Supervision may count toward state requirements for graduate clinical training, particularly if face-to-face supervision (i.e., not telehealth) or individual supervision (versus group supervision) is required for licensure purposes.

## Qualifications for Site Supervisors

Site Supervisors of AU CFT MA students are expected to have training, experience, and demonstrated abilities as couple and family therapists and as clinical supervisors (trainers) of couple and family therapists and systems-based models of therapy. To qualify as a Site Supervisor, an individual must meet one or more of the following criteria:

- Be an AAMFT Approved Supervisor or Supervisor Candidate;
- Have the state CFT supervisor designation or meet post-graduate state LMFT supervisor standards; or
- Be approved as an Equivalent by the AU CFT Director of Clinical Training according to the program's Definition of Supervisor Equivalency, which reflects the COAMFTE version 12.5 standards for program clinical supervisors.

Supervision with the Site Supervisor will **not be counted** toward the 100 hours of COAMFTE required supervision; however, the program requires weekly site supervision and will require students to complete site supervision as dictated by graduate clinical training requirements for the student's intended state of licensure.

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It is the position of the CFT MA program that student therapists are best served by having a Site Supervisor who has a professional identity as a couple and family therapist, as well as training in providing relational/systemic supervision, and the program will support students in obtaining such Site Supervision wherever possible. If a student plans to practice in a state that outlines more stringent requirements than those held by the program, the program will uphold the more stringent state standards. The student should know their state's requirements and work with the CFT DCT to ensure the supervisor and internship meet these requirements.

## Program Definition of Supervisor Equivalency

When an AAMFT Approved Supervisor, AAMFT Approved Supervisor Candidate, or state-designated supervisor is not available, the CFT Director of Clinical Training can approve a Supervisor Equivalent according to the following criteria:

1. Has sufficient experience as a clinician, as evidenced by

- a. A graduate degree in couple/marriage and family therapy or related mental health discipline,
  - b. An independent license in a mental health profession in the state or province where the student will be practicing, **and**
  - c. At least two years of full-time clinical experience post-licensure
2. Has educational or practical experience indicating relational/systemic professional orientation, as evidenced by one or more of the following:
  - a. Having **taken or taught** five or more graduate courses in couple/marital and family therapy, either during or after the mental health professional degree used to qualify for licensure
  - b. Membership in a relationally-focused professional association dedicated to promoting the marriage and family therapy profession
  - c. Advanced credentials in a practice area specific to the marriage and family therapy profession,
  - d. Contributions specific to the marriage and family therapy profession such as leadership, training, or scholarly activities.
3. Has training in relational/systemic supervision, as evidence by either
  - a. A graduate course in CFT relational/systemic supervision equivalent to three semester-credit hours, or
  - b. Postgraduate professional education in CFT relational/systemic supervision of at least 30 clock hours (includes the 30-hour full AAMFT Approved Supervisor Training Course)

Following a review of supervisor credentials by the Director of Clinical Training, supervisors will be asked to complete the Qualified to Supervise form, documenting how the criteria outlined

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above have been met. Please note that being approved as a Supervisor Equivalent for the AU CFT program has nothing to do with the American Association for Marriage and Family Therapy or its Approved Supervisor designation. All applications for AAMFT membership can only be done through the AAMFT.

### Site Supervisor Qualifications Documentation

The AU CFT Director of Clinical Training is responsible for obtaining adequate documentation to verify that all site supervisors meet requirements outlined above, and to keep up-to-date clinical training site files that will meet the program's documentation requirements for the Site Supervisor.

This documentation must include a current resume or curriculum vitae that documents the

Clinician's/Supervisor's:

1. clinical degree and date conferred;
2. license and dates conferred and status;
3. CFT training (CFT degree/license or AAMFT Clinical membership letter from AAMFT or courses and continuing education workshops in CFT that were taken if none of the former apply—transcripts can substitute but are not required);
4. years providing CFT;
5. years providing supervision of CFTs; and
6. CFT supervision training and dates.

*Site Supervisor Responsibilities*

The Site Supervisor (Clinician of Record) provides an integral part of the student's training, guiding the student's clinical activities "on the ground." The Site Supervisor monitors, evaluates, and provides appropriate feedback to influence the student's professional growth as a therapist. The program approved Site Supervisor provides regular evaluations of the student's clinical performance, carried out in Supervision Assist, and informs the Faculty Supervisor's grades at the semester's end of each Internship semester.

Specific responsibilities of the Site Supervisor consist of:

- Prior to the start of the student's internship, the Site Supervisor signs the internship Affiliation Agreement contracts and the Electronic Placement Application (in Supervision Assist) on behalf of the agency. The student attests that they have collaborated with the Site Supervisor to complete the Electronic Placement Application in Supervision Assist.
- In collaboration with the student therapist, complete a Supervision Contract at the start of clinical training.
- As the Clinician of Record, Site Supervisors are responsible for providing oversight of all cases and must be available for emergency situations that arise while the student is

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providing therapy. The Site Supervisor will be administratively and clinically responsible for student training at the placement site.

- For purposes of reporting to authorities, **all** parties are considered mandated reporters. Students should consult with the Site Supervisor verbally (not by email) regarding mandated reporting situations and documentation of this consultation should be kept in supervision records, in addition to documentation in client files.
- We strongly recommend that supervisors keep a record of the supervision provided to interns in the form of confidential supervision notes (for examples of forms to use, see Dwyer, 1997 or AAMFT, 1991). Supervision notes can also be added to a student's SA file.
- Effective supervision entails mentoring someone who is newer in the field than the supervisor. It is expected that Site Supervisors will allow and encourage a student's exploration of appropriate theoretical and clinical models of couple and family therapy, even if the orientation differs from that of the supervisor.

- The Site Supervisor should meet weekly with the student therapist for individual or dyadic supervision (i.e., either with the student only or with the student and one other supervisee). Weekly individual supervision should be carried out in the modality required by state requirements for graduate training clinical supervision. E.g., students in some states may only have face-to-face, in the same room supervision, while in other states telesupervision may be allowed.
- **Supervision, with both the Site Supervisor and Faculty Supervisor, is required every week that the student is seeing clients.** See below regarding [Plan for Ensuring Regular and Consistent Supervision of Student Therapists Throughout Internship](#).
- Student observation of the supervisor's clinical work does not necessarily constitute individual supervision. Co-therapy supervision must include supervisory debriefings about the session. Multiple students serving as clinicians behind the one-way mirror may receive credit for group supervision provided that (1) at least one supervisor is present, (2) there are no more than six supervisees present, and (3) the supervisory experience involves an interactional process between or among the students, the treatment team, and the supervisor.
- Site Supervisors are encouraged to incorporate regular observation-based supervision (supervision based on reviewing student sessions, either live or by recording.) The AU CFT program believes that it is essential for therapists to become adept at watching recordings of themselves and making evaluations of and adjustments to their professional work as needed. This not only provides a more thorough basis for self-supervision but also enables a therapist to more accurately use supervision from faculty.
- The student is responsible for tracking their own clinical and supervision hours. The **Site Supervisor will review and sign off on the clinical and supervision hours** in Supervision Assist at least monthly and ideally more often.
- The Site Supervisor (Clinician of Record) and AU Faculty Supervisor form a *supervision team* in which they communicate regularly each semester, at designated intervals during evaluation periods, throughout the student's clinical development. The Site Supervisor and AU Faculty Supervisor are expected to communicate about the student's goals and clinical development. The Faculty Supervisor will initiate communication with the Site Supervisor at least once each semester to discuss the student's progress.

- The Site Supervisor, AU Faculty supervisor, and CFT Director of Clinical Training agree to collaborate in a prompt and professional manner if there are any concerns about the student or their clinical competence to work with clients. In the event of any problems that occur with the student, the Site Supervisor is expected to first contact the AU Faculty Supervisor. The Site Supervisor and the AU Faculty Supervisor should work together and with the student to devise a written remediation plan (a copy should be given to the CFT DCT to be placed in the student's AP file). If needed, the CFT DCT will construct a draft remediation plan. Upon dialogue, either supervisor may contact the CFT DCT to discuss concerns or provide an update of a student's progress.
- Site Supervisors complete a dispositional assessment during the first semester, as well as clinical skills evaluations of the student two times per semester. Although the Faculty Supervisor assigns grades for the internship courses, these internship course grades will

be informed by Site Supervisor evaluations. As part of the evaluation process, Site Supervisors are also invited to provide program-level feedback as well. See [Appendix B](#) for Evaluation Schedule.

## **Evaluation and Professional Gatekeeping Responsibilities of the Site Supervisor**

Prior to licensure, CFT supervisors have the responsibility of judging whether a therapist's work meets the basic ethical and clinical standards of the profession. Supervision with beginning therapists must create an environment in which the student can try new things, make mistakes, and grow as a new professional. The AU CFT program uses the **Antioch Skills Evaluation Device (ASkED) each semester** in order to help supervisors and students reflect upon and evaluate a student's skills throughout these beginning stages of development. It is the goal of the program that each student will be successful in meeting these basic skill levels. During the first semester (Internship I), the Site and AU Faculty Supervisors will also complete a **dispositional assessment**. The dispositional assessment process is designed to identify opportunities to provide feedback to students on exhibited character, attitudes, attributes, and behavior 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. If a student is not performing at a basic level of competence, as determined by the ASkED and the Dispositional Assessment, it is a supervisor's ethical responsibility to hold the student therapist accountable. The function of gatekeeping is threefold: professional integrity (supervisor and therapist), protection of the profession, and protection of the public.

The Site Supervisor will use the **Site Supervisor/Mentor Evaluation of Student** (in SA) and follow AU's evaluative descriptors for Internship at the end of each semester (see Appendix C). It is expected that all evaluations will be verbally discussed between the supervisor and student therapist. By doing this informally mid-semester and then formally at the end of every semester, the student and supervisor have the opportunity to recalibrate learning expectations and goals to achieve the best possible learning outcomes. Students are warned if they are not meeting a supervisor's standards and rewarded if they are meeting those standards. Supervisors are protected by a written record of the mid-semester warning if the student needs to improve in

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order to earn credit for the semester of internship. The goal is to provide open and clear communication and achieve the best training for the student.

## **Plan for Ensuring Regular and Consistent Supervision of Student Therapists Throughout Internship**

Regular and consistent clinical supervision is an ethical, legal, and accreditation requirement. COAMFTE standards and state/provincial licensing regulations mandate weekly supervision throughout the internship experience. Therefore, students must receive supervision from **both** their Site Supervisor and Faculty Supervisor **every week** they are seeing clients.

**Faculty supervision** is provided weekly year-round, with the exception of the AU winter break, during which students are not expected to be at their clinical sites. If a Faculty Supervisor is absent during the semester, an alternate Program Clinical Supervisor will be assigned. In any week when Faculty Supervision is not held, students must meet with their Site Supervisor or refrain from seeing clients.

**Site Supervisors**, as Clinicians of Record, are expected to provide weekly individual or dyadic supervision. Exceptions must be rare—no more than 1 week at a time and no more than 2–3 missed sessions per 15-week semester. If supervision cannot occur, the Site Supervisor must either:

- Be available for urgent consultation, or
- Designate a qualified alternate supervisor onsite.

Site Supervisors must also ensure that all supervision meets applicable state/provincial requirements. In weeks when neither Site nor Faculty Supervision occurs, the student **must not** see clients.

**Key Guideline:**

At least **one hour of approved supervision must take place each week the student sees clients**. Supervision must occur **within the same week** as the clinical work—retroactive or “stacked” supervision is not allowed. Students cannot accumulate therapy hours in any week without concurrent supervision, as this poses ethical, legal, and educational risks.

### **AU CFT MA Program and Faculty Supervisor Responsibilities**

#### **CFT Clinical Training Team Responsibilities**

The Couple and Family Therapy Clinical Training Team coordinates all student placements with internship sites. The CFT Clinical Training Team identifies, evaluates, and reviews appropriate placement sites and supervisors, maintains Supervision Assist files on placement sites and site supervisors, and makes the final review of student evaluations of sites and supervisors. The CFT Director of Clinical Training (DCT) informs students of clinical training requirements via this handbook and acts as a liaison between students, supervisors, sites, and CFT faculty. Prior to

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signing the Affiliation Agreement, the CFT DCT ensures the site and supervisors meet and maintain the criteria for entering into the contractual agreement.

#### **Faculty Supervisor's Review of Students**

The CFT Core Faculty are responsible for the mentorship and professional development of the students and are responsible as gatekeepers to the profession in accordance with the AAMFT Code of Ethics and current standards of the profession of Couple and Family Therapy.

## Prior to Clinical Experience: Year One Progress Review

As part of the advising process, the CFT Core Faculty will conduct a Progress Review of each CFT student during their first year of the CFT program in order to determine whether they have met the program's curricular requirements and are eligible to move onto the second year of the program. The process consists of a review of each student's first year academic performance as well as a review of their dispositional preparedness for moving into clinical training.

Possible outcomes:

- Student is admitted into the second year of the program and can begin internship
- Student is put on a remediation plan prior to being allowed to begin internship
- Student is denied admission into the second year of the program and referred for further advising to determine appropriate career alternatives

## Throughout Clinical Experience: Evaluation for Continuation in Program

The CFT Core Faculty will meet with and review a student's progress if a student requests a second extension in a course, receives an S grade for an overall course evaluation, or receives a No Credit for any course. The CFT Core Faculty will initiate, and place in writing, an action plan intended to enable the student to succeed with further clinical and coursework. This document will be signed by the student and the student's CFT Faculty Advisor, and be placed in the student's departmental file. If such a course of action is either deemed inappropriate or has already been tried and found to be inadequate, the CFT Core Faculty will determine whether the student should be placed on a leave of absence, advised to leave the program, or terminated from the program.

## Faculty Supervisor Responsibilities

While engaged in the internship experience, all students participate in weekly program clinical supervision with AU clinical faculty as part of the five Internship courses. Each faculty supervision section consists of six or fewer graduate student therapists and one faculty supervisor. All AU Faculty Supervisors are professionals who demonstrate a professional identity as relational/systemic therapist and who are AAMFT Approved Supervisors or Approved

Supervisor Candidates, meeting COAMFTE version 12.5 standards for Program Clinical Supervisors. The internship class meets weekly for 3 hours during the fall, spring, and summer semesters. The internship courses are designed to provide weekly group clinical supervision that incorporates observable data supervision (i.e., client recordings) of students' clinical work at their internship sites. It is not an expectation that students' entire caseloads will be reviewed in faculty supervision; oversight of each students' entire caseload is the responsibility of the placement's site supervisor.

The AU Faculty Supervisor: (1) guides the academic work of the student as they formulate a personal philosophy of therapy and apply a chosen theoretical perspective to clinical cases, building toward the capstone project; (2) guides the clinical work of the student in selected cases, through case consultation and video supervision; and (3) assesses and evaluates academic and clinical development through the Internship sequence.

An AU Faculty Supervisor will usually mentor the same group of students for more than one semester. It is an AU goal that students will experience consistency as well as diverse learning opportunities from faculty supervisors

The AU Faculty Supervisors are in charge of running their own sections and working collaboratively with the CFT DCT who is responsible for the syllabus. The AU Faculty Supervisor is responsible for reviewing students' monthly reporting logs of client contact and supervision hours from students. As part of their oversight of students' clinical tracking, Faculty Supervisors are responsible for advising students about the pace of their hours completion and for communicating with the CFT DCT and faculty advisor about a student's overall program completion.

It is the function of the AU Faculty Supervisor to serve as a liaison with the Site Supervisor to ensure the thorough and ethical clinical training of students. The AU Faculty Supervisor is responsible for facilitating the discussion of issues involving all aspects of student placements and integrating these with academic work. The AU Faculty Supervisor is the first contact for the internship Site Supervisor, if there are training needs to be addressed, so as to best ensure cohesive training between AU and the clinical placement. Should questions, problems, or need for additional support arise, the Faculty Supervisor should contact the CFT DCT.

## **Faculty Supervisor Evaluations of the Student**

During all four semesters of internship, the AU Faculty Supervisors complete the Antioch Skills Evaluation Device (ASKED), review the semester Supervision Contract (which affirms each student's learning goals), and review Site Supervisor evaluations at the appropriate times throughout the semester.

The AU Faculty Supervisor regularly evaluates students through weekly case presentations and discussions, and through middle and end of semester evaluation. Students are formally evaluated upon completion of each of the four semesters of Internship. See [Concerns About Student Performance](#) for more information about cases where Faculty Supervisor evaluations note concerns about a student's performance.

## **Faculty Supervisor Monitoring of Student Progress**

Students who do not satisfactorily complete all clinical and site requirements will receive "No

Credit" and must repeat the semester of clinical internship, if permitted, in order to earn credit. For example, clinical requirements (e.g., attending meetings, showing up for sessions on time, following supervisory directives, adhering to expectations for participation in virtual supervision) and clinical documentation not completed on time or in an ethical manner may result in a "no credit." An inability to submit items on time will be reflected in the final Internship grade and may result in Clinical Probation. In the unusual circumstance where a grade cannot be assigned at the end of the final term (e.g., due to prolonged student or supervisor illness), the student receives an "In Progress", as per the *Antioch University academic rules*. If a student cannot complete clinical course requirements by the end of the semester, a student can apply with the Registrar's Office (by the deadline) for a course second extension which must be signed by the AU Faculty Supervisor or the CFT DCT. (This should not be done without consulting with your advisor, DCT, and site supervisor).

**Note:** Incomplete clinical documentation or ongoing clinical concerns of a student may result in Clinical Probation of the student. It is the AU Faculty Supervisor's responsibility to bring these student concerns to the AU clinical faculty meeting or to consult directly with the CFT DCT. Two course extensions, two grades of "S" or worse, or one "no credit" course will result in a core CFT faculty review of the student's academic progress.

## **Student Clinical Internship Responsibilities**

Every clinical placement site establishes its own set of expectations for student interns. These expectations are specific to the site's operations, policies, and training structure and are **in addition to** the AU CFT MA program's clinical training requirements. Students are expected to fully honor the expectations of their placement site, even when those expectations exceed minimum program standards.

Site expectations may include—but are not limited to—specific work schedules, attendance at staff meetings or trainings, documentation timelines, and participation in agency events or outreach. By accepting a placement, students are agreeing to meet the site's expectations in good faith and with professionalism.

Failure to meet site-specific expectations can jeopardize a student's training relationship with the site and may result in disciplinary action. Students are encouraged to seek clarification when expectations are unclear and to maintain open communication with their Site Supervisor and Faculty Supervisor throughout the internship.

Throughout Internship, students will be enrolled in Internship courses that include weekly three-hour group supervision meetings. *The Antioch group supervision meetings for Internship courses will take place outside of the normal time slots allocated to synchronous meetings for didactic courses.* 33 Students are expected to follow their site's schedule, not the AU CFT academic calendar. This means students are typically expected to continue their clinical work during AU breaks

The only exception is winter break, which spans from the last day of the fall semester to the first day of the spring semester, as defined by AU's Academic Calendar. During this time, students are not expected to be at their placement sites.

Please note that AU spring classes often begin several weeks after the start of the spring semester. Regardless of class start dates, students are expected to resume clinical work on the first day of the semester, not the first day of classes.

Students are expected to conduct therapy in a manner that is clinically competent, ethically sound, and legally appropriate—while recognizing that internship is a supervised learning experience. As such, students must be treated as learners, not employees, and are not to be held to employee-level expectations. Students must adhere to the AAMFT Code of Ethics, all applicable site policies, and relevant regulations, including HIPAA, or other governing standards. Failure to follow site supervisor directives—especially in clinically sensitive situations (e.g., client safety concerns)—may result in removal from the site and/or the CFT program. Students must accurately represent themselves as Couple and Family Therapy trainees and be clearly identified as such in all clinical settings.

### **Student Responsibilities While Preparing for Internship**

- **Complete Year One Progress Review and Gain Permission to Contact Internship**

**Placement Sites.** Before beginning the process of looking for and/or securing an internship site, students must be in good standing in the CFT program, receive satisfactory evaluations for their classes and successfully completed the Year One Progress Review. If a remediation plan has been put into effect, the student must have addressed and fully completed the tasks specified before starting the internship application process.

- **Register for Supervision Assist.** During your Family Systems course students will be given a limited access pass to supervision assist. Students will receive full access to supervision assist in the Beginning Clinical Skills and Culturally Responsive Therapy course.

- **Confirm Geographical Location for Internship and Your Intended State of Licensure.**

While the core requirements of the clinical training experience (Internship courses, weekly Faculty and Site Supervision) is the same for all CFT MA students, there are state-by-state differences that have important implications for certain aspects of the internship experience, including but not limited to: requirements for how Site Supervision is conducted, whether student therapists can engage in tele-therapy, and whether Alternative Contact Hours are accepted by the state. During the pre-internship Clinical Skills course, students will confirm where they plan to complete clinical training and research the location-specific stipulations for graduate student clinical training. The program is responsible for ensuring that students complete, at a minimum, the *program* clinical training requirements. It is the responsibility of students to ensure that they understand and adhere to additional requirements of their state. Once students begin

Internship, the Site Supervisor also shares in the responsibility to ensure adherence to state-specific requirements.

- **Seek Program Approval of Prospective Site.** For potential placement sites that are new to the university, there will need to be an Agreement of Affiliation established. For all sites, new or ongoing, there must be a current Affiliation Agreement in place between

the Site and the program. Once a student has identified a possible field placement site, the Director of CFT Clinical Training will make sure all program and COAMFTE facility requirements are met and complete an Agreement of Affiliation with the Clinician of Record/Site Supervisor. The program requires Affiliation Agreements when a new site is identified and every five years thereafter, as long as the site hosts an AU CFT student therapist.

- **Secure Placement Site.** Once viable sites are identified and initially approved by the Director of Clinical Training, the student should contact sites in which they are interested and set up an interview with the agency's internship director/coordinator. The student should provide this person with a copy of their résumé, on which it should state that they are a master's student in the AU Couple and Family Therapy program, in addition to list other education, prior work history, and relevant life experience. CFT faculty advisors are happy to review résumés and make suggestions for preparing for interviews. These interviews are formal, professional interviews and students should dress appropriately and call people by their last names and titles. Students should plan to arrive 5 minutes before the interview is scheduled (not much more). Students should learn about the site by visiting the site's web page prior to the interview, and be prepared with two or three informed questions about their role as a student clinician and the site's methods of training. Because the student must interview and successfully obtain the internship placement, the student is responsible for securing their site.
- **Complete the Placement Application and Internship Learning Contract.** Once a student has been offered and accepted a clinical placement, the student and Site Supervisor collaborate to complete the Internship Learning contract in Supervision Assist. The student is in charge of initiating and completing these forms in SA and should be actively involved in completing this documentation.

### **Student Responsibilities During Internship**

- **Begin Internship I, Starting Faculty Supervision and Site Supervision.** Beginning internship involves attending Internship class with your Faculty Supervisor, as well as beginning clinical work at your internship site and meeting weekly with the Site Supervisor. The expectation during clinical training is that the experience is part-time (10-12 hours per week ideally), providing the opportunity for getting acclimated to doing therapy. The Learning Contract, completed in Supervision Assist, provides the opportunity to set goals and expectations for clinical work.
- **Record Clinical and Supervision Hours in Supervision Assist.** Client contact and supervision hours are to be recorded by the student in Supervision Assist, and require the online approval of the Site Supervisor and Faculty Supervisor. Approval of the hours means the Site Supervisor is documenting the student has completed all of the clinical hours in an appropriate and professional manner, including all required documentation. The Faculty Supervisor will review hours logs to ensure requirements for regular and

keeping track of their hours.

- **Actively Pursue Observable Data Supervision.** Students should regularly record client sessions, with client consent, using Supervision Assist and share recordings in both Faculty Supervision and Site Supervision. Observable Data Supervision involves direct observation of therapy as it is happening, either through use of recordings or through live observation. Supervision based on Observable Data must compose at least 50 hours of the 100 hours of *Faculty Supervision*.
- **Complete Mid-and End of Semester Evaluations.**  
Students will be formally evaluated at two consistent points during each semester: mid-semester and end-of-semester. The Antioch Skills Evaluation Device (ASkED) will be completed at mid-semester by both the student and their Site Supervisor. At the end of the semester, the ASkED will be completed by the Site Supervisor, Faculty Supervisor, and the student. These evaluations are designed to support student growth and will be accompanied by reflective conversations with supervisors to process feedback and identify areas for development.
- **Site Supervisors will complete the Site Supervisor/Mentor Evaluation at the end of each semester.**
- **Students will complete evaluations of both their Site Supervisor and Faculty Supervisor at the end of each semester.**
- **Upon completing their placement, students will also complete a final Evaluation of the Site.**
- **Maintain continuous enrollment and participation in Internship coursework while active at clinical placement(s).** Any clinical work by the student—including but not limited to training or administrative activities at the placement site, interaction with clients, site supervision, or faculty supervision—requires that the student be registered for a clinical course. Clinical students must register promptly for clinical courses each semester. Not being actively enrolled in a clinical course will result in the student suspending all clinical activities until registration has occurred; students are responsible for registering on time in order to prevent the suspension of clinical activities and the associated disruptions to client care.
- **Preparing to Complete Clinical Training During Final Semester.** In consultation with their Faculty Supervisor, students should monitor their clinical hours progress *throughout* their clinical training. Particularly as they near the final semester of internship, students should remain in communication with the Faculty Supervisor, the Director of Clinical Training, and Faculty Advisor about their remaining hours and their timeline for finishing their clinical requirements. (See also information on [Incomplete Clinical Hours and Need for Continuation](#).)
- **Complete Capstone Project: Student Theory of Therapy Papers and Capstone Presentation.** A final Theory of Therapy paper and Case Presentation are required in the final semester of Internship. Students will find more details below and within their Internship syllabi. See further information about [Capstone Requirement](#).

- **Ending Therapy Work Ethically.** Ending at a placement site involves consideration of client wellbeing and the student therapist's ethical responsibility not to abandon clients. As part of concluding at a site, students must consult with their Site Supervisors about

appropriate plans for terminating therapy and/or transitioning clients to other clinicians.

## **Conclusion of Clinical Training**

### ***Preparing the Capstone Presentation and Final Theory of Therapy Paper***

The Capstone Presentation and Capstone Paper are both completed during Internship V. The Capstone Presentation takes place toward the end of Internship V. The final Capstone Paper is due to the Faculty Supervisor two weeks before the scheduled presentation.

In the Capstone presentation, the student will describe and demonstrate their clinical knowledge and skill. The Capstone Presentation uses recent video recordings (preferably *not audio only*) of the student therapist's work with clients. The Capstone Presentation, and particularly the session recordings, complement the Capstone Paper, which serves as a final version of the Theory of Therapy and relates the Theory of Therapy to the case that is the focus of the Capstone Presentation.

Students will write a first draft of the Theory of Therapy paper in Internship III and prepare a fully developed Theory of Therapy paper by the end of Internship IV. The Capstone Paper and Capstone Presentation will build on and be an application of the Theory of Therapy paper that was submitted at the end of Internship IV.

The Capstone Paper will include information about the student's overall work as a therapist, as well as case specific information (a genogram, history of the case, presenting problem, joining, agreed upon therapeutic goals, working through issues, therapeutic formulation and techniques used). Students presenting the Capstone are not expected to be flawless clinicians, but rather the presentation needs to be a snapshot of where the student is at this point of their training, showing how they understand conceptually the therapeutic process and CFT models, with emphasis on application of those concepts in a case. The Capstone Presentation and Paper should pay attention to "use of self as therapist." Students are directed to the [Program Goals and Student Learning Outcomes](#) and Capstone Rubric to help them envision what the Capstone should demonstrate about their work as they end the program.

The video included in the Capstone Presentation needs to include about 10 minutes of interaction between the student and the client. The selected clips should, in as many ways as possible, illustrate points made in the Capstone Paper's presentation of the final Theory of Therapy. When presenting, students should have their video clips cued up and ready to share. The video can be several clips that show differing techniques. The Capstone Presentation will take place in the faculty-led supervision group and thus will involve the same confidentiality 37

protections as other supervision. Nonetheless, students might consider getting additional permission from clients to share video/audio recordings for this occasion.

The format of the Capstone presentation will be:

- 1) Introduction (highlighting the points made in the paper, tying the case into one's Theory of Therapy, and putting in context the selected case and recorded session clip(s)) about 20 minutes;
- 2) Showing the video clips, about 10 minutes,
- 3) Discussion and Conclusion, with questions and observations. about 20 minutes.

### Incomplete Clinical Hours and Need for Internship Continuation

When internship requirements are not completed within the typical five-course sequence of internship, a continuation of internship may be negotiated between the agency, student, supervisor, CFT DCT, and the CFT Program Director. If an internship continuation is needed beyond the summer term, the student may have to pay tuition for the fall term. It is vital that the continuation be filed so that the student has continuous liability coverage through AU. In the case of a continuation, an incomplete grade will be filed for Internship V until the student has completed clinical hours. The Capstone Presentation and final Theory of Therapy Paper will be completed during Internship V, regardless of a student's need for continuation.

### Completing Internship Early

The five-semester internship experience is designed to allow students to mature as clinicians. Skill development results not only from accumulating hours of experience but also from the passage of time. Students are encouraged to pace their clinical hours across the five semesters of internship.

If the student completes their hours early *during their last* Internship semester, they must complete the requirements for the Internship course in which they are enrolled. In this instance, students may apply to the site and the DCT in writing for early release from the internship contract. The site, and the DCT, in collaboration with the CFT MA Program Director, must ALL agree to allow the student to do this. Due to the client needs at the site or other obligations (supervisor hour needs, grant funding obligations, etc.), the student might not be given permission to end internship early.

In rare cases, students may accumulate hours at a pace that would allow them to complete clinical requirements a full semester early. Only students whose internship extends beyond the end of all other course requirements may request shortening their internship by a semester (and only by one semester). Students wanting to request ending internship a semester early, must meet the following criteria:

1. Shortening the internship by one semester will not interfere with meeting state educational requirements for licensure.
2. At least half of the clinical hours requirements must be met by the end of Internship II,

including half of the clock hours, half of the direct clinical contact hours, and half of the relational hours.

3. The student has enough supervision hours completed to be able to finish supervision requirements at the end of clinical training without needing to increase the pace of supervision
4. Students have written recommendation letters from their site and faculty supervisors, supporting their proposal to complete internship one semester early.
5. There are no incomplete courses and the student is in good standing with the program

Requests to complete internship a semester early must be submitted in writing to the Director of Clinical Training during Internship II. Requests will be evaluated as the student concludes Internship II. Students approved to shorten internship by a semester will be given permission to waive Internship III and will need to take an appropriate didactic course in order to meet the credit hour requirements for the program. Students ending internship one semester early will still complete 61 credits total in the program and will still complete Internship courses IV and V, including the Capstone.

### Clinical Considerations for Ending Internship

Well in advance of the planned end of their internship, students should work with their Site Supervisors and Faculty Supervisors to prepare for concluding therapy ethically and effectively. In addition to managing termination or transfer of cases, students are responsible for completing documentation, including clinical records and program documentation (clinical hours, evaluations, etc.). All session recordings must be permanently deleted, including from Supervision Assist, by the student's last day at the site.

Whenever a student concludes at a clinical site, they should complete a Site Evaluation in Supervision Assist.

### Ethical Considerations for Client Terminations and Transfers at the End of A Placement

Whether ending a placement mid-way through internship or ending a placement as part of finishing the program, student therapists must work actively with their Site Supervisor and Faculty Supervisor to ethically conclude therapy with their clients, applying relevant ethical standards related to client autonomy and non-abandonment, among other ethical standards. Student therapists are also responsible for adhering to agreements they have made with their sites regarding their caseloads.

Student therapists who finish at a placement and who plan to resume clinical practice at a new site are cautioned against the practice of “carrying over” clients from one practice location to another. Particularly during the transition from student to post-graduate therapist-under-supervision, there may be unexpected delays or changes in a therapist’s practice context, including supervisor changes or delays with licensure applications; during such transitions, therapists offering to “carry over” clients could risk client abandonment or may risk

directing a client to a new practice context that is not clinically appropriate for that client. At the end of a graduate clinical placement, plans for concluding therapy and transitioning clients should be formulated in careful consultation with all clinical supervisors involved.

## Preparing for Licensure Applications

Students completing the program are encouraged to compile thorough records of their coursework and clinical training experience to support their future application for licensure. While there are wide variations in what licensing boards will request as part of the application for licensure, program graduates will benefit from having the following in their personal files:

- A copy of their transcript (available upon degree conferral)
- Digital copies of syllabi from every course the student completed in their program, including the internship courses
- Digital summaries of the clinical hours records from Supervision Assist. Students retain lifetime access to Supervision Assist, however, it is wise to also save a record containing the following information:
  - The total number of direct contact hours
  - The total number of couple and family (relational) contact hours
  - A separate total of any alternative contact hours
  - The total number of supervision hours
  - Total number of individual supervision hours
  - Total supervision hours provided by the Antioch Faculty Supervisors
  - Total supervision hours provided by the Site Supervisor(s)
- Names and credentials of **each** supervisor (their license and whether they are an AAMFT Approved or State Approved Supervisor)
- A digital copy of the Program Handbook and Clinical Training Handbook

## Policy for Managing Difficulties with Sites, Site Supervisors, and Students

### Remediation Plans and Changing Sites Due to Problems With a Site or Site Supervisor

On occasion, problems arise with an internship site, either because of factors with the site or Site Supervisor, the student, or sometimes with a combination. When problems arise, all parties are responsible for alerting the program of the concerns. Site and Site Supervisor responsibilities include informing the program concerns about a student's performance, interruptions to the provision of Site Supervision, or other factors significantly affecting the student's training. The student will notify the AU Faculty Supervisor and the Director of Clinical Training of the problem(s) with the site and/or Site Supervisor. If the difficulty cannot be resolved with the help of the AU Faculty Supervisor, the CFT DCT will arrange a meeting with the Site Supervisor or a site representative to develop a course of action acceptable to all parties.

**Each placement site must have a grievance policy and procedure and give a copy of this to the student during orientation.** If the student feels the need to file a grievance at the placement,

they should tell the AU Faculty Supervisor so as to keep faculty informed. If, after following this procedure the student does not feel satisfied, they should talk with the AU Faculty Supervisor and the supervisor will contact the site. The AU Faculty Supervisor will ask the CFT DCT to become involved as needed.

In exceptional circumstances, it may be necessary for the student to pursue a different placement. If the Antioch core CFT faculty decide that this is the most appropriate action, the CFT program will assist the student's search. If a student wishes to leave a site for ANY reason, they will give written notice to the CFT DCT, the AU Faculty Supervisor, and the Site Supervisor as soon as possible so that the client documentation and load can be ethically concluded and transferred and positive relations can be maintained between the site and the AU CFT program. The preferred length of notice is 30 days, as stated in the Agreement to Affiliate contract between the placement site and the AU CFT program.

If the situation is due to a student not completing requirements that the CFT DCT, AU Faculty Supervisor, and Site Supervisor all deem appropriate, a student remediation plan will be constructed under the lead of the CFT DCT in collaboration with the AU Faculty Supervisor, the student's Academic Advisor, and the Site Supervisor. All remediation plans must be agreed upon by the CFT DCT, AU Faculty Supervisor, the student's Academic Advisor, and Site Supervisor. All remediation plans will have clear and measurable goals so that all parties, including the student, know when goals have been met, whether they are student goals, supervision goals, or site goals. If a remediation plan is implemented, the student will participate and follow through with all stipulations and requirements or risk being expelled from the CFT program. In accordance with COAMFTE regulations, the core CFT faculty have sole authority to determine a student's status, standing, acceptance, and progress in the CFT program.

#### Leaving a Site Early, Dismissal from a Site, and Interruptions to Internship

In the event that a student is considering leaving a placement site early, the student and Faculty Supervisor should notify and consult with the Director of Clinical Training **prior to** the student giving notice to the site. In some cases, it may be possible to preserve the student's placement at the site.

In the event a student believes they may be dismissed from a site, the student should notify their Faculty Supervisor and the Director of Clinical Training in writing as soon as possible.

In cases where a student leaves a placement early, either voluntarily or due to dismissal, the student must provide adequate written notice to the site and Site Supervisor, upholding their ethical responsibilities to clients as well as standards of professionalism. Students leaving a placement should actively involve their Faculty Supervisor, the Director of Clinical Training, and the Site Supervisor, if appropriate, in planning around leaving a placement. As part of leaving the site, students must complete all clinical documentation per the instructions of the

Site. Moreover, students are required to delete all session recordings immediately upon concluding at a site.

If the student decides to take a leave of absence from the CFT program or withdraw altogether, the student will give written notice and arrange for an exit interview with the CFT Program Director. The student will also give written notice to the Faculty Supervisor and the Site Supervisor.

### Concerns with Student Performance

The AU Faculty Supervisor regularly evaluates students through weekly case presentations and discussions, and through middle and end of semester evaluation. Students are formally evaluated upon completion of each of the five semesters of Internship. In the event that a student is rated S (satisfactory) or U (unsatisfactory) on any evaluation, the AU Faculty Supervisor will discuss the student's performance with the Clinician of Record/Site Supervisor (and off-site supervisor if one exists) and brief the CFT DCT. If it is mid-semester, a written remediation plan will be designed by the supervision team, in collaboration with the student, with goals that can reasonably be accomplished by the end of the semester. Per University policy, if an evaluation of U or S is given on the end-of-semester official Field Supervisor/Mentor Evaluation of Student form, the AU Faculty Supervisor is required by the office of the Registrar to make a note of explanation on the evaluation sheet. (The Registrar also requires a note of explanation for a rating of O (Outstanding) as well.)

If it is at the end of the semester, a "no credit" may be given if the student earns an "unsatisfactory" for overall performance in the internship. If a "no credit" is earned, the student must repeat the course. The Program Director and CFT DCT will continue to monitor the student's progress; if no signs of improvement are made in areas of concern, the CFT DCT will consult with the student, the Site Supervisor, the AU Faculty Supervisor, and CFT Core Faculty as one of the following may occur:

- The student is placed on Clinical Probation
- The student is required to repeat the Clinical Internship course
- The student is required to delay their internship experience
- The student is required to leave the program. This usually occurs only if the student is found to be engaging in "unprofessional" conduct that warrants such an action or if they student is found to be consistently unable to complete the requirements of the clinical training program

### Student Personal Difficulties and Leave of Absence Protocol

In some instances, either a student themselves or the CFT DCT, may determine it is necessary for a student to stop seeing clients and take time off from their clinical responsibilities for personal, mental health, or medical reasons.

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At the end of the Leave period, the CFT DCT will request that an AAMFT Approved Supervisor (referred to hereafter as the Assessor), who is also licensed to practice psychotherapy, provide a private evaluation to verify the student's readiness to return to clinical placement. This Assessor cannot be either one of the AU core CFT faculty or an AU Site Supervisor. In this manner, the student's privacy is maintained and the program has confirmation from an outside party approved by the AAMFT in the training of CFTs that the student is ready to return to training. The AAMFT Approved Supervisor Assessor must provide the CFT DCT with a written opinion of the appropriateness of student's return to clinical work. A copy of this letter of evaluation will be sent directly to the CFT DCT and then be placed in the student's file.

The confidentiality of this outside assessment process will follow AAMFT ethical guidelines, as well FERPA regulations. Once the evaluation is complete, faculty/supervisors will not ask the student to share any personal therapy information nor any of the content or process of the private evaluation (due to unequal power in the relationships). However, it is common and often clinically relevant that the site and supervisors may wish to confer with the evaluator prior to or after the evaluation, and a release of information from the student will be required for this to occur. By this procedure, the program is able to verify and to document the appropriateness of the student to return to clinical duties without violating the student's privacy rights, and without creating inappropriate dual relationships.

Students should understand that the Director of Clinical Training and CFT MA Program Director, in consultation with program core faculty, have final authority to decide upon who may and who may not matriculate in the CFT program. In some circumstances, the program leadership and faculty may determine that it is in the best interest of the student and the profession of CFT that a remediation plan needs to include requirements in addition to a leave of absence, such as repeating coursework, repeating clinical experience work, psychological or educational testing, a medical evaluation, or personal psychotherapy.

### Difficulties with Faculty Supervisors

If a student experiences difficulties in the relationship with their Faculty Supervisor and has been unable to satisfactorily address the concern through direct communication with the Faculty Supervisor, the student should contact the Director of Clinical Training, their Faculty Advisor, or the CFT MA Program Director for assistance with resolving the concern. Because Faculty Supervisors are also, by design, students' instructors of record, clinical students may exercise the rights outlined in the [Antioch University Academic Appeal Policy](#), including appeals of evaluations or appeals based on concerns about inconsistent or inequitable application of standards.

## University Policy for Student Grievances

Clinical students are involved in additional professional and academic relationships (e.g., with a placement site and Site Supervisor and a Faculty Supervisor). While clinical students are 43

encouraged to address concerns within those professional relationships first, they also have the same rights as other students when it comes to grievances. Students should follow the grievance and appeals procedures as outlined in the [Antioch University Student Grievance Policy](#).

For all questions about ***internship requirements and CFT clinical training***, please contact:

Zachary Trevino, Ph.D., LMFT

AU CFT Director of Clinical Training

Relational Therapy Division

Graduate School of Counseling, Psychology, and Therapy

Email: [ztrevino@antioch.edu](mailto:ztrevino@antioch.edu)

For all questions about ***CFT coursework and program requirements***, please contact:

Jarryn Robinson-Ellis, PhD, LMFT

AU CFT Program Director

Relational Therapy Division

Graduate School of Counseling, Psychology, and Therapy

40 Avon Street

Keene, NH 03431

Email: [jrobinson8@antioch.edu](mailto:jrobinson8@antioch.edu)

For questions regarding ***CFT/AT internship requirements and clinical training*** please contact:

Lindsey Moseman, MA, LMFT

AU CFT/AT Director of Clinical Training

Relational Therapy Division

Graduate School of Counseling, Psychology, and Therapy

Email: [lmoseman@antioch.edu](mailto:lmoseman@antioch.edu)

For all questions about ***CFT/AT coursework and program requirements***, please contact:

Maria Kim, PhD, ATR-BC, LMFT,

AU CFT/AT Program Director

Relational Therapy Division

Graduate School of Counseling, Psychology, and Therapy

Email: [mkim2@antioch.edu](mailto:mkim2@antioch.edu)

## GLOSSARY

### Clinical Experience Terminology

**Contact Hours:** This refers to time spent interacting *in real time* with recipients of therapy or recipients of an alternative service that is therapeutic in nature. Students will be expected to work with a wide variety of people, relationships, and problems. Internship placements will vary in their clientele year to year, by location and by mission, but sites are required to provide the opportunity to work with diverse clients. Students are expected to work respectfully and competently with people who are diverse in terms of age, culture, physical ability, ethnicity, family composition, gender, race, religion, sexual orientation, and socioeconomic status. The program defines two types of Contact Hours: Direct Clinical Contact Hours and Alternative Contact Hours.

**In-Person:** The COAMFTE version 12.5 standards use the term *in-person* to refer to an interaction that takes place synchronously (live or in real time), either with people physically located in the same room or interacting through technology assisted means (e.g., on a video conference call). Consistent with the COAMFTE standards, the program uses the term in-person in the same way. Please note that other regulatory bodies, specifically state licensing boards, may use *in-person* to refer only to interactions that take place with people physically in the same room as each other. Students are responsible for confirming how their licensure jurisdiction defines in-person and related terms (e.g., *face-to-face*) and ensuring that they record their clinical hours in such a way that they will be able to provide accurate records when they apply for licensure.

**Direct Clinical Contact Hours:** A therapeutic meeting of a therapist and client (individual, relational, or group) occurring in-person synchronously, either physically in the same location or mediated by technology. Assessments may be counted if they are in-person processes that are more than clerical in nature and focus. Also, therapy services delivered through interactive team modalities may provide direct client contact for specific team members who have in-person interaction with the client/system during the session. Therapy team members who engage the therapeutic process only behind the mirror may not count the experience as direct client contact. Activities such as telephone contact, case planning, observation of therapy, record keeping, trainings, role-playing, travel, administrative activities, consultation with community

members or professionals, and/or MFT relational/systemic supervision are not considered direct clinical contact. Some, although not all, of these activities may be considered Alternative Contact Hours (see definition of Alternative Contact Hours).

- COAMFTE version 12.5 standards allow for counting technology-mediated services as Direct Clinical Contact, however, some states mandate that graduate internship clinical hours must happen face-to-face with therapists and clients in the same room. Students may only count telehealth toward the Direct Clinical Contact Hours if their state does not require otherwise. See definition of [Teletherapy](#), as well as [Telehealth Policy](#).

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- Direct Clinical Contact Hours fall into subcategories based on the client configuration (Individual Clinical Contact Hours, Couple Clinical Contact Hours, Family Clinical Contact Hours).

**Relational Clinical Contact Hours:** A category of direct clinical contact hours in which a clinician delivers therapeutic services with two or more individuals conjointly, who share an ongoing relationship beyond that which occurs in the therapeutic experience itself. Examples include family subsystems, intimate couple subsystems, enduring friendship/community support subsystems, and residential, treatment, or situationally connected subsystems.

- **Couples** are defined as two or more partners who request treatment for their intimate and/or family relationships.
- **Families** are a social unit of two or more individuals, related by blood or non-blood, characterized by emotional engagement and/or commitment, and self-defined as family. ● Short-term and long-term residential/situationally focused subsystems may also provide relational hours experience when the context includes ongoing relationship interaction beyond sessions with significant influence on the individuals involved.
- Relational hours also may be counted with relational subsystems that include a person whose only available means to participate in the in-person therapeutic meeting is telephonic or electronic (e.g., incarcerated, deployed or out-of-town subsystem members.)
- Group therapy can be counted as relational hours if those in the group therapy have a relationship outside of (above and beyond) the group itself. If the individuals in the group had relationships with one another before the group began, then the group therapy hours may be counted as relational. An example of this may be in-patient groups where the individuals lived together all day in a program.
- Please see policy regarding [Record-Keeping for Relational Contact Hours](#) for further information about documenting these hours.

**Indirect Hours:** Indirect hours refer to the physical presence of the student working at field experience duties or time related directly to clinical training. Indirect hours are hours students spend on their clinical work while engaged in activities **other than** direct client sessions and supervision. Indirect hours support students' clinical work, and students should not be answering general phones as a receptionist, cleaning, or doing other clerical (non-clinical)

duties. Indirect hours might include orientation, clinical team meetings, grand round presentations, clinical paperwork, reading (or listening to a professional audiobook) directly related to a clinical case, team discussions, driving time between in-home sessions, and any other clinical training activities expected or permitted by the site. Clock hours (described below) are counted from the time the student “clocks in to work” until they “clock out.” As such, indirect hours can include normal breaks within the workday; direct client hours and supervision are counted separately rather than as indirect hours. Indirect hours could also include special off-site trainings approved by either the site or the supervisor. For example, the time spent in learning sessions (both workshops and association meetings) at a professional family therapy conference, like the annual AAMFT conference, can count toward indirect hours. While there is not a specified number of indirect hours, students do need to track indirect hours in order to

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demonstrate they have met the 1250 clock hours requirement, which is usually accomplished by having approximately 750 indirect hours, as well as the required direct client contact hours and required hours of supervision.

**Teletherapy:** The process of delivering synchronous therapeutic services using a secure video platform in accordance with relevant state, federal, and provincial regulatory requirements or guidelines. The online therapeutic interaction is consistent with state or provincial regulations for the location in which the clinical student therapist and participant(s) are physically located. See program's [Telehealth policy](#) below.

## Supervision Terminology

**Supervision:** A professional advisory relationship, distinguishable from psychotherapy or teaching, that focuses on the development of competencies and professional growth of the supervisee, as well as on protecting the public by ensuring therapy services provided by the supervisee are competent.

**Observable Data Supervision:** Supervision in which the basis of the supervisory conversation is the supervisor's direct observation of interactions with a client. This includes audio and video recordings of client sessions, as well as live (behind the mirror, in the room co-therapy, reflecting teams, etc.).

- **Live Observation:** If the client is present, this represents live observation supervision.
- **Recorded Observation:** If a student is watching a video recording of someone's work with a client, either their own work or another supervisee, this is supervision from recorded observation.
- **Recorded Audio:** If the student is listening to an audiotape of someone's work with a client, either their own work or another supervisee, this is supervision from recorded audio.

**Case Report Supervision:** If students are simply talking about cases, this is supervision from case report.

**Group Supervision:** Consists of one supervisor and eight or fewer students. Regardless of the number of supervisors present, a group cannot exceed eight students to qualify for group supervision. For example, ten students and two supervisors are not appropriate because the number of students exceeds eight. The Program has made the decision to limit Antioch supervision groups to a maximum of six students.

**Individual Supervision:** Defined as one supervisor with one or two supervisees. 47

**Virtual Supervision or Telesupervision:** Is the process of delivering synchronous relational/systemic supervision using a secure video platform. The online supervisory interaction must comply with relevant state, federal, and provincial regulations for the location in which the clinical site, student therapist, and supervisor are physically located. See [Telehealth policy](#) for additional information.

**Appendix A: Permission to Audio or Video Record Therapy Session**

Permission To Audio Or Video Record Therapy Session

Student Therapists (ST) must work under the supervision of an Approved Supervisor who has access to recorded evidence of their work. Therapist and their supervisors use these recordings to improve the ST's clinical skills. These recordings encrypted are on a HIPAA-secured cloud and used strictly used for training purposes, they are not part of the client's clinical record and will be deleted upon completion of supervision. The client also has the right to view the recording if they wish, prior to the recording being deleted.

I verify that the student therapist named below has my permission to:

(1) Record our session(s) strictly for the use of providing clinical supervision to the student therapist;

(2) Release the recording to the Antioch University Supervisor (AUS) named below; and (3)

Delete all recordings upon completion of supervision as indicated below.

Antioch University Student Therapist: \_\_\_\_\_

Antioch University Team members (who will also view recording):  
\_\_\_\_\_  
\_\_\_\_\_

Antioch University Faculty Supervisor: \_\_\_\_\_

Family Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(first name only)

Family Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(first name only)

Family Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(first name only)

ST Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 49

#### Appendix B: Clinical Evaluation Schedule

Evaluation Name:	Completed by Student	Completed by Faculty Supervisor	Completed by Site Supervisor	When due:

Antioch Skills Evaluation Device - Student Self Evaluation	YES			End of every semester.
Evaluation of Faculty Supervisor/Mentor	YES			End of every semester.
Evaluation of Site Supervisor/Mentor Field Experience Site Evaluation	YES YES			End of every semester. End of placement at EACH site.
Antioch Skills Evaluation Device - Faculty Antioch University Dispositional Assessment		YES YES	YES	End of every semester. Midterm of <b>INTERNSHIP ONE</b> or asneeded.
Antioch Skills Evaluation Device - Site Supervisor			YES	End of every semester.
Field Supervisor/Mentor Evaluation of Student			YES	End of every semester.

### Appendix C: Evaluative Descriptor Rubric for Internship Courses

COURSE REQUIREMENTS	UNSATISFACTORY SATISFACTORY	GOOD	VERY GOOD	EXCE
<b>INTEGRATION OF THEORY &amp; PRACTICE</b>	<p>Student failed to successfully apply knowledge and skills from program course work to internship setting. Remediation (specify), to be determined by advisor, is needed.</p> <p>Student gave evidence of attempting to apply theoretical material to internship responsibilities, but did not do so in an effective way. Some remediation (specify) is needed.</p>	<p>Student gave evidence of successfully applying concepts from discipline to their internship.</p>	<p>Student successfully applied many key concepts from discipline and related fields in a particularly clear and effective manner.</p>	<p>Student applied discipline fields originating in man</p>

<b>PROFESSIONAL &amp; INTERPERSONAL SKILLS</b>	<p>Student did not evidence or sufficiently improve professional skills in internship; responsiveness to feedback from site supervisors, faculty advisor and/or peers was minimal or lacking.</p> <p>Student's growth in professional skills during internship was minimally acceptable for graduate program of professional preparation. Some difficulty evidenced in accepting and/or applying corrective feedback from site supervisors, faculty advisor and/or peers.</p>	<p>Student evidenced growth in professional skills and used feedback from site supervisor, faculty advisor and/or peers to improve performance during the course of the internship.</p>	<p>Student evidenced significant growth in professional skills and effectively employed feedback from supervisor, faculty advisor and/or peers to improve performance and broaden skill base over the course of the internship.</p>	<p>Significant professional growth in skills and use of site supervisor's feedback was excepted.</p>
<b>QUALITY OF DOCUMENTATION</b>	<p>Paper(s) and other work products unacceptable with respect to content, organization, and/or writing style (specify). Some remediation (specify) needs to be arranged.</p>	<p>Paper(s) and other work products were minimally acceptable with respect to content, organization, and writing style; there were some problems in one or more of these areas but not so severe as to warrant handing the paper(s) back. Some remediation needs to be arranged.</p>	<p>Paper(s) and other work products adequate with respect to content, organization, and writing style.</p>	<p>Paper(s) and other work products particularly clear, well-organized, and/or well written.</p>
<b>OVERALL INTERNSHIP PERFORMANCE</b>	<p>Student's work in internship was characterized by such major problems that no credit can be given. Learning goals were not met; closer supervision on next internship is needed.</p>	<p>Student's work in internship was minimally acceptable; there were problems in achievement of learning goals, but not so severe as to warrant an unsatisfactory.</p>	<p>Student's internship work was basically competent with no major problems. Learning goals were appropriate for degree program and readily achieved.</p>	<p>Student meet and/or exceeded learning goals for internship and solidly performed responsibilities for a rich learning experience.</p>

**Antioch Skills Evaluation Device (ASkED)**

Based on the Basic Skills Evaluation Device developed by Thorana S. Nelson, PhD

*Faculty Supervisor and Site Supervisor complete as an evaluation of the student's progress at the end of each semester.*

Student: Evaluator:

Clinical Training Semester: 1 2 3 4 5

Rating Scale: Ratings within each category can be used to delineate differences with levels. For each skill area, list a number between 0 and 50.

Rating	Description
0	<b>No demonstrated competency</b>
1 to 10	<b>Unsatisfactory competency</b> for beginning-level therapist
11 to 20	<b>Beginner</b> level competency (The therapist demonstrates or is developing competencies as expected of a beginning therapist)
21 to 30	<b>Intermediate</b> level competency (The therapist demonstrates competencies expected of students who have a moderate level of experience and have several courses completed in an MFT curriculum)
31 to 40	<b>Advanced</b> level competency (The therapist demonstrates competencies expected of graduates of a MA program pre-licensure)
41 to 50	<b>Exceptional</b> competency (The therapist demonstrates competencies that would be expected of a seasoned, licensed professional)
N/A	<b>No opportunity</b> to view competency

Conceptual Skills	Rating (0 to 50 or N/A)	Comments
General Knowledge Base		
Systems Perspective		
Familiarity with Therapy Models		
Integration of theory and practice		
Self as Therapist		

Theory (Preferred Model)	Rating	Comments
Knowledge of Theory		
Utilizes theory in Practice		
Recognizes Strengths/Weakness of Theory		

Executive Skills	Rating	Comments
Joining		
Assessment and Diagnosis		

Hypothesizing		
Interventions		
Communication Skills		
Personal Skills		
Session Management		

Perceptual Skills	Rating	Comments
Recognition Skills		
Hypothesizing		

Professional Skills	Rating	Comments
Supervision utilization		
Recognition of Ethical Issues		
Paperwork		
Professional Image		
Professional Conduct		

Evaluation Skills	Rating	Comments
Evaluation of Therapy		
Evaluation of Self		

Social Justice, Diversity, Power	Rating	Comments
Attention to issues of power in therapy		
Attention to issues of gender		
Attention to issues of race, ethnicity, sexual/gender minority status, and class.		

The Antioch Skills Evaluation Device (ASKED) is based on the Basic Skills Evaluation Device, which was developed using empirical data from the Basic Family Therapy Skills Project, conducted by Charles Figley and Thorana Nelson. The items and descriptions were developed from information gathered from nearly 500 experienced marriage and family therapy trainers and supervisors. Included are descriptions for each training dimension based on data from the Basic Family Therapy Skills Project. Please use these descriptions when evaluating your trainees.

**The Basic Skills Evaluation Device<sup>®</sup>**  
**Conceptual Skills**

**General Knowledge Base**

The trainee has a basic understanding of family systems theory. The trainee is able to articulate principles of human developmental, family developmental, and family life cycle issues pertaining to the case. The trainee communicates an understanding of human interaction and normal family processes. The trainee can articulate how gender, culture, and class have an impact on the client and on therapeutic issues (including interaction with one's own gender, culture/ethnicity, and class). The trainee is able to determine and work within the clients' world view. The trainee has an understanding of human sexuality. The trainee has knowledge of assessment strategies (e.g., interviewing skills, various assessment devices, DSM IV).

**Systems Perspective**

The trainee understands and can articulate basic systems concepts. When talking about client problems the trainee employs systemic concepts and perspectives, thus showing that they are thinking in systemic and contextual terms. Formed hypothesis are systemic. The trainee can articulate the difference between content issues and process issues. The trainee can recognize hierarchy problems.

**Familiarity with Therapy Models**

The trainee has a basic knowledge of family therapy theories. The trainee's goals, hypotheses, session plans, interventions, and evaluation strategies for terminating therapy are all linked to a specific employed and articulated therapeutic model (which may be an integrated model). The trainee also recognizes their own perceptions, client resources, and links between problems and attempted solutions.

**Integration of Theory and Practice**

The family therapy trainee is able to articulate theory as it is applied in practice, utilizing concepts appropriately, and describing interventions that fit with the theory and hypotheses. If using an integrated theory, the trainee is able to differentiate concepts and provide rationale for choices of hypotheses and/or interventions. The trainee is able to evaluate the appropriateness (positives and negatives) for a theory or integrated theory using concrete data from therapy cases.

**Self as Therapist**

The trainee can articulate their own preferred model of therapy. The trainee is also aware of how their communication style influences therapy and is curious in learning about themselves. The trainee is aware of and able to manage their own anxiety in therapy. In talking about cases the trainee is able to reframe or positively connote issues from cases for themselves. The trainee has an understanding of how to use a sense of humor in therapy. The trainee recognizes their ability to be flexible and curious and to think critically and analytically, expressing authenticity and accepting feedback. The trainee is able to recognize how their own developmental or other issues interact in therapy.

**Theory**

The previous skill areas were generic; i.e., they apply across theoretical models of intervention. This section is for the trainee therapist and supervisor to use to evaluate the trainee's growing knowledge and expertise in a model or theory that is identified by the supervisor and trainee together. The trainee is able to identify assumptions and concepts of the

theory, the primary techniques used in the theory, the role of the therapist, and evaluation strategies. The trainee is able

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to use the concepts and interventions in practice, identifying data to the supervisor that illustrate the concepts. The trainee is able to recognize and identify the strengths and weaknesses of the theory as used in practice

### **Executive Skills**

#### **Joining**

A trainee skilled in the technique of joining is able to engage each family member in a therapeutic alliance and relationship by establishing rapport through clear communication that conveys a sense of competency, authority, and trustworthiness while at the same time demonstrating empathy, warmth, caring, and respect. The trainee is capable of gathering information without making the client feel interrogated, laying down the ground rules for therapy, and setting up a workable treatment contract by exploring the client's expectations, point of view, and preparedness to make changes. These goals are accomplished in conjunction with setting appropriate boundaries and avoiding triangulation.

#### **Assessment**

The family therapy trainee demonstrates the ability to assess clients through use of genograms, family histories, suicide/depression interviews or inventories, and discussion of SES, employment, school, and developmental stages. The trainee is familiar and skilled in basic interviewing techniques and strategies. Assessment is formulated and appropriate to an articulated theory of change. The trainee is able to clarify the presenting problem, explore previous solutions to the problem, gather information regarding sequences and patterns in the family, and determine the strengths and resources that the family brings to therapy. Assessment strategies are sensitive to gender, race, and cultural issues.

#### **Hypothesizing**

The trainee exhibits the ability to formulate multiple hypotheses about a case based on articulated principles of a theory of change. They can develop treatment plans which include a rationale for intervention based on hypotheses; set clear, reachable goals in consultation with the family; focus the treatment toward a therapeutic goal; and modify the existing case plan when appropriate.

#### **Interventions**

The trainee demonstrates an understanding of intervention techniques by structuring interventions that defuse violent or chaotic situations, deflect scapegoating and blaming, and interrupt negative patterns and destructive communication cycles. The ability to intervene also includes appropriately challenging clients on their position, explicitly structuring or directing interactions among family members, and helping families establish boundaries. The trainee is able to elicit family/client strengths and utilize them in both session discussions and homework assignments.

Other interventions that illustrate skill include normalizing the problem when appropriate, helping clients develop their own solutions to problems, giving credit for positive changes, reframing, and the appropriately using self disclosure. The trainee uses theory-specific interventions appropriately and is able to articulate a rationale for these interventions.

#### **Communication Skills**

Communication skills are demonstrated by active listening and reflecting; the use of open-ended questions; and short, specific, and clear oral forms of communication. The trainee's body language should convey a relaxed state and match the tone of the conversation. The trainee is also able to coach clients in learning communication skills rather than merely "lecturing" and instructing.

#### **Personal Skills**

Personal skills that are important for a successful therapy trainee to possess include a desire to be a family therapist, intelligence, curiosity, common sense, self-direction, commitment, patience, empathy, sensitivity, flexibility, the ability to manage their anxiety, authenticity, expression of a caring attitude, and acceptance of others. The trainee should also

exhibit warmth, a sense of humor, a nondefensive attitude, congruency, the ability to take responsibility for their mistakes, the ability to apply their own personal mode of therapy, and possess no debilitating personal pathology. The trainee demonstrates emotional maturity and the ability to be self-reflexive. The trainee demonstrates an appropriate 55

attitude of expertness toward clients, congruent with their theory of change.

### **Session Management**

The trainee is able to manage the therapy process by effectively introducing clients to the therapy room, explaining equipment and setting, if necessary, and explaining the policies and procedures of the agency/clinic. The trainee is able to engage the family in therapeutic conversation, controlling the flow of communication as per their therapy plan. The trainee is able to manage intense interactions appropriately, demonstrating skill at both escalating and de-escalating intensity at appropriate times. The trainee is able to manage time, finishing sessions as scheduled and is able to schedule further appointments, consultations, and referrals smoothly and effectively. The trainee is able to collect fees in an appropriate manner.

### **Perceptual Skills**

#### **Recognition Skills**

The trainee shows the ability to recognize hierarchies, boundaries, dynamics of triangling, family interaction, and family behavioral patterns. The trainee can also recognize gender, ethnic, cultural, and class issues in client dynamics and in therapy.

The trainee is able to recognize clients' coping skills and strengths and can understand dynamics and patterns in presenting problems. The trainee recognizes how patterns associated with presenting problems may be similar to other patterns of interaction in clients' lives.

The trainee recognizes and can articulate their impact as part of the client/therapy system.

#### **Hypothesizing**

The trainee can formulate a systemic hypothesis and can generate general hypotheses as well as theory (or model) specific hypotheses. The trainee can formulate long and short term treatment plans based on hypotheses. The trainee is able to distinguish process from content at an appropriate level and include process issues in hypotheses. The trainee reframes patterns and problems appropriately.

### **Professional Skills**

#### **Supervision**

The trainee attends supervision meetings as scheduled and is prepared to discuss cases with colleagues, to formally present their own case, and to present audio or video material as requested. The trainee is respectful and positive about other trainees' cases and presentations, is helpful and not demeaning about a fellow trainee's skills. The trainee makes use of supervision by accepting and utilizing supervisory feedback.

#### **Recognition of Ethical Issues**

A marriage and family therapy trainee knows and observes the code of ethics of AAMFT and is familiar with the laws of the state regarding privileged communication, mandatory reporting, and duty to warn issues. The trainee follows the supervisor's policies regarding reporting and consulting with the supervisor and/or other authorities; the trainee appropriately uses supervision and consultation regarding ethical issues. The trainee avoids potentially exploitative relationships with clients and other trainees. The trainee deals appropriately with their own issues as they affect therapy and is willing to take responsibility for their own actions.

**Paperwork:** The trainee maintains case files appropriately and follows clinic procedures for paperwork in a timely

manner.

### **Professional Image**

The trainee dresses appropriately according to the standards of the setting. The trainee is able to present an aura of

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confidence without arrogance and presents themselves to other professionals in an appropriate manner. The trainee is on time for sessions and supervision and treats staff with respect.

### **Professional Conduct**

The trainee has the ability to initiate and maintain appropriate contact with other professionals along with maintaining a personal professional image. The trainee does not publicly denigrate or criticize colleagues. The trainee consults with professionals and others involved with cases appropriately, with appropriate signed releases, and in a professional manner, always keeping the client's welfare foremost. The trainee shows the ability to handle unexpected and crisis situations with poise and skill, using consultation when appropriate. The trainee is punctual with therapy sessions and other professional meetings. The trainee follows clinic policies in setting and collecting fees.

### **Evaluation Skills**

#### **Therapy**

A trainee skilled in evaluating therapy is able to verbalize the thoroughness of assessment; the link between theory, assessment, and hypotheses/interventions; the effectiveness of interventions; and how well the objectives of the therapy have been met in terms of both the clients' goals and the therapist's perspective and analysis. The trainee can articulate aspects of the clients' feedback in relation to assessment and intervention. The trainee is able to articulate links between conceptual, perceptual, interventive, and outcome data.

#### **Self**

The trainee therapist is skilled in evaluating themselves in terms of skills: conceptual, perceptual, executive, professional, and evaluative. The trainee is able to recognize signs in themselves that contribute to the ongoing understanding and analysis of the case and is able to articulate personal issues that may be interacting in therapy. The trainee is not unduly defensive about feedback, but is able to integrate multiple perspectives and incorporate them into a plan for enhancing his or her development as a family therapist. The trainees work with the supervisor in an ongoing evaluation of therapy skills and strive to improve areas that require it and, at the same time, clearly articulate strengths in behavioral terms.

### **Social Justice, Power, and Diversity**

(See Haddock, Zimmerman, and MacPhee's [2000] article on the *Power Equity Guide* for more detailed information)

#### **Attention to issues of power in therapy**

The trainee therapist is skilled at attending to issues of power in the therapy, including working to eliminate or reduce power differentials between partners, attending to decision-making, communication and conflict resolution, negotiating goals and activities, sharing housework, sharing financial decision-making, having a consensual and mutual sexual relationship, and taking a proactive stance against family violence. The therapist also works to manage the power differential between therapist and clients.

#### **Attention to issues of gender in therapy**

The trainee therapist works to balance issues of power especially related to gender dynamics, and is aware of and attentive to such gender dynamics in work with individuals, couples, and families. The therapist takes a proactive stance in empowering female clients, and also works with male clients to be more attentive to relationship maintenance and power issues in relationships.

#### **Attention to issues of race, ethnicity, sexual/gender minority status, and class**

The trainee therapist works to empower clients to honor and integrate all aspects of themselves not supported by the dominant culture. The trainee therapist is aware of power dynamics associated with issues of race, ethnicity, sexual and

gender minority status, and social class. The therapist encourages clients from marginalized groups to explore and respond to the effects of oppression and assists clients in negotiation and managing problematic situations that arise from racism, classism, homophobia, and other oppressions. The therapist is aware of stereotypes, prejudices, and socially-based power differentials.

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#### **Appendix E: Capstone Presentation and Evaluation Process**

- Students who are completing clinical training will make Capstone Presentations during their regular group supervision times.
- Each presentation will be attended by the student, Faculty Supervisor, other supervisees assigned to the group, and a Core Faculty member assigned as a co-evaluator of the presentation. The presenting student has the option to invite their Site Supervisor to the presentation as well.
- One to two weeks prior to the presentation, students will submit the written document or Capstone Paper that accompanies the presentation. This written document is an abbreviated version of the student's Theory of Therapy paper, along with information about the case that is the focus of the presentation. The Core Faculty co-evaluator and Site Supervisor should read the written document prior to the presentation. The written document, along with the presentation itself, will be the basis for the evaluation of the student's capstone (using the rubric discussed below). The Core Faculty and Faculty Supervisor will both provide brief written feedback on the document, which will be shared with the student after the presentation is complete.
- Immediately following the presentation, the Faculty Supervisor will lead a brief question/feedback conversation, asking questions and allowing the faculty co-evaluator and other students to ask questions and provide feedback.
- Following the feedback conversation, all attendees other than the Faculty Supervisor and Core Faculty co-evaluator will leave, and the Faculty Supervisor and Core Faculty member will discuss the presentation and paper and make a determination about the outcome of the presentation. Options include:
  - Student passes - no revisions required
  - Student passes - minor revisions required
  - Remediation required - major written revisions and/or second presentation required

The Faculty Supervisor and Core Faculty co-evaluator will each complete their own version of the Capstone Rubric. Only the Faculty Supervisor's rubric will record the outcome of the presentation.

- Following deliberation and a decision on the outcome, the Faculty Supervisor will communicate with the student and the Director of Clinical Training about the outcome of the presentation.
- Students who do not complete the Capstone with at least Satisfactory in each SLO item will require remediation. In cases where remediation is required, the Director of Clinical Training and Faculty Supervisor, will meet with the student to develop a remediation plan, including required follow up actions.
- The Faculty Supervisor will provide a copy of their completed rubric to the student, along with the versions of the capstone paper that include the Faculty Supervisor and Core Faculty feedback.

**Appendix F: Capstone Presentation Assessment Rubric****RUBRIC FOR CAPSTONE PRESENTATION (Internship Seminar V)**

Student: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>Assignment Fundamentals</u></b>					
Showed 3-6 relevant clips totaling to 10 minutes					
Written materials were clear and organized; provided a written outline and a clear summary of each video clip					

<p>Presentation was well organized; student was articulate in oral presentation</p> <p>Responded well to questions and feedback during presentation</p> <p>Presentation was of appropriate length (not too long or too short), totaling to 45-50 minutes</p>					
<p><b><u>Assessment of Learning Outcomes</u></b></p>					

<p>SLO5: Students demonstrate basic systemic/relational therapeutic skills in clinical practice.</p> <p><i>As evidenced by:</i></p> <p><i>Therapy clips demonstrated systemic/relational therapeutic skills and were accompanied by explanation of how each clip ties with theory of therapy</i></p> <p>SLO1: Students demonstrate knowledge of CFT models and interventions.</p> <p><i>As evidenced by:</i></p> <p><i>Student's presentation reflects understanding and application of systemic/relational theories/models</i></p> <p>SLO2: Students demonstrate knowledge of broader content areas in CFT, including human development and family studies, families in larger systems, human sexuality and sex therapy, addictions, and intrafamilial violence.</p> <p><i>As evidenced by:</i></p> <p><i>Presentation of case addressed relevant developmental and contextual topics in addition to or as part of applying chosen model</i></p>					
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<p>SLO11: Students pay attention to issues of diversity, equity, and inclusivity across all domains of CFT.</p> <p><i>As evidenced by:</i></p> <p><i>Presentation of case and of theory of therapy addressed contextual and systemic dynamics, particularly power and social justice</i></p>					
<p>SLO4: Students demonstrate competency in systemic assessment, diagnosis, and treatment planning.</p> <p><i>As evidenced by:</i></p> <p><i>Presentation reflected understanding and application of current models of assessment and diagnosis</i></p> <p>SLO3: Students apply systemic/relational model interventions in clinical practice.</p> <p><i>As evidenced by:</i></p> <p><i>Articulated rationale for interventions related to tx goals and own theory of therapy</i></p>					
<p>SLO11: Students pay attention to issues of diversity, equity, and inclusivity across all domains of CFT.</p> <p><i>As evidenced by:</i></p> <p><i>Presentation addressed how delivered interventions in a way that</i></p>					

<i>was sensitive to clients' needs and identities</i>					
SLO9: Students apply research to clinical practice.  <i>As evidenced by:</i>  <i>Student reported how they evaluated treatment outcomes as therapy progressed</i>					
<b><u>Sense of self as a therapist:</u></b>  SL10: Students demonstrate self-awareness of social structures, social locations, experiences, and biases that influence their practice as CFTs.  <i>As evidence by:</i>  <i>Presentation demonstrated that student monitors personal reactions to clients and tx process, identifying of issues and countertransference and how they dealt with this</i>					

SLO7: Students demonstrate understanding and application of ethical codes, laws, and principles in CFT practice.

*As evidenced by:*

*Presentation reflected that the intern practiced within their scope of practice and Recognized issues that suggested need for referral or specialized evaluation or care in conjunction with their therapy*

**General Comments and Overall Evaluation**

## **Internship Site Termination Form**

Last Updated: June 5, 2025

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 completed 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-AT \_\_\_\_\_ DMT/CFT

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 (Zachary Trevino)
- 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

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**Supervisor Responsibilities Prior to Ending Internship:**

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

\_\_\_\_\_  
Signature Date \_\_\_\_\_ Supervisor

**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.

\_\_\_\_\_  
of Clinical Training Signature Date \_\_\_\_\_ CFT Director

## **CFT with Art Therapy Specialization (CFT/AT)**

### **Practicum/Internship Requirements**

**CFT/AT is a 66-credit(semester) low residency program.**

The CFT/AT internship must conform to the following minimum criteria:

1. 700 Onsite agency hours (Direct client contact hours + Other hours including supervision) over at least four consecutive semesters.

2. All 350 direct client contact hours must incorporate the use of **Art Therapy** and out of those, 300 hours may count toward CFT hours.

4. 150 direct client contact hours must be **relational**.

4. 105 on-campus group supervision hours provided by an ATR-BC or ATCS (case consultation hours count towards this requirement)

5. 50 hours of supervision based on direct observation (one-way mirror, co-therapy, videotape, or audiotape). These hours can be accrued on-campus with formal and informal case presentations in case consultation or by the student's on-site supervisor.

6. On-site Supervisors must be licensed with a master's degree in the behavioral sciences and have at least two years post master's experience. It is recommended that the student choose a supervisor with previous training or experience as a clinical supervisor. The above internship hours are typically completed within four semesters in a 15-20 hour work-week in a clinical mental health setting, and receive support with additional weekly Practicum/Internship class hours.

#### Example of 350 Art Therapy hours requirements

Term	Direct Hours Target (350 Art Therapy hours needed)	Relational Hours Target (150 hrs needed)	Direct Cumulative Total
Internship I	87.5 hours	35-40 hours (of the 87.5)	87.5

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Internship II	87.5 + hours	35-40+ hours (of the 75)	175+
Internship III	87.5 + hours	35-40+ hours (of the 75)	262.5+
Internship IV	87.5 + hours	35-40+ hours (of the 75)	350+

\*The exact number of hours may vary each semester.

### **Post-Master's Considerations Per ATCB (Art Therapy Credential Board)**

**Provisional Art Therapy Registration (ATR-P).** Following successful completion of the AT/CFT program, students are eligible to apply for the Provisional Registered Art Therapist (ATR-P) designation through the Art Therapy Credentials Board (ATCB). This designation indicates that the graduate has successfully completed the requirements as an entry-level art therapist who is under the supervision of a Board-Certified Art Therapist (ATR-BC) or an Art Therapy Certified Supervisor (ATCS). Graduates will complete the online application, as well as submit their graduate transcript, post-graduate ATR-P supervision agreement, and signed attestations. While practicing as an ATR-P, art therapists are required to accrue clinical experience hours and supervision hours to be eligible for the Registered Art Therapist (ATR) designation through the Art Therapy Credentials Board (ATCB).

**Art Therapy Registration (ATR).** Credentials as a Registered Art Therapist (ATR) are obtained through the Art Therapy Credentials Board (ATCB). The ATR-P is a required credential to qualify for the ATR. To become a Registered Art Therapist, it requires completing qualifying master's level education (including art therapy core curriculum, supervised practicum, and internship experiences), post-education supervised clinical experience and three positive references(<https://atcb.org/registered-art-therapist-lp/post-education-experience-requirements/>). See below for the Post-Master's Art Therapy Clinical Experience.

**Post-Master's Art Therapy Clinical Experience.** For CAAHEP accredited programs, the art therapy post-master's experience requirements consist of a minimum of 1,000 hours of supervised, direct client-contact hours using art therapy. Hours used to complete administrative tasks cannot be included for purposes of obtaining ATR. Applicants must document a minimum of 100 hours of supervised experience, 50 of which must be provided by an ATR-BC or ATCS. A licensed or credentialed practitioner with a master's degree in a related mental health field may provide supervision for the remaining 50 hours.

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To include experience in a private practice setting, the applicant must already be a licensed or certified practitioner in another psychotherapeutic discipline. All private practice experience must be supervised by an ATR, ATR-BC, or ATCS.

ATCB accepts supervised direct client contact experience providing art therapy services as a volunteer, in lieu of paid employment. Please be aware that in order to qualify, volunteer art therapy experience hours must be accrued through an organization or agency that provides supervised mental health services.

**Professional References.** The three required professional positive references must include the following:

- At least one reference form must be completed by a current ATCB credential holder (ATR, ATR-BC and/or ATCS) who can support the applicant's competency for registration as an art therapist. Supervisors who complete the Verification of Post-education Experience Form may also submit a Reference Form on behalf of the applicant.

Two who are familiar with the applicant's work performance and art therapy skills from the following options:

- A current ATCB credential holder (ATR, ATR-BC, and/or ATCS) who did not supervise the applicant
- A supervisor who possesses a license or credential in a related mental health field
- A mental health professional or educator who is not ATCB credentialed and who did not supervise the applicant

For further information and instructions, go to the Art Therapy Credentials Board (ATCB) website at <http://www.atcb.org>.

**Registration and Licensure.** Both state licensure and national registration require direct client-contact hours, which in some instances, can be counted to meet both sets of requirements; for example, client-contact hours involving both verbal and nonverbal techniques may be counted toward both licensure and registration.

It is recommended that graduates familiarize themselves thoroughly with the standards for both state licensure and national registration and plan accordingly for the required supervision. It may be that a supervisor, licensed and board-certified (i.e., LMFT and ATR-BC, or LCAT and ATR-BC), could fulfill both state and national requirements.

## Consent for Use of Client Artwork

I [Client Name] , agree [Therapist Name and Credential]to use and/or , display and/or photograph/record my (my child's) artwork for the following purpose(s):

Check all that apply:

- Educational purposes
- Filming of an Art Therapy Session
- Promotional Materials
- Exhibition
- Publication in a professional journal
- Presentation at professional conferences

Regarding Anonymity: please check one box below

- I do wish to remain anonymous.
- I do not wish to remain anonymous.

I understand that if I have agreed to the use of artwork for educational purposes, presentation, professional publication or if I have agreed to the filming of an art therapy session there are times when the art therapist work with you, in art therapy, will be discussed in consultation with other mental health professionals or Graduate Students in Art Therapy. [Therapist Name and Credential] agree that all artwork or reproductions will be presented in a respectful and professional manner at all times. There is no expiration date for this consent unless specified/requested. All efforts will be made to keep your identity anonymous and confidential. You can withdraw this consent at any time by contacting [email, address, or phone number].

Client's Name: Age :

Phone:

Parent/Guardian Name (if applicable): DOB:

Address:

Client's Signature (if 14 years or older): Typing up your name can suffice your signature.

Signature of Parent or Legal Guardian (if applicable): Typing up your name can suffice your signature.

Date: