

Couple and Family Therapy Program

Student Handbook



**Couple and Family Therapy Program
Raymond A. Kent School of Social Work & Family Science
University of Louisville**

2024-2025

This Handbook is applicable to students who enroll in the Couple & Family Therapy Program beginning Fall 2024 through Spring 2026.

This Handbook documents policies and procedures set by the Graduate Council, the Kent School of Social Work and Family Science, and the Couple & Family Therapy Program and is updated each academic year to reflect changes and updates to policy. While every effort has been made to make the Handbook accurate as of the date of publication, the Couple & Family Therapy Program reserves the right to change programs of study, academic policies, academic requirements, fees, course information, procedures for the confirmation of degrees, or the announced academic calendar and related deadlines without prior notice.

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Couple and Family Therapy Program

The Master of Science in Couple and Family Therapy Program (CFT) is housed within the Raymond A. Kent School of Social Work & Family Science. The CFT program meets educational, practice, and supervision requirements of master's-level education for eventual licensing as a Licensed Marriage and Family Therapist in Kentucky.

The CFT program accepts 18-24 master's students yearly to engage in the study of Marriage/Couple and Family Therapy (M/CFT) theory and practice. The program is designed for students to gain competency in (a) knowledge of the M/CFT profession, (b) practice of relational/systemic therapy as qualified behavioral/mental health providers, (c) commitment to ethical practice through ethical codes of the M/CFT profession, (d) awareness, knowledge, and skill to responsibly serve diverse communities, and (e) development and application of research to further the knowledge and practice of the M/CFT profession. Students engage in a sequence of logically structured courses, practicum placements, and supervision experiences to prepare them for eventual practice as marriage/couple and family therapists.

The CFT Program prepares couple and family therapists to serve a wide variety of families in need. These families need services that are designed to work with the entire family unit in their communities. Providing training in M/CFT skills allows mental health professionals to affect durable change for families and the communities within which they live and work.

Many social service agencies are dedicated to working with family units because research is increasingly demonstrating that physical and mental health issues treated using relational approaches produce more effective and durable improvements. This Program focuses specifically on meeting the demand for professionals who can work collaboratively and effectively with families experiencing multiple constraints such as poverty, living in a neighborhood with high rates of crime, institutional oppression, and low levels of social capital. Offering intensive M/CFT coursework and supervision, as this Program does, to graduate students provides for uniquely rich training.

Graduates from M/CFT programs nationally fare well in the marketplace due to their expertise in working with entire family systems. This Program provides a professional education that combines social justice and family therapy knowledge and skills, preparing these practitioners to be effective with difficult problems, creating innovative strategies for working with families who often do not have the resources to engage in high quality treatment. In addition, the opportunity for students to receive dual training in social work and M/CFT is a unique offering of our program. The dual-degree MSSW/MSCFT Program appeals to a national audience of prospective graduate students. Professionals with these dual credentials are particularly well-suited to finding employment in a variety of settings.

Mission Statement

The Couple and Family Therapy Program (CFT) within the Kent School of Social Work & Family Science offers education and training for students interested in an eventual practice in couple and family therapy. The program takes an anti-oppressive stance in preparing competent professionals to implement the systemic principles and practices of couple/marriage and family therapy. A research-informed clinician approach toward training is prioritized, instilling students with a respect for research and various methods of evaluating empirical findings and integrating them into their practice.

Commitment to Diversity

The CFT Program strives to integrate issues related to cultural diversity and competence throughout all courses. In addition, the program prioritizes recruitment of a diverse student body with regard to race, age, gender, ethnicity, sexual orientation, relationship status, gender identity, socioeconomic status, disability, health status, religious or spiritual belief, religious or spiritual affiliation, or national origin. Of

the CFT students enrolled during the 2023-2024 academic year, 21% identify as ethnic minorities. In addition, faculty and supervisors represent diverse backgrounds, with 33% of CFT core and non-core faculty and 40% of CFT clinical supervisors identifying as ethnic minorities.

Diversity & Inclusion Policy

As part of its mission to be an anti-oppressive school, the Kent School of Social Work & Family Science is dedicated to promoting anti-racism in all its endeavors, including service, research, teaching, practice, policies, and climate. Anti-racism refers to the process of enacting policies and interpersonal interactions that recognize the absolute equality of people across societally defined racial/ethnic groups. Anti-racism also refers to the process of enacting policies and interpersonal interactions to eradicate disparate outcomes observed between White people and Black, Indigenous, and other People of Color (BIPOC). Therefore, the Kent School seeks to reduce and eliminate inequities in recruitment, retention, and treatment of BIPOC students, staff, and faculty within the School. In addition, the Kent School strives, through service, research, practice, and advocacy, to reduce and eliminate inequities in education, health and well-being affecting BIPOC throughout the university, city of Louisville, and society in general. We approach our anti-racism work from an intersectional perspective, recognizing that BIPOC with additional marginalized identities—such as those who are also women, members of the LGBTQ community, religious minorities, and those with disabilities—face particular forms of oppression that need to be addressed to completely eliminate inequities affecting them. For more information visit the Kent School's Diversity, Equity, and Inclusion page: <https://louisville.edu/kent/about/diversity-equity-and-inclusion>

Inclusiveness and diversity are integral to the CFT Program's commitment to excellence in research, engagement, and education. We actively recruit and encourage applications from prospective students that identify with groups that are historically underrepresented. The CFT Program is actively committed to becoming an anti-racist organization. The CFT Program also takes extra care to recruit and retain part-time and full-time faculty from a variety of experiences and backgrounds so as to increase the diversity of thoughts in educating our students.

The University of Louisville as a whole is also committed to diversity and inclusion. Visit the University of Louisville's Office of Diversity at <http://louisville.edu/diversity/>. Additional anti-racism resources for faculty, staff, and students are available at the following link: <https://louisville.edu/diversity/resources/anti-racism-resources-and-information>

Non-Discrimination Policy

The University of Louisville, including the Kent School of Social Work & Family Science and the Couple and Family Therapy program, is an equal opportunity, affirmative action employer and educator, and is committed to providing opportunities to all qualified student applicants without regard to race, sex, age, color, national origin, ethnicity, creed, religious or spiritual belief, religious or spiritual affiliation, disability, health status, genetic information, sexual orientation, gender, gender identity and expression, relational or marital status, pregnancy, socioeconomic status, or veteran status. Women, minorities, and other underrepresented groups are encouraged to apply. The CFT program complies with all university policies regarding hiring, promotion, admissions, and student matriculation.

CFT Program Description

The CFT Program awards a Master of Science in Couple and Family Therapy that provides specialized training in clinical practice with couples and families in the context of their communities. The program fulfills its mission by combining the systemic foundational principles of Couple/Marriage and Family Therapy (C/MFT) with social justice values. This program deliberately prepares students to utilize couple and family therapy with those families who are disadvantaged and/or typically underserved. The CFT Program is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). The CFT program requires two full years to complete and must be completed within four years of starting. Students enrolled in program the program can choose between five separate curriculum

plans, with the option to specialize in Alcohol and Drug Counseling (ADC). This ADC specialization requires an additional 9 credit hours and a dual CFT/ADC Advanced Year Practicum placement.

The 2-year and 3-year Dual-Degree MSSW/MSCFT tracks as well as the Dual-Degree MSCFT with Advanced Standing MSSW track are accredited by both the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) and the Commission on Accreditation of the Council of Social Work Education (CSWE). The three-year curriculum plan allows the student to begin their MSSW coursework the first year and then in the second year begin their MSCFT coursework. This allows the student to have a lighter load in the second and third year of the curriculum plan.

The CFT program meets course requirements for Kentucky licensure as a Licensed Marriage and Family Therapist and for Pre-Clinical Fellow membership in the American Association for Marriage and Family Therapy (AAMFT). For all five tracks, coursework focuses on theoretical foundations, practical applications, ethical responsibilities, integration of research, and supervised clinical practice.

Educational Outcomes and Rationale

The CFT Program is designed to meet five developmental competency components outlined by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). These developmental competencies were then used to outline program goals and corresponding student learning outcomes.

COAMFTE Developmental Competency (v12.5)	Program Goals	Student Learning Outcomes
1. Knowledge of the MFT profession	1. The CFT Program will effectively educate students with regard to the major models of marriage and family therapy	1. Students will demonstrate a grasp of concepts related to traditional and contemporary family therapy theories and apply those theories when conceptualizing client concerns.
2. Practice of relational/systemic therapy as a qualified behavioral/mental health provider	2a. The CFT Program will train students to effectively assess and conceptualize individual and family problems	2a. Students will be able to assess, conceptualize, and analyze clinical information and use critical thinking skills to formulate clinical impressions based on data gathered from clients.
	2b. The CFT Program will train students to effectively implement marital and family therapy techniques and interventions.	2b. Students will demonstrate an ability to formulate and implement a plan of action for marital and family therapy practice that addresses complex issues and builds client consensus.
3. Commitment to ethical practice through ethical codes of the MFT profession and pertinent regulatory bodies	3. The CFT Program will prepare students to practice professionally as ethical marriage/couple and family therapists.	3. Students will develop a professional identity as ethical marriage/couple and family therapists.
4. Awareness, knowledge, and skill to responsibly serve diverse communities	4. The CFT Program will prepare students to become social-justice oriented marriage/couple and family therapists.	4. Students will demonstrate an ability to integrate social justice and cultural considerations in marital/couple and family therapy practice.

5. Development and application of research to further the knowledge and practice of the MFT profession

5. The CFT Program will train students to become research-informed clinicians.

5. Students will demonstrate an ability to comprehend research findings and ways to integrate those findings into their clinical work.

Program Requirements

(These requirements are based on a 2-year program of completion.)

The CFT coursework provides didactic and experiential education in the major family systems theories, family assessment and treatment, contemporary issues in CFT, couple therapy, ethics and professional development in CFT, and integrating CFT theories so that each student has developed his/her/their own theory of change. CFT supervision consists of group as well as individual supervision and utilizes case report and observable/raw data. In the foundation (1st) year, supervisors rely on audio- or video-taped sessions as well as in-person observations (when possible) as observable data. In the advanced (2nd) year, supervisors rely heavily on live supervision for observable data as well as viewing audio- or video-taped sessions (as needed). Cases reviewed in supervision derive from student's practicum placements as well as cases seen in program-run clinics. Student progress through the program is tracked using the Student Progress Form (see Appendix A), which provides targets students must meet in order to graduate with their M.S. in Couple & Family Therapy.

The MSCFT hours are accumulated through five semesters of CFT coursework and supervision (see Appendix B for curriculum plans). The MSCFT-only Program requires 60 credit hours of course work and can also be coupled with the Alcohol & Drug Counseling (ADC) specialization that requires 9 additional credit hours. The dual-degree MSSW/MSCT requires 84 hours credit hours combined for both degree and can be completed in 2-3 years with either a fall or spring start. Students who graduated from an approved institution with their BSW can also complete their Advanced Standing MSSW (typically completed in 1 year) with a dual degree in MSCFT, yet this dual process still takes 2 years to fully complete. During the first year of the Advanced Standing dual-degree MSSW/MSCT plan, students will take primarily CFT coursework and complete a Foundation CFT Practicum placement in the first year. Then, in the second year, they complete their Advanced year of both the MSSW and MSCFT coursework and complete a dual MSSW/MSCT Advanced Practicum.

Admissions

Application materials required by the University of Louisville Graduate School and the Kent School of Social Work & Family Science should be sent according to the directions on the Kent School webpage. The Graduate School requires an (a) online application form, (b) a non-refundable application fee, and (c) official transcripts from each college attended. Some additional steps may also be included, and prospective students are encouraged to check the Graduate School Admissions page for more information (<https://louisville.edu/graduate/futurestudents/application-directions/application-directions>).

For admission to the Kent School of Social Work & Family Science, students must also provide (a) two recommendation forms completed by at least one former professor (if enrolled in classes within the past two years), and/or (b) persons who have been directly responsible for supervision the student's human service related work/volunteer experience or other professional experience; and (b) an addendum essay for applicants whose incoming GPA is under 3.0 discussing gaps or deficiencies in your academic record and planned strategies for maintaining a 3.0 if enrolled in the Graduate School. For those students who apply for the dual-degree MSSW/MSCT programs, two separate applications are required. Consideration for admission to either program is not dependent upon acceptance to the other.

Applications specifically for the **MSCFT Program** require the following:

1. A CFT Professional Statement (1-3 pages) that explains the applicant's
 - a. career goals,
 - b. professional preparation up to this point,
 - c. interests in addressing social justice issues.
2. A 3-page summary of significant family-of-origin experiences that reflects the applicant's exploration of personal growth issues which may be relevant in one's development as a family therapist.
3. A current resume.
4. An addendum to admissions essay discussing gaps or deficiencies in your academic record (only for applicants with incoming GPS under 3.0)
5. Signed copy of the Regulatory Variance Acknowledgement Form (Appendix F).

Applications specifically for the **MSSW Program** also require additional components. Students interested in that program should visit <https://louisville.edu/kent/admissions-1/mssw-admissions/mssw-admissions> for up-to-date application requirements to the MSSW Program.

All written materials submitted by applicants are read and rated by the CFT Program Director and any CFT Program Faculty participating in the interview process. The following criteria are considered when making acceptance decisions: (a) grade point average, (b) educational background, (c) current resume and previous work/volunteer experiences, (d) letters of recommendation, (e) family-of-origin paper, and (f) CFT Professional Statement.

Selection Process

Complete applications are first screened by the CFT Program Director. Eligible applicants are invited for an interview with two CFT Program Faculty members (or at least one faculty member, if scheduling conflicts occur). Students' interview performances are rated according to (a) interest in C/MFT, (b) previous experience (either paid or un-paid), (c) short- and long-term goals, and (d) awareness of AAMFT and the licensure process. In addition, we seek students who will be able to finish the program and complete it on schedule. During the interview, faculty also explain licensure requirements after graduation and variance among state requirements. After interviews are completed, the CFT Program Director selects an initial set of 15-20 students for admission. The MSCFT Program does not discriminate on the basis of age, culture, ethnicity, gender, physical ability, race, sexual orientation, gender identity, national origin, or religion.

Student Orientation

CFT Program Faculty hold a student orientation for incoming students in mid-August before the academic semester officially begins. This orientation introduces students to CFT Program Faculty and CFT Clinical Supervisors. Materials covered include (a) common stressors faced by beginning therapists, (b) tips for getting started at a community practicum site, (c) an overview of the CFT supervision process, (d) instructions for CFT Program documentation, and (e) key differences between the MSCFT-only and MSSW/MSCFT tracks. During orientation, students are also asked to fill out the Student Information Form (Appendix C) and sign the (1) Acknowledgement of Student Handbook Form (Appendix D), and (2) Student Acknowledgement of Tele-health Policies Form (Appendix E).

Student Roles in CFT Program Governance

Students are involved in CFT Program governance in a variety of ways. First, the CFT Program Director meets with entire student cohorts once a semester to solicit feedback regarding the program, including impressions about courses, curriculum, faculty, practicum sites, and supervisors. During these meetings, the Program Director also provides important information and updates related to students' matriculation through the program. Second, at the beginning of each academic year, each cohort elects a representative and an alternate representative to attend monthly CFT Program Meetings. Attending these meetings allows students to weigh in on program decision-making and bring cohort-specific concerns to the larger faculty. Third, students provide feedback on instructors and courses by completing course evaluations at the end of each semester. Fourth, graduating students also provide feedback on practicum placements and on-site supervisors (see Appendix G), CFT Community Mentors (see Appendix H), and the Program Director (see Appendix I) once a year in a confidential survey and in-person exit interview. Finally, students are encouraged to provide feedback to the CFT Director and faculty at any time during the semester regarding program concerns or issues.

Couple & Family Therapy Program Faculty

Core Faculty

Laura M. Frey, Ph.D., LMFT | Program Director, Associate Professor

Dr. Frey received both an M.S. in Family Science and Marriage and Family Therapy and a Ph.D. in Family Science from the University of Kentucky. She has been a faculty member at the Kent School since 2015, served as the Clinical Director through 2020, and became Program Director in 2021. Dr. Frey is a Licensed Marriage and Family Therapist and an AAMFT-Approved Supervisor. Her primary research interest is in the intersection of family processes and suicide prevention and intervention. As a licensed clinician and family scientist, she aspires to conduct applied research that has clear implications for both family life educators and mental-health service providers. Dr. Frey's research has utilized both quantitative and qualitative methods to explore the role of stigma and family interactions following a member's disclosure of suicidal behavior. Additionally, she has examined parental suicide attempts and how this information is communicated to children. Her programmatic line of research moving forward is centered on the role of family interactions and suicide-related disclosure. Her work aims to reduce the stigma experienced by suicide attempt survivors and those with lived experiences of suicide. As a clinician, Dr. Frey advocates for examining the family's role in experiences leading up to suicidal behavior and the assets family can provide in the treatment process, topics which have largely been ignored by family scientists and clinicians. She also provides continuing education for professionals regarding the assessment and treatment of suicidal behavior.

Tiffany Farmer, MSSW, LMFT | Clinical Director

Ms. Farmer received her MSSW with a Specialization in MFT from the University of Louisville. She joined the CFT Program as the Clinical Director and works in conjunction with the Kent School Practicum Education Office to identify and maintain quality practicum placements for CFT students. She is a Licensed Marriage and Family Therapist and an AAMFT-Approved Supervisor Candidate. She provides clinical supervision for CFT students in their first year and serves as a part-time instructor for the program. Ms. Farmer brings many years of working in community and agency settings. Ms. Farmer owns a group practice, Best Life Mental Health Services, LLC, which specializes in providing quality services for all, with a focus on people who occupy marginalized identities. As a clinician, she specializes in working with adults who experience patterns of relationship difficulties, including people who struggle with fidelity, co-dependency, emotional abuse, or issues of self-worth. Of particular interest is adult attachment and childhood trauma and their effects on relationship stability.

Eli A. Karam, Ph.D., LMFT | Professor

Dr. Karam is a graduate of both The Family Institute at Northwestern University and Purdue University's Department of Child Development and Family Studies. Dr. Karam is a Professor in the Couple and Family Therapy Program in the Kent School of Social Work & Family Science, teaching a variety of courses within the CFT Program including Foundations of Family Therapy, Couple Therapy, Professional Issues and Ethics, and Integration of CFT Models. He is a Licensed Marriage and Family Therapist and an AAMFT-Approved Supervisor. Dr. Karam was recently on the National Board of Directors for the American Association for Marriage and Family Therapy (AAMFT) and was the Past President for the Kentucky Association for Marriage and Family Therapy (KAMFT). Dr. Karam has been recognized both locally and nationally by AAMFT for his contributions to the profession of marriage and family therapy, including the 2009 AAMFT National Research Award and a 2013 National Leadership Award, 2018 AAMFT Teaching Award, and the 2020 AAMFT Excellence in Media Award. In addition, he has presented at national conferences and to general audiences speaking on the topics of couple therapy, research and practice integration in marriage and family therapy training programs, the therapeutic alliance, and enhancing couple intimacy and communication skills. Dr. Karam researches and practices a "Common Factors" approach to therapy that prioritizes the therapeutic alliance and client motivations and strengths. He is also the host of the AAMFT Podcast, in which he interviews prominent and influential contributors to the field of Family Therapy.

Emma Sterrett-Hong, Ph.D., Licensed Psychologist, LMFT | Professor

Dr. Sterrett-Hong received her M.S. in MFT from the Family Institute at Northwestern University and her Ph.D. in Clinical Psychology from the University of North Carolina. She joined the Kent School in 2011 and served as Program Director from 2014 through 2020. From 2021-2024, she served as the Kent School's inaugural Associate Dean of Equity and Inclusion. She is a Licensed Marriage and Family Therapist, Licensed Psychologist, and an AAMFT-Approved Supervisor. Dr. Sterrett-Hong's teaching interests are clinical supervision, family systems theories and techniques, evidence-based practice, and social justice-oriented family systems training and therapy. Dr. Sterrett-Hong's broad research interest is the potential of relationships with adults and mentors in natural contexts (families, schools, communities), as well as larger systems change, to reduce health disparities affecting ethnic minority, sexual minority, and youth from low-income backgrounds. Related to this interest, over the past 15 years she has been developing a two-line program of research on: (1) positive non-parental adults and mentors and their role in reducing youth health disparities and (2) additional ecological influences that can narrow youth and family health disparities.

Justin Romney, Ph.D., LMFT | Assistant Professor of Practice

Dr. Romney received an M.S. and a Ph.D. in Couples, Marriage, and Family Therapy from Texas Tech University. He also completed a doctoral fellowship with a Certificate of Advanced Specialization from University of Colorado School of Medicine and St. Mary's Family Medicine Residency. He is a Licensed Marriage and Family Therapist and an AAMFT-Approved Supervisor. Dr. Romney is a Term Assistant Professor in the Couple and Family Therapy Program in the Kent School of Social Work & Family Science, where he teaches Family Assessment and Treatment with Diverse Populations, Human & Family Development Across the Lifespan, and provides clinical supervision to students in both their foundation and advanced years. He serves as the Course Chair for our supervision course sequence, providing assistance and guidance for part-time faculty providing clinical supervision for our students. Dr. Romney has a passion for teaching and preparing evidence informed therapists to work in a variety of settings. Dr. Romney was awarded the Helen DeVitt Jones Excellence in Teaching Award at Texas Tech University. In both his research and clinical work Dr. Romney seeks to address the systemic treatment of autism spectrum disorder.

Non-Core/Affiliated Faculty

Becky F. Antle, MSSW, Ph.D., LMFT | Professor

Dr. Antle received both her MSSW with a Specialization in MFT and her Ph.D. in Social Work from the University of Louisville. She is a Licensed Marriage and Family Therapist. Dr. Antle has previously taught

Contemporary Issues in CFT, Advanced Research, and Social Work Practice. In addition, Dr. Antle is also the Director of the Center for Community Well-being, which offers optional training in evidence-based interventions for CFT students. For the past 10 years, she has been involved in research on solution-based child welfare practice, the impact of domestic violence on children, co-morbidities of child maltreatment, and the professional development of the child welfare workforce. She is also studying ways to provide training on healthy relationships, attachment, and the prevention of adoption disruption to new adoptive families in the public child welfare system, as well as ways to develop and deliver team-based training for public child welfare workers on youth transitioning to independent living. Dr. Antle has previously served as the PI or Co-PI on several other state and federal grants, including the Governor's Early Childhood Intervention Program Kids Now, the Child Welfare Training Assessment Project, the Cancer as a Chronic Disease grant funded by the Centers for Disease Control, the Family Support Training Assessment Project, and an evidence-based practice grant for the treatment of schizophrenia funded by the Substance Abuse and Mental Health Services Administration.

Program Clinical Supervisors

As workload availability allows, core and non-core faculty who are AAMFT-Approved Supervisors or Supervisor Candidates can serve as program clinical supervisors. In addition, part-time faculty with extensive clinical experience in the community and with supervisor qualifications serve as program clinical supervisors for the CFT Program. Those part-time faculty currently providing supervision are listed below:

Michael Taylor, M.Div., LMFT – AAMFT-Approved Supervisor
Andrew Swan, MSSW, LMFT – AAMFT-Approved Supervisor Candidate
Miranda Filamini, LMFT, LCSW – AAMFT-Approved Supervisor Candidate

Degree Completion & Timelines

To graduate with an MS in Couple & Family Therapy, students must complete all required coursework and meet the following standards:

- A. Complete the program within 4 years of beginning coursework
- B. Minimum GPA of 3.0 at program completion
- C. Minimum of 300 client contact hours
- D. Minimum of 100 relational hours
- E. Minimum 50 raw (audio, video, or live) supervision hours
- F. No more than two C grades in the MSCFT Program

Timeline

Students have 4 years from the start of program matriculation to complete the degree. Typically, program completion takes 2-4 years. The program can be completed in less time, but only in extraordinary circumstances, such as when a student can transfer appropriate graduate courses from another master's degree program. Any transferred courses must be approved by the CFT Program Director.

Curriculum Plans

The CFT Program curriculum plans (see Appendix B) outline the seven courses of study used by MSCFT Program students and are used to plan and chart progress throughout the program. The curriculum plan used depends on whether the student is working to achieve the MSCFT degree only, the MSCFT degree with ADC Specialization, or dual degrees in MSSW/MSFT (i.e., with 2-year, 3-year, or MSSW Advancing Standing options). The Master of Science in Couple & Family Therapy (MSCFT-only) is a 60-hour curriculum, and the MSCFT degree with ADC Specialization is a 69-credit hour program (MSCFT plan plus 9 additional credit hours related to ADC content). The three dual-degree MSSW/MSFT curriculum plans integrate CFT curriculum content with the MSSW curriculum. First, the 2- and 3-year dual-degree plans require 24 hours in addition to the 60 hours required for the Master's Degree in Social

Work. The only difference between these two plans is whether the social work courses are spread across two or three years. For both plans, the CFT-specific content occurs over two years. Finally, those students who already have a BSW from an approved institution can complete the 62-hour dual-degree MSCFT with Advanced Standing MSSW curriculum plan. This plan still covers the CFT-specific content in two years, with students' final year including the addition of social work courses.

Foundation CFT Courses

All students take MCFT 700 (CFT Theory & Practice I) and MCFT 701 (FT Assessment) in the fall of the first year that students take CFT-specific content (i.e., Fall of Year 1 for MSCFT-only students, but Fall of Year 2 for 3-year MSSW/MSCT students). CFT Students then take both MCFT 706 (CFT Theory & Practice II) and MCFT 707 (Human & Family Development Across the Lifespan) in the spring of the first year. These courses lay the foundation for family assessment, application of family systems theories, and implementation of therapeutic techniques that will be expanded in the second year.

Advanced CFT Courses

All students take MCFT 702 (Couple Therapy) and MCFT 703 Contemporary Issues in CFT) in the fall of their second year CFT-specific coursework (i.e., Fall of Year 2 for MSCFT-only students, but Fall of Year 3 for 3-year MSSW/MSCT students). Then, they take MCFT 704 (Integrating CFT) and MCFT 705 (CFT Professional Issues and Ethics) in their final spring semester of graduate coursework. In these courses, the students and faculty make explicit connections between classroom knowledge and practice situations.

CFT Program Core Courses

The following courses are required to earn an M.S. in Couple & Family Therapy from the Kent School of Social Work & Family Science at the University of Louisville. The CFT Core Courses are offered during the week (i.e., Tuesdays, Wednesday, or Thursday, depending on year and semester of study) on the University of Louisville Shelby Campus. All course descriptions are also available on the Course Catalog via the Schedule of Classes at <https://htmlaccess.louisville.edu/classSchedule/setupSearchClassSchedule.cfm>.

MCFT 700: *Foundations of Family Therapy: Theory and Practice (3)*

Prerequisites: Admission in the CFT Program.

This course covers foundational elements of family therapy theory & practice. By the conclusion of the course, students are expected to demonstrate a conceptual competence in basic family therapy theory, as well as knowledge around the history and evolution of the family therapy field.

MCFT 701: *Family Therapy Assessment and Treatment in Diverse Populations (3)*

Prerequisites: Restricted to students enrolled through Kent School of Social Work & Family Science.

This course focuses on assessments and interventions regarding relational problems and specific psychosocial difficulties commonly encountered in family therapy practice. An emphasis will be given to a critical review and evaluation of the evidence-based practices as well as interventions or strategies that represent integrative approaches in the field.

MCFT 702: *Couple Therapy: Theory and Practice (3)*

Prerequisite or Co-Requisite: Admission in the CFT Program, successful completion of MCFT 703, concurrent registration in MCFT 724.

This course provides the student with a framework for managing difficult and controversial issues in the field of couple therapy. The student will become versed in couple assessment and couple interventions. Protocols regarding special issues in the field of couple therapy will be taught including divorce, sexual

problems, infidelity, domestic violence, etc. The course will examine pertinent ethical issues and concerns as it relates to the field of couple therapy.

MCFT 703: *Contemporary Issues in Couple and Family Therapy (3)*

Prerequisite: Admission to the CFT Program and MCFT 700.

This course will review social problems and contemporary issues facing families. Particular emphasis will be placed on social problems such as domestic violence, divorce, child maltreatment, substance abuse, school bullying and health concerns. Contemporary issues such as technology, same-sex marriage, and Immigration will also be addressed. Student development of competencies to practice within defined contexts, such as healthcare settings, schools and military settings, and with colleagues from other disciplines will be facilitated. The tools for learning will include lecture, discussion, role-playing, case reviews and teamwork on projects designed to develop and enhance specific skills.

MCFT 704: *Integrating Family Therapy: Theory and Practice (3)*

Prerequisite: Admission to the CFT Program.

This is the capstone course in the MSCFT Program designed for each student to refine their own theory of change. Utilizing critical thinking skills, students will work to integrate MFT intervention models and skill sets in the areas of assessment, treatment /intervention planning, and outcome evaluation. Students will be assisted in integrating the clinical theory, practice, and research coursework with their study of change in larger social systems. This course also provides an opportunity for individual students to tailor and deepen their learning about areas of personal clinical interest previously covered in the curriculum.

MCFT 705: *Professional Issues & Ethics in Couple & Family Therapy (3)*

Prerequisite: Admission into the CFT Program, successful completion of MCFT 702.

This is a seminar in professional issues taken in the last semester of the MSCFT Program. This course reviews and integrates the graduating student's learning experiences in the areas of professional development and ethics. The course is designed to assist graduating students in their professional career development, legal responsibilities, current professional ethics, the role of professional associations, licensure legislation, independent practice considerations, and inter-professional cooperation.

MCFT 706: *Couple & Family Therapy Theory & Practice II (3)*

Prerequisite: Admission into the CFT Program, successful completion of MCFT 700.

This course is one in a sequence of interrelated coursework and practicum experiences that collectively provide students with a solid foundation of training in family therapy to prepare them for clinical work with individuals, couples, families, and other systems. This course will focus on family therapy theories and practices originating from roughly 1980 through 2005. Topics to be covered include social constructionism, solution-focused family therapy, narrative family therapy, collaborative language systems, multicultural sensitivity, the evidence-based practice movement, psychotherapy process and outcome measures, and specific evidence-based family treatments.

MCFT 707: *Human & Family Development Across the Lifespan (3)*

Prerequisites: Restricted to students enrolled through Kent School of Social Work & Family Science.

This course surveys human development across the individual's lifespan, from birth to death, emphasizing the clinical relevance for family therapists. This course provides in-depth exposure to biopsychosocial and lifespan models for assessing and treating individual and relational adjustment challenges from a systemic perspective. Theory and clinical applications specific to the biopsychosocial perspective, human and family development, and health will be reviewed. Child, adolescent, and elderly assessment methods consistent with a systems orientation will be presented, followed by an overview of

family-based and multi-disciplinary approaches for clinical intervention grounded in a developmentally sensitive biopsychosocial perspective.

Supervision Courses

MCFT 721: Family Therapy Supervision I (3)

Prerequisite: Admission to the CFT Program, or approval from CFT Program Director.

Supervision of student work with a variety of families and family problems in community agency settings. (Pass-fail)

MCFT 722: Family Therapy Supervision II (3)

Prerequisite: Successful completion of MCFT 721.

Supervision of student work with a variety of families and family problems in community agency settings. (Pass-fail)

MCFT 723: Family Therapy Supervision III (3)

Prerequisite: Successful completion of MCFT 722.

Supervision of student work with a variety of families and family problems in community agency settings. (Pass-fail)

MCFT 724: Family Therapy Supervision IV (3)

Prerequisite: Successful completion of MCFT 723.

Supervision of student work with a variety of families and family problems in community agency settings. (Pass-fail)

MCFT 725: Family Therapy Supervision V (3)

Prerequisite: Successful completion of MCFT 724.

Supervision of student work with a variety of families and family problems in community agency settings. (Pass-fail)

Practicum Courses

Students will conduct assessment and therapy with individuals, couples, families, and other systems under the supervision of an AAMFT-Approved Supervisor or Supervisor Candidate.

For MSCFT-only:

MCFT 710: Couple and Family Therapy Practicum I

MCFT 711: Couple and Family Therapy Practicum II

MCFT 712: Couple and Family Therapy Practicum III

MCFT 713: Couple and Family Therapy Practicum IV

MCFT 714: Couple and Family Therapy Practicum V

For dual-degree MSSW/MSCFT:

MSSW 610: Foundation Couple and Family Therapy Practicum I

MSSW 611: Foundation Couple and Family Therapy Practicum II

MSSW 612: Advanced Couple and Family Therapy Practicum I

MSSW 613: Advanced Couple and Family Therapy Practicum II

Courses Cross-Listed with MSSW and MSCFT Programs

MSSW 601: Human Behavior in the Social Environment I (HBSE I) *

The focus of this class is on macro theories as well as the impact of social and economic forces on individuals and social systems.

MSSW 603: Diversity, Oppression, and Social Justice Practice

This foundation course designed to provide students with the knowledge and skills for social work practice with people who are subject to various forms of oppression such as racism, sexism, heterosexism, classism, ageism, and ableism operating at the individual, community and institutional levels of society. Diversity, strengths, and social justice practice are emphasized. Developing greater professional and personal awareness about the impacts of various forms of oppression are addressed.

MSSW 619: Human Behavior in the Social Environment II (HBSE II) *

The focus of this class is on the theories and knowledge of the human biopsychosocial development, including theories and knowledge about the range of smaller social systems in which individuals live. Content about values and ethical issues related to biopsychosocial theories are included.

MSSW 626: Research Methodology and Design

This course provides students the foundation knowledge for scientific inquiry. It covers all aspects of the research process from problem formulation to writing of the research report. It introduces students to qualitative, quantitative, and single-subject methods of conducting research and evaluating practice.

MSSW 633: Social Work and Human Sexuality

This course provides knowledge about physical, behavioral, cognitive, emotional and spiritual aspects of human sexuality.

MSSW 642: Psychopathology

This course examines concepts of labeling theory, stigma, strengths perspective, and the clinical use of diagnostic classification of psychopathology from a social work perspective. The implications of various definitions of psychopathology and the uses of diagnostic systems to inform practice policy and to promote social justice are considered.

*Adv Standing MSSW/MSCT Dual-Degree students do not take 601 & 619 and will need to take additional Human Development courses. See curriculum plan for specific courses and more details. MSCFT students must take 6 graduate-level credit hours in Human Development (see Appendix B for curriculum plans). Please refer to the Responsibility Structure Chart in Appendix J for a detailed list of who to contact in each area of the program.

Foundational Application of Clinical Experience

Supervised clinical experience is necessary to provide students with the opportunity to practice their skills with clients in a clinical setting under the direct supervision of professionally credentialed supervisors. The applied nature of this program mandates the observed performance of students in a real-world context to secure the connection between theory and practice and to mentor the students' initial steps into professional practice. Over at least 12 months, students must complete a minimum of (a) 300 client contact hours, of which at least 100 must be relational hours, and (b) 100 hours of MFT relational/systemic supervision from a CFT Program Clinical Supervisor, of which at least 50 must utilize observable/raw data.

Practicum Placements

Numerous placements have been arranged to accommodate student interest and agency needs. The CFT Clinical Director coordinates sites and student placements for MSCFT-only students and collaborates with the Director of Practicum Education of the Kent School of Social Work & Family Science to secure practicum sites that provide opportunities to work with clients from a family systems perspective for dual-degree students. Area practicum sites that have been solicited for these purposes include school settings, community agencies, hospitals, and private practice settings. The process of securing a practicum is coordinated with the CFT Clinical Director and, for dual-degree students, the Practicum Education Office of the Kent School of Social Work & Family Science. Students must follow the instructions provided by the Practicum Education Office for applying for practicum placement in consultation with the CFT Clinical Director.

MSCFT-only students. All MSCFT-only students are placed in social service agencies, private practices, or school-based settings by the CFT Clinical Director as part of their degree requirements. Within these placements, MSCFT-only students abide by the CFT programmatic requirements, as well as the COAMFTE standards while working with individuals, couples, family systems and/or groups. Students receive administrative on-site supervision from a professional designated by the practicum site and receive clinical supervision from a CFT faculty member who is an AAMFT Approved Supervisor or AAMFT Supervisor-In-Training. This arrangement fulfills accreditation requirements for CFT and fosters a comprehensive experience that provides real-world experience in professional settings. The MSCFT-only student practicum placement process is as follows:

1. The CFT Clinical Director reaches out to and develops relationships with potential practicum sites throughout the year to determine appropriate placement sites per the CFT programmatic needs.
2. Sites that are deemed appropriate and that would like to host a CFT-only student are asked to complete a Clinical Affiliation Agreement that is then signed by the CFT Clinical Director, the Kent School Dean, and University Provost.
3. For rising second-year students, a survey is sent in January of their first year in the program to provide the Advanced Practicum Placement options and allow students to rank their preferences. For incoming students, a survey with Foundation Practicum Placement options is sent in April prior to the first-year students' first Fall Semester.
4. The Clinical Director utilizes student's preferences, details about the needs of practicum sites, and the population and settings experiences that each site offers to determine how to match students and practicum sites.
5. Students are requested to provide their most recent resume.
6. A referral is sent to the practicum site with the student copied and their resume attached to the email to make the introduction and request that the student and site conduct an interview.
7. The practicum site reaches out following the interview to confirm the placement and/or to communicate any concerns. The Clinical Director also confirms and checks-in with the student before officially making the placement.
8. Once both the site and the student have confirmed, the site and student are provided with the CFT On-Site Supervisor Agreement Form (Appendix K) from the Clinical Director to be filled out, signed, and returned for the Clinical Director to sign and put on file.
9. Students will begin enrolling in CFT Practicum courses (e.g., MCFT 710) and CFT Supervision (e.g., MCFT 721) in Fall of their first year. For Foundation-Year (1st year) students, some practicum sites may request students complete site-specific orientations or onboarding procedures (which may or may not include shadowing) prior to the semester starting in the Fall. Students are encouraged to complete those tasks as soon as they are able. However, students cannot begin providing services, either through co-therapy or independently, until the student is enrolled in both a CFT Practicum course and CFT supervision (i.e., at the start of the Fall

semester). Students cannot begin providing services to clients independently until they have passed the Evaluation for Independent Clinical Work and approved by both their External Supervisor/On-site supervisor and their CFT Supervisor (Appendix Q).

Dual-Degree MSSW/MSCFT students. All dual-degree MSSW/MSCFT students are placed in social service agencies through the Kent School Practicum Office as part of their dual-degree requirements. Within those placements, MSSW/MSCFT dual-degree students abide by the social work requirements while working with families and also receiving supervision from a CFT faculty member who is an AAMFT Approved Supervisor or an AAMFT Supervisor-In-Training. This arrangement fulfills accreditation requirements for both Social Work and CFT, and fosters the integrated approach that is a hallmark of this program. The dual-degree student practicum placement process is as follows:

1. The CFT Clinical Director meets with the Kent School Practicum Education Office to review approved dual-degree practicum sites. In this meeting, the team reviews sites that no longer meet the requirements for the CFT Program and reviews potential new sites for the CFT Clinical Director to vet.
2. The Kent School Practicum Education Office obtains signed Clinical Affiliation Agreements for any new dual-degree sites.
3. The Kent School Practicum Education Office requests information from dual-degree students about their preferences for practicum placement. For rising second-year students, a survey is typically sent in late Fall or early Spring of their first year in the program to provide the Advanced Practicum Placement options and allow students to rank their preferences. For incoming students, a survey with Foundation Practicum Placement options is typically sent in late Spring prior to the first-year students' first Fall Semester. Sometimes, this request is followed up by a phone conversation with the student.
4. A representative from the Practicum Education Office utilizes student's preferences, details about the needs of practicum sites, and the population and settings experiences that each site offers to determine how to match students and practicum sites.
5. A referral is sent to the practicum site and student to make the introduction and request that the student and site conduct an interview.
6. The practicum site reaches out following the interview to confirm the placement and/or to communicate any concerns. The Clinical Director also confirms and checks-in with the student before officially making the placement.
7. Once both the site and the student have confirmed, the site and student are provided with the instructions to confirm the practicum placement. In addition, the CFT Clinical Director provides a copy of the CFT On-Site Supervisor Agreement Form (Appendix K) to be filled out, signed, and returned for the Clinical Director to sign and put on file.
8. Students will begin enrolling in SW/CFT Practicum courses (e.g., MSSW 610) and CFT Supervision (e.g., MCFT 721) in Fall of their first year. For Foundation-Year (1st year) students, some practicum sites may request students complete site-specific orientations or onboarding procedures (which may or may not include shadowing) prior to the semester starting in the Fall. Students are encouraged to complete those tasks as soon as they are able. However, students cannot begin providing services, either through co-therapy or independently, until the student is enrolled in both a CFT Practicum course and CFT supervision (i.e., at the start of the Fall semester). Students cannot begin providing services to clients independently until they have passed the Evaluation for Independent Clinical Work and approved by both their External Supervisor/On-site supervisor and their CFT Supervisor (Appendix Q).

It is important to note that students are not allowed to accrue clinical hours at a practicum site until a complete and correct supervision agreement form—including signatures from both the student, external

practicum supervisor, and Clinical Director, as well as an indication of who is covering liability for a clinical case—is on file with the CFT Program.

Preparing for Independent Work. Although students' practicums start at the beginning of the first semester, students do not begin seeing clients independently at this time. We have developed a curriculum map (Appendix P) for the first semester of our program to highlight the ways that we (a) prepare students to see clients through didactic courses, (b) orient students to seeing clients through our program's orientation and group supervision, and (c) ease students' transition to clinical practice and eventual clearance to begin seeing clients independently. Please note this map only includes the MCFT Foundational courses, the first-semester supervision course, and the first semester of practicum. Students typically also take additional courses outside of our CFT Program during this semester that tangentially relate to clinical care but are not focused on direct clinical work, such as MSSW 601 (Human Behavior & Social Environment) and MSSW 603 (Social Justice Practice).

Orientation. Approximately two weeks before the start of the first semester, incoming students attend a program-specific orientation. Students are given copies of the student handbook and provided with an overview of supervisors' roles (i.e., differences between external site supervisors and CFT-program specific supervisors). We also provide information about professionalism and communication with both supervisors and instructors as well as with clients. The Clinical Director instructs students on how we define client contact and supervision hours, how to log those hours and submit those logs for approval, and on our policies related to data storage and telehealth. Finally, we also review foundational clinical skills, such as managing anxiety and low confidence as a beginning therapist, stages of therapist development, hypothesizing and questioning, active listening and reflecting back, intake information and conducting initial scheduling phone calls with clients, self-care practices, and how to utilize supervision productively.

The First Six Weeks.

Didactic courses. Once the semester begins, students are oriented to the beginner skills they will need to begin working independently with clients through didactic courses. In the first six weeks of MCFT 700, they begin learning the history of family therapy as a field and the basic concepts of systems work. They are also exposed to the initial family therapy theories—strategic family therapy, structural family therapy, cognitive behavioral therapy, and experiential family therapy—and their corresponding assessment, conceptualization, and intervention techniques. In MCFT 701, the first six weeks are dedicated to an overview of the therapy process, from (a) the initial introduction and interview; (b) the AAMFT Code of Ethics and cultural considerations, (c) best practices and accommodations for telehealth practice; (d) the basics of individual, couple, and family assessment; (e) an overview of basic therapy skills; and (f) techniques in case conceptualization and treatment planning. These courses include a variety of lecture, class discussion, demonstrations, and role plays.

Supervision. While attending these didactic courses, students are also in group supervision for this first semester beginning in the first week of classes. This time is separate from teaching, in that students are in groups of 8 or fewer students and the time is focused on developing clinical competencies and on the professional growth of each student. Students use this time to discuss their own professional exposure and development at each of their unique external practicum sites. As the semester begins, students share the clinical cases they hear about and shadow, and eventually the cases or group therapy on which they become a co-therapist. Also, supervisors during this first semester emphasize a particular skill to highlight among these group discussions, following guidance in *Deliberate Practice in Systemic Family Therapy* (Blow et al., 2023). These skills are emphasized through examples of real clients with whom students are observing and working directly, through review of case examples, and through demonstration of skills through video observation or role plays. Supervisors observe students' work, provide feedback, and continually assess as students rehearse the skills. During the first six weeks of supervision and prior to seeing clients independently, supervisors focus on skills related to aligning with the AAMFT Code of ethics, providing a systemic rationale, building therapeutic alliance, reframing the problem, and de-escalation as interactional structuring.

Progression in Practicum. Within practicum, there is a steady progression of interacting with clients as part of their external practicums (i.e., in the column labeled MCFT 710/MSSW 610). Students begin with background checks and clearances (e.g., TB Test) and any site-specific onboarding either

prior to beginning the semester or within Weeks 1-3. Students also typically begin learning about each site's policies for crisis management (e.g., safety concerns, suicidal clients) by Week 2-3. Some students also begin shadowing (i.e., observing without participating) the work of experienced professionals by Week 2, but all students begin shadowing at some point within the first six weeks. Once students have demonstrated sufficient skill by external site supervisors, they also begin participating in co-therapy sessions with these experienced professionals. The timeline for these tasks can vary slightly depending on the existing skill level and prior experiences of the incoming student. With that said, students typically complete each step within the timeline range demonstrated in the curriculum map.

Evaluation for Independent Work. We have developed the Evaluation to Begin Independent Work (Appendix Q), which is an evaluation that students must pass to begin working with clients independently. Regardless of prior experience, students will only be allowed to sit for this evaluation to begin seeing clients independently once they have (a) attended the CFT Orientation, (b) completed the first 6 weeks of both the didactic courses (MCFT 700 & MCFT 701), (c) completed the first 6 weeks of group supervision (MCFT 721), and (d) completed the gradual Progression in Practicum their practicum. After these tasks are completed during the first six weeks of the semester, students may request to sit for the evaluation. They can also choose to delay until they complete additional weeks of skill-building; however, our expectation stated to students is that they take the evaluation prior to the end of the semester.

Evaluation for Independent Work. There are two parts to the evaluation: (a) one proctored by the CFT Program Supervisor, and (b) one completed by the External Site Supervisor (Appendix Q).

Part 1. For the first part, students are evaluated by their CFT Program Supervisor on their basic therapy skills and their awareness of ethical and safety concerns. To assess basic therapy skills, students are asked to either bring in a video recording of their work with a client (i.e., conducting co-therapy at their practicum site, as they cannot see clients entirely independently yet) or they can complete a role play of a mock therapy session with the CFT Program Supervisor or with another classmate that the CFT Program Supervisor can observe. During that role play, students are expected to demonstrate 12 different therapeutic skills: showing warmth, expressing empathy, exuding confidence, giving both verbal and nonverbal cues of tracking communication, expressing understanding to the client, expressing hope, paraphrasing client statements, providing reflections, asking open ended questions, maintaining therapeutic stance, and choosing the correct moment to speak. Next, to assess awareness of ethical and safety concerns, students are provided a vignette of an ethical issue and asked both to identify areas of ethical concern and to identify an appropriate response plan that is in line with the AAMFT Code of Ethics as well as their site-specific protocols. Students must also indicate they have passed the Ethical Decision-Making Paper from their MCFT 701 course and must be able to describe the protocol for responding to both ethical and safety concerns at their corresponding external practicum sites.

Part 2. For the second part, their external site supervisor must indicate that students (a) have participated in shadowing sessions with client systems that resemble the work they will be doing, (b) have been exposed to the site's assessment and treatment planning requirements as well as intake paperwork, and (c) have expressed understanding of client documentation requirements for the site. For students to pass this evaluation, both the CFT Program Supervisor and the External Site Supervisor must indicate they pass the evaluation. If they do not pass, then both supervisors will discuss needed improvements to help the student progress towards being ready to see clients independently. Students will not be allowed to see clients independently until they pass this evaluation.

Support for Practicum Sites. As our program continues to grow and we continue to engage more sites within the community, the CFT Program hosts an orientation for site supervisors at the beginning of the academic year. In this orientation, supervisors have the opportunity to learn the program's requirements, how to seek assistance from the CFT program, and what supports the student will have within their program. Throughout the semester, the CFT program continues to actively provide support for the student and the practicum site. This happens through the students' CFT Supervisors who meet weekly with students in group supervision to provide supervision for raw data and case reviews as well as serve as a liaison between the program requirements and the practicum site to be sure that the student is staying on track and advocating for their needs at their practicum site. The first-year CFT Supervisors are encouraged to attend one live session at the student's practicum site (or via telehealth) during both the

Fall and Spring semester midterm weeks to help hone the students' clinical skills. For MSCFT-only students in their 2nd semester of the Foundation Year, the CFT Supervisor also meets with the practicum site supervisors and the student to review the student's progress on the programs core competencies as part of the midterm check-in. For dual-degree MSSW/MSFT students, their MSSW faculty liaisons complete mid-term and final check-ins with the students and on-site supervisors and relay any CFT-specific concerns to the CFT Clinical Director to address.

Practicums Sites Located in Indiana. Some students earn clinical hours in practicums located in Indiana. Generally, liability for clinical work is assumed under a supervisor at the student's external practicum site, while our CFT Program Clinical Supervisors provide systemic conceptualization and guidance related to their work without assuming liability. Students completing clinical hours in Indiana must be supervised by an external practicum supervisor with clinical licensure in Indiana. A student's CFT Program Clinical Supervisor is only required to be licensed in Indiana if that CFT Program Clinical Supervisor is assuming clinical liability for the student's clinical work. All supervision agreement forms with External Practicum Supervisors must indicate who is assuming clinical liability for a student's clinical work.

Supervision Coursework

Student progress in supervision is tracked across all supervision courses using the CFT Supervisee Evaluation Form (see Appendix L). MCFT 721 and 722 constitute the first academic year of supervised CFT clinical experience. MSCFT-only students and those in the first year of a dual-degree MSCFT with Advanced Standing MSSW curriculum plan take MCFT 721 (Family Therapy Supervision I) and MCFT 710 (Foundation CFT Practicum I) in conjunction the first semester, and MCFT 722 (Family Therapy Supervision II) and MCFT 711 (Foundation CFT Practicum II) in conjunction the second semester. For dual-degree MSCFT/MSSW students, MCFT 721 (Family Therapy Supervision I) must be taken concurrently with MSSW 604 (MSSW Practice I) and MSSW 610 (Foundation CFT Practicum I), and MCFT 722 (Family Therapy Supervision II) must be taken concurrently with MSSW 605 (MSSW Practice II) and MSSW 611 (Foundation CFT Practicum II). These experiences introduce the students to practice settings, the supervision process, and working with a variety of clients.

MCFT 723 (Family Therapy Supervision III), 724 (Family Therapy Supervision IV), and 725 (Family Therapy Supervision V) constitute the advanced year of marriage/couple and family therapy supervision. MCFT 723 is taken in the summer after the first year of CFT coursework. MCFT 724 and MCFT 725 (Family Therapy Supervision IV & V) are taken in the second year. MSCFT-only students take MCFT 723 (Family Therapy Supervision III) and MCFT 712 (Advanced CFT Practicum I) in conjunction in the summer, MCFT 724 (Family Therapy Supervision IV) and MCFT 713 (Advanced CFT Practicum II) in conjunction in fall of the second year, and MCFT 725 (Family Therapy Supervision V) and MCFT 714 (Advanced CFT Practicum III) in their final spring semester. For all dual-degree MSCFT/MSSW students, MCFT 724 (Family Therapy Supervision IV) must be taken concurrently with MCFT 702 (Couple Therapy) and MSSW 612 (Adv CFT Practicum I), and MCFT 725 (Family Therapy Supervision V) must be taken concurrently with MSSW 677 (Advanced MSSW Practice III) and MSSW 613 (Adv CFT Practicum II) in the spring of the final year. Practicum expectations in the second year are higher, and students are given more responsibilities in their practice settings. Through the Relationship Solutions Clinic—which provides live supervision during their supervision course—and their assigned practicum setting, students engage in family systems assessment, treatment planning, and therapy with a variety of cases.

CFT Supervision

The CFT Program provides comprehensive supervision by faculty who are either AAMFT-Approved Supervisors or AAMFT-Approved Supervisor Candidates. Students receive a combination of three hours of individual and/or group supervision weekly throughout their time in the program. To ensure sufficiency of program clinical supervisor resources, the CFT Program commits to meeting a supervisor-supervisee ratio of 1:8 or less. For the 2021-2022 year, the supervisor-supervisee ratio ranges from 1:6 to 1:7. This small ratio is highly advantageous for students who receive such individualized and personalized attention on their therapeutic skill and style development.

In addition, for all semesters in their advanced (2nd) year, CFT students see clients and receive live supervision as part of the program-run Relationship Solutions Clinic or out of the office of their supervisor. Students see individuals, couples and families as part of these clinics. Clinics are advertised through the live supervisors, social service agencies, local radio spots, flyers in the community, and word-of-mouth.

All audio and video recordings of student/client sessions must be kept confidential. Students will need to transport audio and/or video files from their practicum sites to home and supervision with the utmost care. Students must follow procedures in the Instructions for Video Recording & Storage (Appendix M) for securely storing client recordings. Recordings should be viewed only by the student (or with others bound by the same strict code of confidentiality, such as CFT group supervision classmates) and supervisor. Students should use a consent form provided by the practicum site or the one provided by the CFT Program (see Appendix N) to obtain clients' written permission for video recording. When cases are closed and/or when work is completed upon graduation, all recordings should be deleted.

Managing Concerns Related to Practicum Sites

When difficulties arise within a practicum site, students and supervisors have several options to address these concerns. Appendix J provides a chart detailing the responsibility structure that students can follow. For all students, issues in practicum should first be brought to their on-site agency supervisor, If a resolution cannot be reached, MSCFT-only students should seek guidance from their CFT Program Clinical Supervisor. If a resolution can still not be reached, they are to seek support from the CFT Clinical Director. For MSCFT-MSSW dual-degree students, issues that cannot be resolved with their on-site supervisor should seek guidance from their CFT Program Supervisor, then their MSSW Practicum Liaison, and finally, if still unresolved, the CFT Clinical Director. On-site agency supervisors and CFT Program Clinical Supervisors who have concerns with students can seek support directly from the CFT Clinical Director, who may then request support from the CFT Program Director if needed. At times, the CFT Clinical Director may also request support from the Director of Practicum Education within the Kent School of Social Work & Family Science.

Client Contact & Supervision Hours

For each semester of practicum and supervision, there is a targeted number of client contact hours performed within the course of regular practicum assignments. Over at least 12 months, students must complete a minimum of (a) 300 client contact hours, of which at least 100 must be relational hours (at least 100 must be direct), and (b) 100 hours of MFT relational/systemic supervision from a CFT Program Clinical Supervisor, of which at least 50 must utilize observable/raw data. A narrative description of clinical and supervision hours for students is available in Appendix O.

Direct client contact hours are defined as 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 sessions. Therapy team members who engage the therapeutic process only behind the mirror may not count the experience as direct client contact. Activates 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 client contact.

Relational hours refer to 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. 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 may be counted as relational hours if those in the group therapy have a relationship outside of (above and beyond) the group itself. Conversely, group therapy sessions of otherwise non-related individuals are not considered as relational hours but can be counted as individual hours.

Supervision hours include MFT relational/systemic supervision from a CFT program clinical supervisor that occurs on a regular and consistent basis while seeing clients. These hours must include the developing of clinical competencies and professional growth of the student as a supervisee, consistent with MFT relational/systemic philosophy, ethics, and practices of the marriage and family therapy profession. Supervision hours are distinguishable from psychotherapy or teaching. These hours may take place in-person or face-to-face virtually. **Individual supervision** includes one supervisor with one or two supervisees, and **group supervision** includes one supervisor and eight or fewer supervisees.

Observable data (previously known as raw data) includes audio or video recordings, as well as live observation (behind the mirror, in the room co-therapy, reflecting teams, etc.).

All client contact and supervision hours are to be recorded by the student through SONIA, logging into the MSCFT Program. Please note that MSSW-MSCFT dual-degree students will have two separate options for logging in, one for each program. CFT hours entered into SONIA will be reviewed by the site supervisor and approved by the student’s corresponding CFT Supervisor. The *approximate* breakdown of hours by semester is as follows:

Semester	Direct Client Contact Hours	Relational Hours	Supervision Hours with Observable Data
Fall 721	45-55	5-7	8
Spring 722	60-70	10-13	8
Summer 723	55-65	20	10
Fall 724	65-75	30	12
Spring 725	55-65	30	12
Grand Totals	300	100	50

Tele-Health Policies and Procedures

All students in the MSCFT program will learn content on teletherapy best practices according to the American Association of Marriage and Family Therapy as well as guidance on tele-mental health from National Association of Social Workers in their first semester of their graduate program through their MCFT 701 - Assessment and Treatment course. In this same course, students will also cover the current state (both for Kentucky where the program is located and nearby Indiana) and federal regulations on the provision of teletherapy. Students may be required by practicum sites to take additional training in Telehealth practices. If this is required, students may request a copy of the curriculum covering Telehealth standards to be provided to the practicum site for review prior to investing in additional training from the CFT Clinical Director.

All students planning to deliver therapy services via tele-mental health (i.e., video or phone) in the Relational Solutions Clinics run by the CFT Program must also sign the Student Acknowledgment of Tele-health Policies Form (Appendix E).

Group Supervision

All supervision that covers case presentations and didactic training (i.e., not live supervision) may be conducted via online meetings. All procedures for these meetings, such as which modality to use and

timing, are at the discretion of the CFT supervisor. Live group supervision may also be conducted online and the procedure is listed below.

Live Supervision

The choice to use tele-health for live supervision should be coordinated with each CFT supervisor. Supervisors should join the call 10 minutes before the client is expected to join. It is the therapist(s) responsibility to inform clients when reflecting team members are present on the call, and clients should be given the opportunity to meet these members if they are interested. Other logistics regarding the call, such as when to de-brief with the student therapist, are at the discretion of the CFT supervisor. In order for the hour of live supervision to count toward raw data for the student log, CFT supervisors will need to be present during the time counted. For example, if a supervisor provides 10-minutes of briefing before a session and observes live for 30 minutes, but then leaves to observe a different session, the student therapists can only count the 40 minutes they were with the supervisor towards their supervision hours.

Reflecting Teams

If applicable, reflecting team members should make arrangements to join the call 10 minutes before the client is expected to join. It is the therapist(s) responsibility to inform clients that reflecting team members are present on the call, and clients should be given the opportunity to meet these members if they are interested. If so, reflecting team members should briefly introduce themselves (via video if possible). After introducing themselves or after the client waives the right to meet these members, the reflecting team members should mute their video and microphone for the duration of the session, unless their feedback is being used to reflect back to the client during the session. Otherwise, outside of introductions or reflections, reflecting team members should have their cameras off and their microphones muted.

All Clients

When conducting tele-health sessions on behalf of a practicum site, students should follow the procedures put in place by that specific practicum site. Students seeing clients via tele-health at the Relationship Solutions Clinics run by the CFT program should follow the following procedures.

Prior to beginning telehealth sessions. Student therapists should call clients via phone to explain tele-mental health procedures. In the case of co-therapy cases, one student therapist should be designated as the primary therapist who will be the main contact for the client, make phone calls, and set up a HIPAA-compliant tele-health modality for each session. Students are responsible for explaining the risks and benefits of telehealth to the client. Benefits include flexibility, convenience, and increased accessibility. Risks include lack of direct access to help client manage a crisis; diminished visual field to monitor for traumatic, dissociative and/or volatile reactions; a lowered amount of information to be gathered for a mental status exam (such as client hygiene); and the client's need to control for privacy and a safe environment to participate in therapy. Students should take care to explain that we attempt to minimize these risks by knowing what location the client is connecting from at the beginning of each session, including a physical address, as well as the client's phone number that can be used in case of emergency.

Informed consent and intake paperwork. After confirming the client is interested in therapy via tele-mental health, students should ask clients to complete their intake packet, which includes an informed consent form. The informed consent form explains the telehealth live supervision process as well as the risks and benefits of telehealth. **IMPORTANT** – During the first tele-mental health session, student therapists should review in detail, point by point, the informed consent documentation to be sure client(s) understand the information. Intake paperwork for the on-campus Relationship Solutions Clinic is kept in a CardBox folder managed by the CFT Clinical Director. Students in this specific clinic will be given access to the folder and can download all intake paperwork in the "RSC Intake Forms" folder. Intake paperwork for the Middletown Relationship Solutions Clinic can be accessed through the CFT Supervisor for that location.

Procedures. Video sessions conducted via a HIPAA-compliant modality are the first and primary preferred modality. Telephone sessions may occur as a secondary option based on client needs.

Students may conduct tele-mental health sessions from their home or personal office only if they have a private space free from interruptions that will maintain the confidentiality of the client (i.e., no one will be able to overhear statements made by the therapist or the client). If students prefer to conduct sessions from a secure location (i.e., clinic space), they can coordinate a secure location with their CFT Supervisor. Be mindful that video sessions and telephone sessions could be easily recorded by clients and so be cognizant of that as you conduct and navigate sessions. When seeing minors as a primary patient/client, therapists should meet with the consenting guardian during the intake session (a) to collect informed consent and collateral information, (b) to explain boundaries of confidentiality, (c) to communicate the treatment plan session and safety plan, if applicable (i.e., especially if measures are needed to make the environment safe or if the minor client has a history of running away or going AWOL).

At the beginning of each session, ask the client to state the full names of all clients present during the session, and these names should be documented in the therapist's progress note. Student therapists will then ask the client to provide their current location, address, and a contact number, which should also be documented in the progress note. Finally, student therapists should have the client provide the name of an emergency contact who could be contacted if there is a mental or medical emergency during the session.

Student therapists should use the tele-mental health progress note form provided by their CFT Supervisor for each session. This form should be completed in Microsoft Word and saved directly to a client file maintained on the student's account in CardBox. As a last resort, a copy of this document can be maintained temporarily on your university-issued encrypted flash drive but will need to be moved to CardBox as soon as possible. Client documents should never be saved directly to your personal device.

CFT Supervision

The CFT Program provides comprehensive supervision by faculty who are either AAMFT Approved Supervisors or AAMFT Supervisors-In-Training. Students receive a combination of three hours of individual and group supervision weekly throughout their time in the program, with a minimum of at least one hour of supervision from an AAMFT-Approved Supervisor or Supervisor Candidate per week. In order to meet the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) Standards, group supervision involves a maximum supervisor-to-student ratio of 1:8. This small ratio is highly advantageous for students who receive such individualized and personalized attention on their therapeutic skill and style development.

Cultural Humility

To help our students become culturally competent and develop cultural humility, we have a sequence of assignments done in the supervision courses. In the first semester of the foundational year, students engage in a Cultural Interview and Reflection Assignment, where they interview a person from a different cultural or social identity group and reflect on their experience. In the second semester, students attend a Cultural Competence Workshop (Kent School CFT Program Cultural Humility workshop or another diversity training) and submit a reflection journal. The third semester involves an Experiential Learning Excursion, where students explore a different culture and reflect on their experience. In the fourth semester, students write a Cultural Humility in Therapy Practice Reflection paper. The final semester requires students to apply the ANVIET model in a clinical case presentation. Throughout all semesters, students participate in Culturally Responsive Case Presentations to integrate cultural competence into their therapy practice.

In addition, each semester CFT students are to present a case focusing on cultural competence and should be able to articulate relevant cultural factors when describing a case conceptualization. Students should consider strengths related to clients' cultural backgrounds and include fitting cultural

considerations when creating a treatment plan and implementing interventions. Appropriate self-disclosure should be used when students work cross-culturally with clients.

Additional Training Opportunities

Opportunities sometimes arise for additional trainings such as those offered through the Center for Family and Community Well-Being (CFCWB). CFT students are encouraged to participate in these opportunities when possible.

Faculty Expectations of Students

The CFT Faculty hold the following general expectations for CFT students:

1. Students are expected to pursue their graduate work (academic studies and fieldwork) with professionalism. Students are expected to attend all class sessions unless prior approval from the instructor has been given to miss a class session or the student is experiencing an emergency. All assignments should be submitted to the instructor in a timely fashion.
2. When difficulties or questions arise within a class, students should first seek resolutions through direct communication with the instructor or supervisor (see Appendix J for breakdown of responsibility). If students do not obtain a satisfactory response, they may then pursue their concerns with the Director. For additional information, please see the section on Student Grievances, below.
3. Before making any schedule or practicum placement changes, students must discuss these with the CFT Program Director.
4. Students have professional responsibilities to the other students in their cohort. Respectful and collegial interactions are expected and vital to developing the highest levels of individual and collective performance.
5. Students are strongly urged to participate with faculty in conferences and professional presentations throughout their program. Some Kent School and Graduate School monies may be available to assist with these important extracurricular activities.
6. Students are encouraged to provide the faculty regular feedback on their experience in the program to contribute to continuous quality improvement of the program.
7. Students are encouraged to join AAMFT (see below). Students will receive the benefits of being a student member.

Technology Requirements

All students are expected to have a working laptop, access to printing capabilities, and access to reliable and working internet connection. The CFT Program is available for assistance on a short-term basis when unexpected issues arise. Please contact the CFT Program Coordinator for more information.

CFT Program Class Attendance Policy

Attendance is a critical component in becoming a competent, well-prepared and professional MFT. Class attendance is regarded as an obligation and a privilege, and all students are expected to attend in-person regularly and punctually in all classes in which they are enrolled. However, we recognize that

life is unpredictable and illnesses and other life emergencies may occur. In each course, one unexcused absence is “forgiven,” with no penalty to a student’s grade. (For example, if a course meets once a week, absence from one class is forgiven.) Missing class due to work (outside of a University/Program sponsored activity), previously arranged travel, or social events will not count as excused absences. Typically, absences are excused when due to serious illness, accident, or death in the family, and should be cleared with the instructor 24 hours prior to the anticipated absence (excluding emergencies that happen in transit to class).

No student may miss more than 25% of any course (based on a 16-week semester). So if the course meets once a week, you will FAIL this course if you miss *more than four* (4) weeks’ worth of classes. This includes ALL absences (even those that are “excused” or if you make-up the points missed for one of the classes). Exceptions will only be made for extreme circumstances (for example, maternity leave or caregiving responsibilities) when prior arrangements have been made to plan for absences and complete all missed work.

Absence penalty: If a student must miss more than one class a semester, it will negatively impact their course grade. Each unexcused absence (past the first absence) will penalize your final grade by 5%. So if your final grade based on assignments in a course is a 93% (A-), your final recorded grade in the course will be an 88% (B+). If a student misses four classes over the course of the semester (their first absence is “forgiven”), their final grade will be lowered by 15% unless the instructor offers the option to make-up a second absence.

Students are responsible for the effect absences have on all forms of evaluating course performance. Thus, the student is responsible for arranging any allowed make-up of missed work. Faculty members are expected to work with students to allow for completion of classwork and assignments if the student’s absence results from his/her required participation in a University/Program sponsored activity provided that, prior to the absence, the student makes arrangements to complete all missed work. At the discretion of the instructor, class participants will usually be allowed to make up work and/or tests missed because of serious illness, accident, or death in the family.

Virtual Attendance: Many of our classes include role playing and other group activities; attending virtually can make it difficult to participate experientially in the class. Attending class virtually will not be an option except through preapproved circumstances with the professor (e.g., COVID-related absences, maternity leave). Attending class virtually without this prior approval from the professor will be counted as an absence.

Evaluation of Student Progress

Admittance into the program signifies a readiness to embark upon all requisite educational experiences in the pursuit of a career as a marriage/couple and family therapist. Performances in courses and in field practicums is assessed, and feedback is provided both informally and formally through written narratives and grades. Student progress throughout the program is also assessed using the Student Progress Form (Appendix A). The CFT Program subscribes to the Kent School policy on handling those situations in which a student receives a grade of "C" or lower in any course. (For more information consult the Kent School MSSW Student Catalog under "Academic Performance Policies.") Practicum performance is evaluated using the CFT Supervisee Evaluation Form (Appendix L).

Grading & Assessment Policies

The University of Louisville Graduate School uses a plus/minus system. Grade-point averages are calculated by dividing the quality points earned by the number of graded classes attempted (excludes pass/fail and audit classes). Quality points are calculated using the following breakdown:

Grade	Quality Points	Grade	Quality Points
A+	4.0	B-	2.7
A	4.0	C+	2.3
A-	3.7	C	2.0
B+	3.3	C-	1.7
B	3.0	F	0.0

Other Grades:

- “I” means incomplete and carries no quality points until a grade is awarded. If coursework is not completed so that a grade can be awarded, then the “I” becomes an “F.”
- “W” means the student withdrew and carries no quality points.
- “P” means enrolled on a pass/fail basis and received a passing grade.
- “Au” means audit and is not included in grade calculations.

Incomplete Grades

A grade of “I” (incomplete) may be awarded as a temporary or conditional grade when students are passing a course but, for reasons beyond their control, have not been able to complete a relatively small amount of the course requirements by the end of the semester. Typically, an incomplete grade is only given for course work that is not completed due to extenuating circumstances. Instructors must approve granting an incomplete and make decisions on a case-by-case basis. Instructors’ decisions are final. Students must secure approval for an incomplete before the end of the semester or they will be assigned an F and must retake the course. Students must request permission for an incomplete via email to their instructor and must copy the CFT Program Director to share approval of this decision before the semester ends.

Different rules apply when final grades must be submitted, based on the type of class in which a student received an incomplete:

- A. Core CFT classes that are pre-requisites for subsequent classes must be completed and graded prior to advancing to the next course in the required sequence. Core CFT classes include MCFT 700, MCFT 701, MCFT 702, MCFT 703, MCFT 704, MCFT 705, and MCFT 706.
- B. All other classes (e.g., electives) must be completed and graded by the end of the following semester in which the class was originally taken.

Additionally, if a student has an “I” (incomplete) grade in their final semester prior to graduation and the course requirements are not completed by mid/late May, their degree will not be conferred. If a student’s degree is not conferred, the student will need to re-apply to graduate in a different semester and may be required to register for a Masters Candidacy course as students must be enrolled in at least one course during the semester in which they wish to graduate. Incompletes not removed by these dates will automatically populate as F’s.

C Grades

Only two courses of coursework in which a grade of C+, C or C- will be allowed to count towards the completion of degree requirements. Although additional grades below C- will be calculated in the graduate student’s grade point average, courses in which these grades have been earned will not be counted towards the fulfillment of degree requirements. A graduate student cumulative graduate grade point average needs to be a 3.0 or higher on a 4-point scale to meet graduate degree requirements.

CFT Program Academic Review & Dismissal Policy

The CFT Faculty may dismiss a student from the CFT Program due to the following:

- Behavior that is in violation of the AAMFT Code of Ethics or legal mandates and requirements

- Behavior that is in violation of the University of Louisville Code of Student Conduct
- Failure to demonstrate adequate progress in the development of clinical skills as evidenced by
 - Failure to achieve a rating of at least “2” in all areas of the CFT Practicum Evaluation form by the end of the first academic year culminating in MCFT 722
 - Failure to achieve a rating of at least “4” in all areas of the CFT Practicum Evaluation by the end of MCFT 724
- Continued demonstration, despite multiple warnings in writing, of unprofessional behavior, such as multiple unexcused absences or extreme unexcused tardiness for multiple classes, or when unprofessional behavior results in dismissal from practicum
- Maintaining a GPA of less than 2.5 for multiple semesters

Depending on the gravity of the infraction, the Academic Review and Dismissal process will likely include:

- Initial warning in writing of problematic behavior
- If the behavior is not corrected, an Academic Review involving at least the Program Director, the affecting Faculty Member, and one other Faculty Member, followed by a written remediation plan sent to the student, as well as the MSSW Program Director for Dual Degree MSSW/MSCFT students
- If the behavior is not corrected, a second Academic Review with at least the Program Director and 2 Faculty Members who will decide whether the student will be put on probation for one semester or dismissed immediately
- If the behavior continues after the second Academic Review, immediate Dismissal

The CFT Faculty reserve the right to alter this process depending on the nature of the infraction.

CFT Program Leave of Absence Policy

A student in good standing who wishes to interrupt their university program may request a leave of absence for up to one year. A student may request a maximum of two leaves of absence. Leaves must be approved by the Program Director and Associate Dean. A student who does not enroll at the end of the approved leave period will be administratively withdrawn from the university by the Registrar. If the student later decides to return to the university, it will be necessary to re-apply for admission.

Academic Integrity Policy

A primary goal of the CFT Program is to educate students who will serve society with competence and integrity—both are key to meeting the needs of vulnerable populations and to promoting social justice. The Association of Marriage and Family Therapy (AAMFT) Code of Ethics list integrity as a core value of our work. Thus, we practitioners behave in a trustworthy manner. In accordance with the NASW and AAMFT Code of Ethics and the University of Louisville, the CFT Program expressly forbids cheating, fabrication, falsification, multiple submission of the same work, plagiarism, and complicity in academic dishonesty. Several explicit examples are provided below. However, these examples are not exhaustive. All students are to be familiar with the various forms of academic dishonesty as explained in the University of Louisville Code of Student Rights and Responsibilities (<http://louisville.edu/dos/students/studentrightsandresponsibilities>).

Plagiarism describes the use of someone else's work without giving specific credit for those words to the original author. It is acceptable to use someone else's words in our compositions. When we do so, however, rules of credit/citation must be observed (unless otherwise directed by the instructor, written assignments must conform to APA format, per the most recent edition of the APA manual).

Plagiarism may include, but is not limited to (a) copying someone else's work and claiming it as your own without proper credit/citation regardless of the source (e.g., someone else's computer files, or from the internet); (b) paraphrasing someone else's work and claiming it as your own; (c) collaborating with someone else and claiming the work as your own; or (d) the use of a substantial portion of a graded paper from one course, as a submitted assignment to obtain credit in another course, without instructor permission.

Cheating and complicity in academic dishonesty may include, but are not limited to

- (a) Capturing course materials by any means and using any device (e.g., camera, screenshot) with the intent to distribute. This relates to all course materials including assignment requirements, quizzes, tests, and the like, with or without incorrect/correct answers, and no matter the point allocation (e.g., 2-point open-book quiz vs. 20-point exam). Intent to distribute may relate to students who are enrolled or planning to enroll at the University of Louisville, or who are enrolled or planning to enroll at any another institution of higher education.
- (b) Completing work collaboratively that is meant to be individual work (e.g., taking an online exam in the presence of other students and "helping" each other *in any way*).
- (c) Acquiring direct knowledge of academic dishonesty of other students (e.g., being copied on an email with other students engaged in dishonest academic activities) and failing to report it. While we recognize the discomfort and challenges associated with notifying appropriate authorities, reporting academic dishonesty aligns with the NASW Code of Ethics Ethical Responsibilities as Professionals regarding dishonesty, fraud, and deception. It also aligns with the AAMFT Code of Ethics regarding the avoidance of deceptive, fraudulent, misleading, or exploitative practices.
- (d) Paying for any material (e.g., a paper, exam) and submitting it as your own.
- (e) Collaboration with ChatGPT or other AI composition software is not permitted unless specifically indicated by the instructor. In the rare case that collaboration with ChatGPT or other AI composition software is permitted by an instructor, they will provide you with specific instructions prior to your collaboration with AI chatbots (like ChatGPT) on assignments. In these cases, you will be required to acknowledge its use, the name of the tool and how it was used. There may be additional requirements not identified here.

All of these offenses are serious breaches of academic conduct. A plea of ignorance is not an acceptable defense against violation of our academic integrity statement. Evidence of violation of academic integrity may lead to a failing grade for the assignment or course, referral for academic review, expulsion from the Kent School of Social Work & Family Science, and/or other consequences as determined by appropriate authorities. The decision regarding penalties for violating academic integrity is at the discretion of the instructor(s) and/or an academic review committee.

American Association of Marriage & Family Therapy

The American Association for Marriage and Family Therapy (AAMFT) is an organization dedicated to the profession of Marriage and Family Therapy (MFT). Membership in this organization allows MFTs to network with other professionals worldwide, to attend and participate in the Annual Conference, obtain a subscription to the organization's journal (one of the premiere MFT journals) and the organization's monthly magazine. We encourage our students to join AAMFT as student members to take advantage

of these professional benefits for a reasonable fee. Complete information about AAMFT is available at www.aamft.org.

Commission on Accreditation for Marriage & Family Therapy Education

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of AAMFT is the body responsible for making decisions about accrediting C/MFT programs. The process of accreditation assures that a program meets established professional standards in educating practitioners. A program's curriculum, clinical experience, faculty, leadership, and supervision components are key elements in evaluating a program's suitability for accreditation.

The MSSW-CFT Program within the Kent School of Social Work & Family Science at the University of Louisville is accredited with COAMFTE of the American Association for Marriage and Family Therapy, 112 South Alfred Street, Alexandria, VA 22314, (703) 838-9805. Accreditation is effective through 2022.

Academic Calendar

To see current and future academic calendars refer to the following website:
<http://louisville.edu/calendars/academic/undergrad-grad>.

Liability Insurance

Proof of student liability insurance is required of all Kent School students prior to the start of their practicum. This requirement applies equally to students doing an on-job practicum the same as it applies to students in a different placement.

For Dual-Degree MSSW/MSCT students: It is strongly recommended that students apply for both NASW membership and liability insurance by August 1st, so your protection will be in effect and continue throughout the entire period of the practicum. Students may obtain student liability insurance from any insurance company of their own choosing. However, obtaining student liability insurance through the NASW Assurance Trust is recommended as their rates are significantly favorable for students. Students must first join the NASW to be eligible for the student liability coverage. There are additional benefits for NASW membership. Instructions for signing up for NASW and insurance were provided in the MSSW practicum update emails sent out by the Practicum Office.

For MSCT-only students: You will need to sign up for a student membership of AAMFT, which will provide free student liability insurance. Membership also comes with many additional benefits, such as access to educational videos and trainings. To apply, go to www.aamft.org/join and click "Join, Renew, or Upgrade Today!" If you do not have an existing AAMFT account, click Create a new account once you get to the sign-in page. Fill out the application. Then click finish which will take you to a screen with the total mandatory dues amount. Click next to join optional engagement programs. Click next. You will then see a \$25.00 application processing fee. Click next. You will see an itemized list of charges. Click Add to Cart. The total should include the national dues (\$75) and any additional engagement programs you selected.

Tuition & Fees

Information regarding tuition and fees associated with enrolling at the University of Louisville are posted publicly by the University of Louisville Office of the Bursar. Tuition and fees specific to the 2022-2023 academic year can be found at <https://louisville.edu/bursar/tuitionfee/tuition-rates-2022-2023>. For questions regarding refund deadlines, please contact the Registrar's Office at regoff@louisville.edu or 502-852-6522.

Student Resources

The university has a wide range of services available to students. We encourage students to visit each department's webpage for the most up-to-date details and contact information. Some frequently accessed services include the following (hyperlinks work in the PDF version):

- [Student Resources](#)
- [COVID-19 Resources for Grad Students](#)
- [CFT Scholarships](#)
- [Disability Resource Center \(DRC\)](#)
- [Multicultural Assoc of Graduate Students \(MAGS\)](#)
- [LGBT Services](#)
- [Office of Diversity & Equity](#)
- [UofL Counseling Center](#)
- [UofL PEACC Center](#)
- [Office of Student Activities](#)
- [PLAN Professional Development](#)
- [Financial Aid Office](#)
- [Veterans & Military Services](#)
- [Writing Center](#)
- [University Career Center](#)
- [Parking Office](#)
- [UofL Campus Store](#)
- [UofL Libraries](#)
- [UofL Cultural Center](#)
- [UofL Student Advocate](#)
- [UofL Concern Center](#)
- [Registrar's Office](#)
- [International Center](#)
- [Student Health and Insurance](#)
- [Graduate Student Life](#)
- [Information Technology Services](#)
 - [Blackboard](#)
 - [Email](#)
 - [Passwords](#)
 - [Office 365](#) (FREE)
 - [Adobe](#) (FREE)
 - [Printing](#)
 - [ULINK](#)

If a student is seeking a resource and unable to locate information, students are encouraged to reach out to the CFT Program Coordinator at 502/852-0383 or the [Graduate School](#) at 502/852-6495. The Graduate School webpage is an excellent resource as well, go to <https://louisville.edu/graduate/> or <http://louisville.edu/graduate/current-students>. Additional information can be found at <http://louisville.edu/>. Just click on "Students" then choose from the drop-down box "Resources." See image below:

Student Grievance Policy

MSCFT students who have complaints, grievances, or concerns regarding CFT courses, program policies, or interactions within the program have the right to have their concerns heard and to receive a response. Students are encouraged, when appropriate for the situation, to first seek to resolve their

complaints through informal discussion and administrative channels (see Appendix J for breakdown of responsibility). When the situation is too grave or in other ways not conducive to being addressed at the program- or School-level, or when internal channels have been exhausted, students should contact the Student Grievance Officer to have the issues resolved in an expeditious, fair, and amicable manner. Contact information for the Student Grievance Officer as well as grievance procedures for all university students are published on the following website: <http://louisville.edu/dos/help/studentgrievance>. The site also includes an online submission form for student complaints. If you need assistance accessing the process, please contact the Dean of Students Office at <https://louisville.edu/dos/help/>.

Disability Statement

The University of Louisville is committed to providing access to programs and services for qualified students with disabilities. If you are a student with a disability and require accommodation to participate and complete requirements for this class, notify the course instructor immediately and contact the Disability Resource Center (Stevenson Hall, 502-852-6938) for verification of eligibility and determination of specific accommodations.

Title IX/Clery Act Notification

Sexual misconduct (including sexual harassment, sexual assault, and any other nonconsensual behavior of a sexual nature) and sex discrimination violate University policies. Students experiencing such behavior may obtain confidential support from the PEACC Program (852-2663), Counseling Center (852-6585), and Campus Health Services (852-6479). To report sexual misconduct or sex discrimination, contact the Dean of Students (852-5787) or University of Louisville Police (852-6111).

Disclosure to University faculty or instructors of sexual misconduct, domestic violence, dating violence, or sex discrimination occurring on campus, in a University-sponsored program, or involving a campus visitor or University student or employee (whether current or former) is not confidential under Title IX. Faculty and instructors must forward such reports, including names and circumstances, to the University's Title IX officer.

Dean of Students Office

The Dean of Students Office provides a variety of services in support of students, including student non-academic grievance services, RSO funding, student conduct services, crisis assistance, extended absence notifications, SGA advising, and other programs. To access services at the Dean of Students Office call 852-5787 or visit <http://louisville.edu/dos>.

Confidentiality of Student Records

All student records are kept in the offices of the CFT Program in locked file cabinets. Only the CFT Director, CFT Program Coordinator, and the Kent School Dean's office have access to admissions materials, transcripts, and class enrollments that are stored in university computer files. Additional CFT Program Faculty are given access to these files on an as needed basis only, such as when they are preparing for applicant interviews during the admission process. Once interviews are complete, CFT Program Faculty no longer have access to admission materials. Students' progress in the program is tracked within their student files, which are stored in locked file cabinets to which only the CFT Program Director and CFT Program Coordinator have access. When an academic review of progress is required, faculty and administrative representatives designated to review the student will be given temporary access to that student's records. Access to these records is terminated once the academic review is complete.

Preparing for Life After Graduation

Record Keeping

During their time in the program, it is critical that each student keep accurate and complete records of their academic progress, and client contact, and supervision hours. For the purposes of obtaining licensure, professional memberships, and employment, we strongly recommend that students keep copies of the course syllabi, all client and supervision logs and totals, certificates of attendance and participation at workshops and conferences, transcripts, and letters of recommendations. We recommend keeping these records throughout one's career as criteria for credentials vary over time and between locations.

Alumni

As alumni, students are an important part of the CFT program. Alumni are invited to continue their involvement in a variety of ways, including providing input to the CFT Program, speaking with prospective students, networking with current students, and helping to raise funds for student scholarships. Graduates who seek to remain consistently involved with program activities are invited to join the CFT Alumni Council. In addition, every year the CFT program contacts Alumni who have graduated within the past 7-10 years to collect data on COAMFTE required data for annual report, including MFT exam passage, licensure, and work settings. The CFT Program sends Alumni an electronic survey and these data, once returned, are aggregated and reported to COAMFTE. For these reasons, the CFT Program staff periodically contact alumni to maintain a current set of their contact information including current address, phone, e-mail address, and in some cases Facebook ID, so that the CFT Program can stay in touch as needed.

Please visit our CFT Facebook page at <https://www.facebook.com/LouisvilleCFT/> and the Kent School Facebook page at <https://www.facebook.com/KentSchoolOfSocialWork/>.

Employment

When notified, the CFT program periodically distributes notices of job openings, and faculty are most willing to review application materials to support students finding suitable employment. Participation in local, state, and national conferences and meetings throughout the program provides numerous opportunities for students to network with professionals who may be instrumental in locating employment upon graduation.

AAMFT Membership after Graduation

When student membership in AAMFT has expired, students may maintain their membership by applying for Pre-Clinical Fellow status. This is the membership for those who have completed graduate studies and are under approved supervision. Upon completion of 1000 hours of client contact and 200 hours of concurrent and approved supervision, post degree, one may apply for Clinical Fellow status. For more information, please Visit: <https://www.aamft.org/>

Licensure

The CFT Program meets requirements for provisional licensure as a Marriage and Family Therapist Associate in Kentucky. After students graduate, they will still need at least two years of supervised practice and to pass the Marital and Family Therapy National Exam developed and managed by the Association of Marital & Family Therapy Regulatory Boards before obtaining independent licensure as a Licensed Marriage and Family Therapist. For graduates seeking licensure in the state of Kentucky, after receiving their masters degree, they may apply to the state licensing board for Marriage and Family Therapy Associate status. This means that they have completed their graduate studies and are working under supervision of a Board-Approved Supervisor. Marriage and Family Therapy Associates are eligible

to take the state licensing examination and must document 1000 client contact hours concurrent with 200 hours of supervision with a Board-Approved Supervisor to become fully licensed as Licensed Marriage and Family Therapist in Kentucky. For the most updated information and procedures for Kentucky licensure, please refer to: <https://mft.ky.gov/>.

Portability of Degree Policy

Licensure requirements differ by state. At this time, there is no national license in marriage and family therapy that would allow marriage and family therapists to easily transport their degree or license from one state to another. However, graduates of a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), as the Couple and Family Therapy Program at the University of Louisville is, will have their degrees and practicum experiences recognized by MFT licensing boards in most other states. This recognition significantly streamlines the process for becoming licensed in another state. If you know that you plan to pursue licensure in a state other than Kentucky, it is best to contact that state's board directly for the most up to date information. Students can learn more about the requirements of MFT licenses in other states at <https://amftrb.org/resources/state-licensure-comparison/>. Students should refer to this chart as soon as possible, and throughout their matriculation in the program, to maximize the likelihood that they can fulfill all educational requirements for licensure in their preferred state during the masters program. As part of their application to attend the program, students must sign a Regulatory Variance Acknowledgement Form (Appendix F) indicating they have been informed and are aware that licensing regulations may differ across states and provinces. Variation in licensure requirements across states is also discussed during applicants' interviews with faculty prior to admission to the program.

Frequently Asked Questions (FAQs)

Can I enroll in the Dual Degree MSSW/MSCFT Program after I have already begun my Kent School masters program?

You can apply for the MSSW/MSCFT Program if you are in your first year of the three-year MSSW track and apply during that first year.

For the most part it is not possible to add the CFT Program if you have already begun a full-time two-year MSSW curriculum plan. However, it may be possible in certain circumstances for two-year track students to enter the CFT Program, but it will require additional time and an alternate curriculum plan. The decision to make an alternate MSSW/MSCFT curriculum plan available to a student will be up to the CFT faculty.

After I graduate with my Masters in Couple and Family Therapy, what more will I need to do in order to receive a Kentucky license in MFT?

By graduating from this program, you have completed all the courses required by the Commonwealth of Kentucky for licensure in MFT. After graduating, you will need 1000 supervised client contact hours and receive 200 hours of supervision (50 of which must be on raw data) over a period of at least two years to be eligible to take the state licensure examination and to become a Clinical Fellow of AAMFT.

If I will be an Advanced Standing MSSW student in the Kent School, can I apply for the Dual Degree MSSW/MSCFT Program?

YES – but you can't complete the Dual Degree in one year. The MSCFT Program requires a minimum of two years to complete.

If you have a BSW and have been admitted to the 30-hour Advanced Standing MSSW program, you can apply to the MSCFT program. If admitted to CFT you can complete both degrees in two years by following the Advanced Standing MSSW with MSCFT Dual Degree curriculum plan. Along with the required courses, you would have a CFT Foundation practicum the first year and a dual CFT & SW Advanced Practicum the second year.

APPENDIX A – Student Progress Form

Couple and Family Therapy Program
Kent School of Social Work & Family Science

Student Progress Form

Name: _____

Semester Started: _____

(√ = Completed)

Grade of B or better on MCFT 701 Ethical Decision-Making paper _____

Grade of B or better on MCFT 701 Case Formulation and Treatment Plan _____

Score of 3 or better in all 12 categories of CFT practice in MCFT 722 _____

Grade of B or better on CFT Integration Theory of Change paper in MCFT 704 _____

Grade of B or better on CFT Professional Preparation portfolio in MCFT 705 _____

Score of 5 in all 12 categories of CFT practice in MCFT 725 _____

Accumulation of 500 clinical contact hours _____

Accumulation of 200 relational clinical contact hours _____

Accumulation of 50 supervision hours utilizing observable data _____

Graduation Date: _____

Beginning with Fall 2021 Cohort

Note. All B grades must be a B or higher. B- does not count.

Appendix B – Curriculum Plans

MSCFT Curriculum Plan (2-year, Full-time, MSCFT-Only) – 60 Hours

The 2-year program is for students who are able to carry a rigorous academic course load and are able to make financial arrangements that will allow them to focus on their academic obligations without working more than part-time.

IMPORTANT: This curriculum plan begins in the FALL SEMESTER and must be followed carefully.

Fall (Year 1) Foundation Year	Spring (Year 1) Foundation Year	Summer (Between Year 1 & 2)
<p>MSSW 601 – HBSE I (3) <u>MSSW 603 – Social Justice Practice (3)</u> (or summer) MCFT 700 – Foundations of FT: Theory & Practice (3) MCFT 701 – FT Assessment & Treatment I (3) MCFT 710 – Fdn CFT Practicum I (1) MCFT 721 – FT Supervision I (3)</p> <p style="text-align: right;">13 or 16 credit hours</p>	<p><u>MSSW 626 – Research Methodology & Design (3)</u> (or summer) MSSW 633 – <i>Human Sexuality</i> (3) (or Advanced Year) MCFT 706 – Foundations of FT: Theory & Practice II (3) MCFT 707 – Human and Family Dev Across the Lifespan (3) MCFT 711 – Fdn CFT Practicum II (1) MCFT 722 – FT Supervision II (3)</p> <p style="text-align: right;">10, 13, or 16 credit hours</p>	<p>MSSW 603 – <i>Social Justice Practice</i> (3) (or fall) MSSW 626 – <i>Research Methodology & Design</i> (3) (or spring) MSSW 642 – <i>Psychopathology</i> (3) (or fall) MCFT 712 – Adv CFT Practicum I (2) MCFT 723 – FT Supervision III (3)</p> <p style="text-align: right;">5, 8, 11 or 14 credit hours</p>
Fall (Year 2) Advanced Year	Spring (Year 2) Advanced Year	Graduation
<p>MSSW 642 – Psychopathology (3) (or summer) MCFT 702 – Couple Therapy (3) MCFT 703 – Contemporary Issues in FT (3) MCFT 713 – Adv CFT Practicum II (1) MCFT 724 – FT Supervision IV (3)</p> <p style="text-align: right;">10 or 13 credit hours</p>	<p><u>MSSW 633 – Human Sexuality (3)</u> (or in foundation year) MCFT 704 – Integrating FT (3) MCFT 705 – Professional Issues & Ethics (3) MCFT 714 – Adv CFT Practicum III (1) MCFT 725 – FT Supervision V (3)</p> <p style="text-align: right;">10 or 13 credit hours</p>	<p>Graduation in May</p> <p>This program of study fulfills all degree requirements for the MSCFT Program.</p> <p>Upon completion: Apply for Associate MFT Licensure</p>

Note: Fdn = Foundation year; Adv = Advanced Year; Underline = recommended option; *Italics* = additional option.

Last Reviewed: April 2024
 M.S. Couple & Family Therapy Program
 University of Louisville – Kent School of Social Work & Family Science

MSCFT Curriculum Plan (2.5-year, Spring Start, MSCFT-Only) – 60 Hours

The 2½-year curriculum plan option allows students to complete some of the supplementary course work early prior to starting the core CFT courses and practicum in the fall. This plan is for students who are able to carry a rigorous academic course load, want to start early, and are able to make financial arrangements that will allow them to focus on their academic obligations without working more than part-time.

IMPORTANT: This curriculum plan begins in the SPRING SEMESTER and must be followed carefully.

	Spring (Pre-CFT)	Summer (Pre-CFT)
	MSSW 601 – HBSE I (3) MSSW 603 – Social Justice Practice (3) MSSW 626 – Research Methodology & Design (3) 9 credit hours	
Fall (Year 1) Foundation Year	Spring (Year 1) Foundation Year	Summer (Between Year 1 & 2)
MCFT 700 – Foundations of FT: Theory & Practice (3) MCFT 701 – FT Assessment & Treatment I (3) MCFT 710 – Fdn CFT Practicum I (1) MCFT 721 – FT Supervision I (3) <u>10</u> credit hours	<i>MSSW 633 – Human Sexuality (3) (or Advanced Year)</i> MCFT 706 – Foundations of FT: Theory & Practice II (3) MCFT 707 – Human and Family Dev Across the Lifespan (3) MCFT 711 – Fdn CFT Practicum II (1) MCFT 722 – FT Supervision II (3) 10 or 13 credit hours	<i>MSSW 642 – Psychopathology (3) (or fall)</i> MCFT 712 – Adv CFT Practicum I (2) MCFT 723 – FT Supervision III (3) <u>5</u> or 8 credit hours
Fall (Year 2) Advanced Year	Spring (Year 2) Advanced Year	Graduation
<u>MSSW 642 – Psychopathology (3) (or summer)</u> MCFT 702 – Couple Therapy (3) MCFT 703 – Contemporary Issues in FT (3) MCFT 713 – Adv CFT Practicum II (1) MCFT 724 – FT Supervision IV (3) 13 or 10 credit hours	<u>MSSW 633 – Human Sexuality (3) (or in foundation year)</u> MCFT 704 – Integrating FT (3) MCFT 705 – Professional Issues & Ethics (3) MCFT 714 – Adv CFT Practicum III (1) MCFT 725 – FT Supervision V (3) 10 or <u>13</u> credit hours	Graduation in May This program of study fulfills all degree requirements for the MSCFT Program. Upon completion: Apply for Associate MFT Licensure

Note: Fdn = Foundation year; Adv = Advanced Year; Underline = recommended option; *Italics* = additional option.

Last Reviewed: April 2024
M.S. Couple & Family Therapy Program
University of Louisville – Kent School of Social Work & Family Science

MSCFT Curriculum Plan with Alcohol & Drug Counseling (ADC) Specialization (2-year, Full-time, MSCFT-Only) – 60 Hours + 9 Additional Hours

The 2-year program is for students who are able to carry a rigorous academic course load and are able to make financial arrangements that will allow them to focus on their academic obligations without working more than part-time. The Advanced Year (Year 2) Practicum must be a combined CFT & ADCS placement.

IMPORTANT: This curriculum plan begins in the FALL SEMESTER and must be followed carefully. Students must request admission to the ADC Specialization via the Specialization Survey during application to the MSCFT Program.

Fall (Year 1) Foundation Year	Spring (Year 1) Foundation Year	Summer (Between Year 1 & 2)
MSSW 601 – HBSE I (3) MCFT 700 – Foundations of FT: Theory & Practice (3) MCFT 701 – FT Assessment & Treatment I (3) MCFT 710 – Fdn CFT Practicum I (1) MCFT 721 – FT Supervision I (3) MSSW 661 – Special Issues in ADC (3) <p style="text-align: right;"><u>16</u> credit hours</p>	<u>MSSW 626 – Research Methodology & Design (3)</u> (or summer) MCFT 706 – Foundations of FT: Theory & Practice II (3) MCFT 707- Human and Family Dev Across the Lifespan (3) MCFT 711 – Fdn CFT Practicum II (1) MCFT 722 – FT Supervision II (3) MSSW 662 – Substance Use & Use Disorders (3) <p style="text-align: right;">13 or <u>16</u> credit hours</p>	MSSW 603 – Social Justice Practice (3) <i>MSSW 626 – Research Methodology & Design (3)</i> (or spring) MSSW 642 – Psychopathology (3) (or fall) MCFT 712 – Adv CFT Practicum I (2) MCFT 723 – FT Supervision III (3) <p style="text-align: right;"><u>8</u> or 11 credit hours</p>
Fall (Year 2) Advanced Year	Spring (Year 2) Advanced Year	Graduation
MSSW 642 – Psychopathology (3) (or summer) MCFT 702 – Couple Therapy (3) MCFT 703 – Contemporary Issues in FT (3) MCFT 713 – Adv CFT Practicum II (1) MCFT 724 – FT Supervision IV (3) MSSW 660 – Motivation & Change (3) <p style="text-align: right;"><u>13 or 16</u> credit hours</p>	MSSW 633 – Human Sexuality (3) MCFT 704 – Integrating FT (3) MCFT 705 – Professional Issues & Ethics (3) MCFT 714 – Adv CFT Practicum III (1) MCFT 725 – FT Supervision V (3) <p style="text-align: right;"><u>13</u> credit hours</p>	Graduation in May This program of study fulfills all degree requirements for the MSCFT Program. Upon completion: Apply for Associate MFT Licensure

Note: Fdn = Foundation year; Adv = Advanced Year; Underline = recommended option; *Italics* = additional option; **Bold** = ADC additions to MSCFT curriculum.

Last Reviewed: April 2024
 M.S. Couple & Family Therapy Program
 University of Louisville – Kent School of Social Work & Family Science

Dual-Degree MSSW-MSCFT Curriculum Plan (2-year, Full-time, MSSW-MSCFT) – 84 Hours

The 2-year program is for students who are able to carry a rigorous academic course load and are able to make financial arrangements that will allow them to focus on their academic obligations without working more than part-time. **IMPORTANT:** This curriculum plan begins in the FALL SEMESTER and is 5 semesters full-time. The plan must be followed carefully.

Fall (Year 1) Foundation Year	Spring (Year 1) Foundation Year	Summer (Between Year 1 & 2)
MSSW 601 – HBSE I (3) MSSW 604 – SW Practice I (3)* MSSW 610 – Fdn SW/CFT Practicum I (3)* MCFT 700 – Foundations of FT: Theory & Practice (3) MCFT 701 – FT Assessment & Treatment I (3) MCFT 721 – FT Supervision I (3)* <p style="text-align: right;">18 credit hours</p>	MSSW 602 – Social Welfare Institutions, Policies & Services (3) MSSW 605 – SW Practice II (3)* MSSW 611 – Fdn SW/CFT Practicum II (3)* MCFT 706 – Foundations of FT: Theory & Practice II (3) MCFT 707 – Human and Family Dev Across the Lifespan (3) MCFT 722 – FT Supervision II (3)* <p style="text-align: right;">18 credit hours</p>	MSSW 603 – Social Justice Practice (3) MSSW 622 – Issues in Policy & Service Delivery (3) MSSW 626 – Research Methodology & Design (3) MSSW 641 – Social Justice Policy (3) (or fall) MSSW 642 – Psychopathology (3) (or spring) MCFT 723 – FT Supervision III (3) <p style="text-align: right;">12 or 15 credit hours</p>
Fall (Year 2) Advanced Year	Spring (Year 2) Advanced Year	Graduation
MSSW 612 – Adv SW/CFT Practicum I (3) [†] MSSW 641 – Social Justice Policy (3) (or summer) MSSW 668 – Program Eval in SW (3) MCFT 702 – Couple Therapy (3) [†] MCFT 703 – Contemporary Issues in FT (3) MCFT 724 – FT Supervision IV (3) [†] <p style="text-align: right;">15 or 18 credit hours</p>	MSSW 613 – Adv SW/CFT Practicum II (3) [†] MSSW 642 – Psychopathology (3) (or summer) MSSW 677 – Mezzo/Integrative Practice (3) [†] MCFT 704 – Integrating FT (3) MCFT 705 – Professional Issues & Ethics (3) MCFT 725 – FT Supervision V (3) [†] <p style="text-align: right;">15 or 18 credit hours</p>	Graduation in May This program of study fulfills all degree requirements for the MSSW and MSCFT Programs. Upon completion: Apply for Associate MFT Licensure

* MSSW 604, MSSW 610, & MCFT 721 (Fall) and MSSW 605, MSSW 611, & MCFT 722 (Spring) must be taken simultaneously.

[†] MCFT 702, MSSW 612, and MCFT 724 (Fall) and MSSW 677, MSSW 613, & MCFT 725 (Spring) must be taken simultaneously.

Note: Fdn = Foundation year; Adv = Advanced Year. Also, MCFT 701 has been approved to replace MSSW 640 in the typical MSSW Curriculum for MSSW-MSCFT Dual-Degree Students.

OPTIONAL: Although a human sexuality course is not required, any students planning to move out of state are encouraged to look at LMFT licensure requirements for states to which they may move to decide whether it is in their best interest to take a human sexuality course as well.

When applying to the dual-degree MSSW/MSCFT 2-year plan, students should apply to the MSSW Program and the MSCFT Programs simultaneously.

Last Reviewed: April 2024
M.S. Couple & Family Therapy Program
University of Louisville – Kent School of Social Work & Family Science

Dual-Degree MSSW-MSCFT Curriculum Plan (3-year, Fall Start, MSSW-MSCFT) – 84 Hours

The 3-year MSSW-MSCFT Program option allows a student to complete some of their foundational social work courses and continue to work before beginning their CFT coursework. However, the course load becomes increased each year, and therefore, in the 2nd and especially the 3rd years, it would be very difficult to maintain anything more than part-time work. **IMPORTANT:** If applying to the MSSW 3-year plan, students may apply to the MSCFT degree simultaneously with the MSSW program, or they may wait until December of their 1st year to apply to the MSCFT program. Please watch MSCFT application deadlines closely. This curriculum plan begins in the FALL SEMESTER.

Fall (Year 1) Pre-CFT	Spring (Year 1) Pre-CFT	Summer (Between Year 1 & 2)
MSSW 601 – HBSE I (3) MSSW 602 – Social Welfare Institutions, Policies & Services (3) MSSW 603 – Social Justice Practice (3) <p style="text-align: right;"><u>9</u> credit hours</p>	MSSW 622 – Issues in Policy & Service Delivery (3) <u>MSSW 626 – Research Methodology & Design (3)</u> (or summer) <u>MCFT 707 – Human and Family Dev Across the Lifespan (3)</u>	<i>MSSW 626 – Research Methodology & Design (3)</i> (or spring or following summer) <p style="text-align: right;"><u>0</u> or 3 credit hours</p>
Fall (Year 2) Foundation Year	Spring (Year 2) Foundation Year	Summer (Between Year 2 & 3)
MSSW 604 – SW Practice I (3)* MSSW 610 – Fdn SW/CFT Practicum I (3)* MCFT 700 – Foundations of FT: Theory & Practice (3) MCFT 701 – FT Assessment & Treatment I (3) MCFT 721 – FT Supervision I (3)* <p style="text-align: right;"><u>15</u> credit hours</p>	MSSW 605 – SW Practice II (3)* MSSW 611 – Fdn SW/CFT Practicum II (3)* MCFT 706 – Foundations of FT: Theory & Practice II (3) MCFT 722 – FT Supervision II (3)* <p style="text-align: right;"><u>12</u> credit hours</p>	<i>MSSW 626 – Research Methodology & Design (3)</i> (or spring or prior summer) <i>MSSW 641 – Social Justice Policy (3)</i> (or fall) <i>MSSW 642 – Psychopathology (3)</i> (or spring) MCFT 723 – FT Supervision III (3) <p style="text-align: right;"><u>3</u>, 6, 9 or 12 credit hours</p>
Fall (Year 3) Advanced Year	Spring (Year 3) Advanced Year	Graduation
MSSW 612 – Adv SW/CFT Practicum I (3) [†] <u>MSSW 641 – Social Justice Policy (3)</u> (or summer) MSSW 668 – Program Eval in SW (3) MCFT 702 – Couple Therapy (3) [†] MCFT 703 – Contemporary Issues in FT (3) MCFT 724 – FT Supervision IV (3) [†] <p style="text-align: right;">15 or <u>18</u> credit hours</p>	MSSW 613 – Adv SW/CFT Practicum II (3) [†] MSSW 642 – Psychopathology (3) (or summer) MSSW 677 – Mezzo/Integrative Practice (3) [†] MCFT 704 – Integrating FT (3) MCFT 705 – Professional Issues & Ethics (3) MCFT 725 – FT Supervision V (3) [†] <p style="text-align: right;"><u>15 or 18</u> credit hours</p>	Graduation in May This program of study fulfills all degree requirements for the MSSW and MSCFT Programs. Upon completion: Apply for Associate MFT Licensure

* MSSW 604, MSSW 610, & MCFT 721 (Fall) and MSSW 605, MSSW 611, & MCFT 722 (Spring) must be taken simultaneously.

[†] MCFT 702, MSSW 612, and MCFT 724 (Fall) and MSSW 677, MSSW 613, & MCFT 725 (Spring) must be taken simultaneously.

Note: Fdn = Foundation year; Adv = Advanced Year; Underline = recommended option; *Italics* = additional option. Also, MCFT 701 has been approved to replace SW 640 in the typical MSSW Curriculum for MSSW-MSCFT Dual-Degree Students.

OPTIONAL: Although a human sexuality course is not required, any students planning to move out of state are encouraged to look at LMFT licensure requirements for states to which they may more to decide whether it is in their best interest to take a human sexuality course as well.

Last Reviewed: July 2024
M.S. Couple & Family Therapy Program
University of Louisville – Kent School of Social Work & Family Science

Dual-Degree MSCFT with Advanced Standing MSSW Curriculum Plan (2-year, Full-time, MSSW-MSCFT) – 65 Hours

The 2-year program is for students who earned a BSW from an approved institution that allows for reduced MSSW coursework, who are able to carry a rigorous academic course load, and who are able to make financial arrangements that will allow them to focus on their academic obligations without working more than part-time.

IMPORTANT: This curriculum plan begins in the FALL SEMESTER and must be followed carefully.

Fall (Year 1) Foundation Year	Spring (Year 1) Foundation Year	Summer (Between Year 1 & 2)
MSSW 681 – Social Gerontology (3) ^ MCFT 700 – Foundations of FT: Theory & Practice (3) MCFT 701 – FT Assessment & Treatment I (3) MCFT 710 – Fdn CFT Practicum I (1) MCFT 721 – FT Supervision I (3) <p style="text-align: right;">13 credit hours</p>	MSSW 633 – Human Sexuality (3) ^ MCFT 706 – Foundations of FT: Theory & Practice II (3) MCFT 707 – Human and Family Dev Across the Lifespan (3) MCFT 711 – Fdn CFT Practicum II (1) MCFT 722 – FT Supervision II (3)* <p style="text-align: right;">13 credit hours</p>	MSSW 641 – Social Justice Policy (3) (or fall) MSSW 642 – Psychopathology (3) (or spring) MCFT 723 – FT Supervision III (3) <p style="text-align: right;">3, 6, or 9 credit hours</p>
Fall (Year 2) Advanced Year	Spring (Year 2) Advanced Year	Graduation
MSSW 612 – Adv SW/CFT Practicum I (3) † MSSW 641 – Social Justice Policy (3) (or summer) MSSW 668 – Program Eval in SW (3) MCFT 702 – Couple Therapy (3) † MCFT 703 – Contemporary Issues in FT (3) MCFT 724 – FT Supervision IV (3) † <p style="text-align: right;">15 or 18 credit hours</p>	MSSW 613 – Adv SW/CFT Practicum II (3) † MSSW 642 – Psychopathology (3) (or summer) MSSW 677 – Mezzo/Integrative Practice (3) † MCFT 704 – Integrating FT (3) MCFT 705 – Professional Issues & Ethics (3) MCFT 725 – FT Supervision V (3) † <p style="text-align: right;">15 or 18 credit hours</p>	Graduation in May This program of study fulfills all degree requirements for the MSSW Advanced Standing Program and MSCFT Programs. Upon completion: Apply for Associate MFT Licensure

† MCFT 702, MSSW 612, and MCFT 724 (Fall) and MSSW 677, MSSW 613, & MCFT 725 (Spring) must be taken simultaneously.

^ If either Social Gerontology or Human Sexuality were taken in the BSW program, then a different human development course must be taken. Other options are (a) Social Work Practice with Older Adults or (b) Death & Grief. Students are also free to petition to take a human development course in another department with prior approval from the CFT Program Director.

Note: Fdn = Foundation year; Adv = Advanced Year; Also, MCFT 701 has been approved to replace SW 640 in the typical MSSW Curriculum for MSSW-MSCFT Dual-Degree Students.

OPTIONAL: Although a human sexuality course is not required, any students planning to move out of state are encouraged to look at LMFT licensure requirements for states to which they may move to decide whether it is in their best interest to take a human sexuality course as well.

Last Reviewed: July 2024
M.S. Couple & Family Therapy Program
University of Louisville – Kent School of Social Work & Family Science

Dual-Degree MSSW-MSCFT Curriculum Plan (3-year, Spring Start, MSSW-MSCFT) – 84 Hours

The 3-year MSSW-MSCFT Program option allows a student to complete some of their foundational social work courses and continue to work before beginning their CFT coursework. However, the course load becomes increased each year, and therefore, in the 2nd and especially the 3rd years, it would be very difficult to maintain anything more than part-time work.

IMPORTANT: If applying to the MSSW 3-year plan, students may apply to the MSCFT degree simultaneously with the MSSW program, or they may wait until December of their 1st year to apply to the MSCFT program. Please watch MSCFT application deadlines closely. Also, this curriculum plan begins in the SPRING SEMESTER and must be followed carefully.

	Spring (Year 1) Pre-CFT	Summer (Between Year 1 & 2)
	MSSW 601 – HBSE I (3) MSSW 602 – Social Welfare Institutions, Policies & Services (3) <u>MSSW 626 – Research Methodology & Design (3)</u> (or summer) 6 or <u>9</u> credit hours	MSSW 603 – Social Justice Practice (3) MSSW 622 – Issues in Policy & Service Delivery (3) <u>6</u> credit hours
Fall (Year 2) Foundation Year	Spring (Year 2) Foundation Year	Summer (Between Year 2 & 3)
MSSW 604 – SW Practice I (3)* MSSW 610 – Fdn SW/CFT Practicum I (3)* MCFT 700 – Foundations of FT: Theory & Practice (3) MCFT 701 – FT Assessment & Treatment I (3) MCFT 721 – FT Supervision I (3)* <u>15</u> credit hours	MSSW 605 – SW Practice II (3)* MSSW 611 – Fdn SW/CFT Practicum II (3)* MCFT 706 – Foundations of FT: Theory & Practice II (3) MCFT 707 – Human and Family Dev Across the Lifespan (3) MCFT 722 – FT Supervision II (3)* <u>15</u> credit hours	<i>MSSW 626 – Research Methodology & Design (3)</i> (or spring) <i>MSSW 641 – Social Justice Policy (3)</i> (or fall) <i>MSSW 642 – Psychopathology (3)</i> (or spring) MCFT 723 – FT Supervision III (3) <u>3, 6, 9, or 12</u> credit hours
Fall (Year 3) Advanced Year	Spring (Year 3) Advanced Year	Graduation
MSSW 612 – Adv SW/CFT Practicum I (3)† <u>MSSW 641 – Social Justice Policy (3)</u> (or summer) MSSW 668 – Program Eval in SW (3) MCFT 702 – Couple Therapy (3)† MCFT 703 – Contemporary Issues in FT (3) MCFT 724 – FT Supervision IV (3)† 15 or <u>18</u> credit hours	MSSW 613 – Adv SW/CFT Practicum II (3)† MSSW 642 – Psychopathology (3) (or summer) MSSW 677 – Mezzo/Integrative Practice (3)† MCFT 704 – Integrating FT (3) MCFT 705 – Professional Issues & Ethics (3) MCFT 725 – FT Supervision V (3)† <u>15 or 18</u> credit hours	Graduation in May This program of study fulfills all degree requirements for the MSSW and MSCFT Programs. Upon completion: Apply for Associate MFT Licensure

* MSSW 604, MSSW 610, & MCFT 721 (Fall) and MSSW 605, MSSW 611, & MCFT 722 (Spring) must be taken simultaneously.

† MCFT 702, MSSW 612, and MCFT 724 (Fall) and MSSW 677, MSSW 613, & MCFT 725 (Spring) must be taken simultaneously.

Note: Fdn = Foundation year; Adv = Advanced Year; Underline = recommended option; *Italics* = additional option. Also, MCFT 701 has been approved to replace SW 640 in the typical MSSW Curriculum for MSSW-MSCFT Dual-Degree Students.

OPTIONAL: Although a human sexuality course is not required, any students planning to move out of state are encouraged to look at LMFT licensure requirements for states to which they may more to decide whether it is in their best interest to take a human sexuality course as well.

Last Reviewed: May 2024

M.S. Couple & Family Therapy Program

University of Louisville – Kent School of Social Work & Family Science

Appendix C – Student Information Form

Student Information Form

Student Name: _____ Today's Date: _____

Home Phone: _____ Cell Phone: _____

Current Address: _____

U of L Email Address: _____ Alternate Email Address: _____

Emergency Contact Person: _____ Relationship: _____

Phone Number: _____ Secondary Phone Number: _____

Program (Circle one):

MSCFT only

MSCFT w/ADC

Dual Degree MSSW/MSCT

Advanced Year Practicum Site: _____

Task Supervisor: _____

Task Sup Phone: _____ Email Address: _____

Supervisor of Record: _____

Phone: _____ Sup Email address: _____

Practicum MSSW Practicum Liaison Name (for dual-degree students only): _____

CFT Supervision Instructor: _____
(from MCFT 721 & MCFT 722, or from MCFT 723, MCFT 724, & MCFT 725)

Appendix D – Acknowledgement of Student Handbook Form

Kent School of Social Work & Family Science Couple and Family Therapy Program

Student Acknowledgement of Receipt of Student Handbook

This form acknowledges receipt of the Couple and Family Therapy (CFT) Program Student Policies and Procedures Handbook, in the form of a link to the Handbook online. It is understood that the CFT Program Student Policies and Procedures Handbook includes important information related to program requirements, including requirements for academic performance, clinical performance, and professional conduct. I understand that the CFT Program will periodically review its Student Policies and Procedures Handbook in order to comply with changes to the mission or requirements of the University of Louisville, requirements of the Commission on Accreditation for Marriage and Family Therapy Education, mandates of the Kentucky Board of Licensure for Marriage and Family Therapy, or state or federal laws. The CFT Program reserves the right to change information, policies, and procedures in the CFT Program Student Policies and Procedures Handbook. I understand that such changes may occur without notice and I agree to periodically check the online version of the CFT Program Student Policies and Procedures Handbook for the latest version.

Signature: _____

Date: _____

Printed Full Name: _____

Appendix E – Student Acknowledgement of Tele-health Policies Form



Acknowledgement of Tele-Mental Health Procedures for Student Therapists Couple & Family Therapy Program | University of Louisville

1. I agree that I will not participate in any Tele-Mental Health Services on behalf of the University of Louisville Couple & Family Therapy (CFT) Program until completing SW 701 or a different tele-mental health training approved by the CFT Clinical Director.
2. I agree to adhere strictly to the tele-mental health procedures outlined in the Tele-Mental Health Policies & Procedures section of the CFT Student Handbook, as well as all protocol provided to me for arranging and implementing tele-mental health services.
3. I agree that all tele-mental health sessions will be done in a private place. This means being in a closed room without any interruptions. No sessions will be conducted in front of others outside of the CFT Program (e.g., roommates, spouses, children) nor will they be conducted in a public place or while driving.
4. I will complete all required documentation for tele-mental health sessions (i.e., Tele-Mental Health Progress Notes) within a timely manner and store documents securely using the procedures outlined in the Tele-Mental Health Policies & Procedures section of the Student Handbook.
5. I will complete both Individual and Group Supervision during their regularly scheduled times or as outlined by my CFT Supervisor.
6. During supervision, I will only use client names or additional identifying information when using a secure, HIPAA-compliant tele-mental health program. When such a program is not available, I will only use client initials and no identifying information.
7. I will continue to submit all CFT Hours Logs as required for all clinical and supervision contact by the 10th of each month.
8. I will continue to adhere to policies regarding client contact. I will continue to check my voicemail and email regularly.
9. I will make sure all clients are aware of how to reach me via my voicemail in case of a full University closure.
10. I agree to not meet with a client face-to-face (in person) outside of my current, existing, approved practicum or supervision site.
11. I understand that no face-to-face contact be conducted in the Relational Solutions clinics without prior and special approval from the Clinical Director.

I have read, fully understand, and agree to these conditions of tele-mental health sessions as a couple and family therapist student intern. I understand that failure to follow these requirements may result in my failure to successfully pass clinical practicum and/or will result in removal from the CFT Program at the University of Louisville.

Student Name: _____

Student Signature: _____ **Date:** _____

Version 2 (07/23/2021)

Appendix F – Regulatory Variance Acknowledgement Form

At this time, there is no national license in marriage and family therapy that would allow marriage and family therapists to easily transport their degree or license from one state to another. However, graduates of a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), as the Couple and Family Therapy Program at the University of Louisville is, will have their degrees and practicum experiences recognized by MFT licensing boards in most other states. This recognition significantly streamlines the process for becoming licensed in another state.

Our program meets the requirements for licensure in the state of Kentucky. If a student plans to be licensed in another state, that student might need to take additional coursework and/or an exam in that another state because laws pertaining to mental health practice vary by state to state. Because states and regulatory boards can change their laws and policies at any time, the University of Louisville cannot guarantee our degree and practicum experience will meet future licensing laws out of state. With that said, our program is committed to reliable educational standards, instructional quality, public transparency, and student learning outcomes set by COAMFTE, to ensure our students' degrees are as transportable as possible.

If you know that you plan to pursue licensure in a state other than Kentucky, it is best to contact that state's board directly for the most up to date information. Students can learn more about the requirements of MFT licenses in other states at <https://amftrb.org/resources/state-licensure-comparison/>

We also retain a copy of the most up-to-date state licensure comparison chart from the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) on our university server, which can be accessed at the following link: <https://louisville.box.com/s/5friqg97jm37105o1nhyl3skpbcti24u>

By signing this form below, you acknowledge that you have been informed and are aware that licensing regulations may differ across states and provinces.

Student Signature: _____ Date: _____

Appendix G –Evaluation of Practicum Site & Experience

Site: _____

Date:

Site Supervisor: _____

Semester:

Student: _____

To assess the effectiveness of your practicum site and experience, please answer the questions below and make ratings where indicated using this scale:

A. Ratings:

	Inadequate		Adequate		Outstanding
1. Overall assessment of practicum experience	1	2	3	4	5
2. Sufficient number and variety of clinical cases	1	2	3	4	5
3. Satisfaction ability to videotape	1	2	3	4	5
4. Satisfaction with on-site supervisor	1	2	3	4	5
5. Contribution to your growth as a family therapist	1	2	3	4	5

B. Narrative comments:

1. Please comment on the administrative aspects and structure at your practicum.

2. What contributed most to your growth as a Marriage and Family Therapist?

3. Suggestions for improvement of this practicum:

Student's Signature

Date

Appendix H – Evaluation of CFT Community Mentor

(distributed as an online survey via Qualtrics)

Your Name: _____

The following set of questions will ask about your evaluation of your community mentor. This evaluation is confidential, and your responses will only be visible to the CFT Program Director and the CFT Program Coordinator. First, please provide the following information about your mentor.

Who was your community mentor? _____

How frequently did you typically meet with your mentor?

- Weekly
- Every other week
- Monthly
- Every other month
- Once a semester

How long did your meetings with your mentor typically last?

- Fewer than 30 minutes
- 30-60 minutes
- 60-90 minutes
- Longer than 90 minutes

What percentage of the time did you spend with your mentor on each of the following modalities:

_____ % case discussion _____ % reviewing audio or videotapes
 _____ % professional development _____ % other; please specify _____

Please rate each of the following statements:

	None	Some	Moderate	A lot	Very much
1. My mentor keeps all scheduled appointments.	1	2	3	4	5
2. My mentor is on time for appointments.	1	2	3	4	5
3. My mentor allows time to discuss professional development issues.	1	2	3	4	5
4. My mentor provides feedback which relates specifically to cases and my learning goals.	1	2	3	4	5
5. My mentor provides feedback relating to issues of client care.	1	2	3	4	5
6. My supervisor provides appropriate feedback related to personal issues affecting professional work and identity.	1	2	3	4	5
7. My mentor offers input, critique, and alternative models relating to the development of clinical skills.	1	2	3	4	5
8. My mentor refers to appropriate readings or other learning opportunities, if necessary.	1	2	3	4	5

9. My mentor attends to empirical information needed to make theoretical and treatment decisions.	1	2	3	4	5
10. My mentor encourages me to discuss what I need in the supervisory relationship.	1	2	3	4	5
11. My mentor assists me in my efforts to integrate theory and practice necessary to becoming a family therapist.	1	2	3	4	5
12. My mentor helps me making diagnostic assessments and assists me in learning how to complete assessment write-ups.	1	2	3	4	5
13. My mentor assists me in thinking through ethical considerations of cases.	1	2	3	4	5
14. My mentor assists me in learning clinical techniques and skills related to engagement, assessment, treatment planning, and treatment intervention.	1	2	3	4	5

Please provide any additional comments about your community mentor experience that might be helpful for us to know.

Appendix I – Program Director Evaluation

(distributed as an online survey via Qualtrics)

CFT Program Director (PD) Evaluation

To assess the effectiveness of the Couple & Family Therapy Program Director, please answer the following questions below. Answers to this survey are anonymous.

Which of the following options describes your primary role in the program at this time?

- Foundation (1st) Year Student
- Advanced (2nd) Year Student
- Faculty
- Alumni
- Community Mentor
- Practicum Supervisor

Please indicate how effective the Program Director was in the following areas:

1. Focusing the program on program goals, student learning outcomes, best practice, and state licensure requirements?

Negligible	Poorly	Adequately	Moderately	Exceptionally	N/A to my Role

2. Providing, revising, and explaining program policy in ways that are fair and equitable?

Negligible	Poorly	Adequately	Moderately	Exceptionally	N/A to my Role

3. Efforts to enroll, retain, and graduate a Culturally Diverse student body?

Negligible	Poorly	Adequately	Moderately	Exceptionally	N/A to my Role

4. Providing and ensuring the continuance of high quality instruction in the CFT Program?

Negligible	Poorly	Adequately	Moderately	Exceptionally	N/A to my Role

5. Focusing the program on a professional identity with AAMFT and insuring that all documents and procedures align with that outcome?

Negligible	Poorly	Adequately	Moderately	Exceptionally	N/A to my Role

6. Providing and/or managing fiscal and physical resources to meet the needs of the educational program?

Negligible	Poorly	Adequately	Moderately	Exceptionally	N/A to my Role

7. Ensuring an educational approach that includes the teaching of ideas and prof practices for CFTs that address diversity, including but not limited to race, age, gender, ethnicity, sexual

orientation, gender identity, socioeconomic status, disability, health status, religious spiritual or political beliefs, nation of origin and other relevant social categories, immigration, or language?

Negligible	Poorly	Adequately	Moderately	Exceptionally	N/A to my Role

8. Stressing the importance of COAMFTE Accreditation and maintaining the requirements through curriculum review, student performance, community satisfaction, and focused faculty discussion?

Negligible	Poorly	Adequately	Moderately	Exceptionally	N/A to my Role

9. Demonstrating that academic resources (e.g., library, advising, writing center), and student support services (e.g., access to counseling, financial advising, disability resource center, and student advocate) are accessible to students and sufficient to achieve programs mission, goals, and outcomes?

Negligible	Poorly	Adequately	Moderately	Exceptionally	N/A to my Role

Please provide any additional comments that might help us evaluate the Program Director in this role.

Additional General Comments:

Appendix J – Responsibility Structure of MSCFT Program

Area	Person(s) Responsible	Address Questions/Concerns To:
MSCFT Class Topics and Activities (e.g., 710, 714, 700, 706)	1. Instructor	1 st – Instructor at least once, but usually multiple times 2 nd – MSCFT Program Director
MSCFT Curriculum Content, Structure and Sequence	1. MSCFT Program Director	MSCFT Program Director
MSCFT-only Practicum Concerns	1. On-site Supervisor 2. MSCFT Supervisor 3. MSCFT Clinical Director	1 st – On-site Supervisor at least once, but usually multiple times 2 nd – MSCFT Supervisor, at least once 3 rd – MSCFT Clinical Director 4 th – MSCFT Program Director
MSSW Class Topics and Activities (e.g., 601, 619, 677)	1. Instructor 2. Course/Sequence Chair	1 st – Instructor at least once, but usually multiple times 2 nd – MSSW Program Director
MSSW Curriculum Content, Structure, and Sequence	1. MSSW Curriculum Committee 2. MSSW Program Director 3. Kent School Associate Dean for Academic Affairs	1 st – MSSW Program Director 2 nd –MSSW Curriculum Committee 3 rd – Kent School Associate Dean for Academic Affairs
MSSW-MSCFT Practicum Concerns	1. On-Site Supervisor 2. MSCFT Supervisor 3. MSSW Practicum Liaison 4. MSCFT Clinical Director	1 st – On-site Supervisor, at least once 2 nd – MSCFT Supervisor, at least once & MSSW Practicum Liaison, at least once, but usually multiple times 3 rd – MSCFT Clinical Director 4 th – Kent School Practicum Education Director & MSCFT Program Director
Kent School Practicum Legal & Safety Policies	1. Kent School Practicum 2. Education Director	1 st – Kent School Practicum Education Coordinator 2 nd – Kent School Practicum Education Director
Kent School Instructional Regulations & Procedures	1. Kent School 2. Associate Dean for Academic Affairs	Kent School Associate Dean for Academic Affairs

Appendix L – CFT Supervisee Evaluation Form

Couple and Family Therapy Supervisee Evaluation Form

Student: _____

Supervision Course #: _____

Date of Report:

Practicum Placement Site: _____

CFT Clinical Supervisor:

Time Period: From _____ to _____
Date Date

Overview

When the student has completed the first semester of clinical experience (as with each subsequent semester), the clinical supervisor will determine the student's progress and will meet with the student to review and discuss the evaluation, sign the form, and return it to the Family Therapy Office. The purpose and intent of the evaluation process is to specify for the student and supervisor the specific skill sets that the practicum will address. This does not mean other skills will not be tapped, but that the skills here detailed are considered critical to establish while in training. The evaluation process is designed to give the student frequent and specific feedback regarding their clinical development.

Evaluation Criteria

The evaluation criteria will be the focus of each practicum experience and supervision. Each student will be expected to work toward and eventually achieve proficiency in all the skill objectives by the time they finish the program. Each objective has several sub-tasks that may or not be tapped in the first clinical cases but it is expected that over the course of the program they will be. The criteria to measure the skill development is designed to highlight areas for new or special focus (**Needs Attention**), to recognize beginning progress (**Needs Attention but Progressing**), to recognize progress appropriate to the current stage of skill development (**Successful Progress**), to recognize growing proficiency (**Near Proficiency**), and finally to document skill acquisition considered proficient for someone who has completed their masters level training (**Proficient**). The **Proficient** rating will only begin to be used in the second year of the program once focused live supervision is routine.

Guidelines for Skill Acquisition:

For a first semester student (MCFT 721), it is expected that the student demonstrate **Successful Progress** in Objectives in at least 5 skill objectives in order to be considered making appropriate progress. By the end of the second semester (MCFT 722) the student is expected to demonstrate **Successful Progress** in all of the skill objectives.

For a fall semester second year student, expectations are that by the end of fall practicum (MCFT 724), the student has demonstrated increased proficiency in several skill objectives, enough so that they receive a **Proficient** rating in several skill categories. The specific number of **Proficient** ratings for fall semester is not quantified because of the variance of student development and case assignment. However, by the end of spring semester (MCFT 725), all skill area objectives must be able to receive a **Proficient** rating.

Objectives	Overall Rating (Circle or Underline Rating)				
1. Initiates & establishes treatment relationships	Needs Attention (1)	Needs Attention but Progressing (2)	Successfully Progressing (3)	Near Proficiency (4)	Demonstrates Proficiency (5)
<p><u>Evaluation points include:</u></p> <ul style="list-style-type: none"> • Responds empathically with client(s) experience Demonstrates warmth. • Attends to all family members • Demonstrates appropriate sense of humor • Reassures client / family that problem is of real importance. • Helps family define their needs. • Defines treatment relationship with clients • Expresses realistic hopeful expectations with family • Structures session appropriately • Demonstrates ability to join cross-culturally <p style="text-align: right;"><i>(Student Learning Outcome 2)</i></p>	<p><u>Comments on Specific Areas:</u></p>				

Objectives	Overall Rating (Circle or Underline Rating)				
2. Basic attending skills	Needs Attention (1)	Needs Attention but Progressing (2)	Successfully Progressing (3)	Near Proficiency (4)	Demonstrates Proficiency (5)
<p><u>Evaluation points include:</u></p> <ul style="list-style-type: none"> • Appropriate verbal following of client's story and self-presentation. • Uses verbal and non-verbal encouragers to stimulate client's presentation. • Uses open-ended questions to encourage client disclosure. • Accurately paraphrases in session. • Accurately reflects feelings in session. • Uses summarization appropriate in session. • Appropriate use of body posture & gestures in session to facilitate counseling process. <p style="text-align: right;"><i>(Student Learning Outcome 2)</i></p>	<p><u>Comments on Specific Areas:</u></p>				

Objectives	Overall Rating (Circle or Underline Rating)				
3. Capacity to maintain self-differentiation in session	Needs Attention (1)	Needs Attention but Progressing (2)	Successfully Progressing (3)	Near Proficiency (4)	Demonstrates Proficiency (5)
<p><u>Evaluation points include:</u></p> <ul style="list-style-type: none"> • Is able to regulate own anxiety in counseling sessions without verbally or behaviorally impeding the session. • Can critically self-reflect in supervision about personal issues that impede or enhance therapy effectiveness. • Is willing to take responsibility for personal issues affecting sessions. • Respects boundaries with clients and organizational systems under supervision. • Can articulate boundary issues arising in their work and demonstrates conscious control of these under supervision. • <p style="text-align: right;"><i>(Student Learning Outcome 4)</i></p>	<p><u>Comments on Specific Areas:</u></p>				

Objectives	Overall Rating (Circle or Underline Rating)				
4. Ability to make good use of clinical supervision	Needs Attention (1)	Needs Attention but Progressing (2)	Successfully Progressing (3)	Near Proficiency (4)	Demonstrates Proficiency (5)
<p><u>Evaluation points include:</u></p> <ul style="list-style-type: none"> • Is open to supervision intervening with technical skills in session. • Is open to supervision intervening with use of self in a session. • Is open to supervisor presenting the need for critical self-reflection about feelings, behavior or personal issues affecting sessions. • Follows through on supervisory interventions. • Is able to engage supervisor and ask for what is needed. <p style="text-align: right;"><i>(Student Learning Outcomes 1, 2, 3, 4)</i></p>	<p><u>Comments on Specific Areas:</u></p>				

Objectives	Overall Rating (Circle or Underline Rating)				
5. Ability to observe/articulate family & individual process.	Needs Attention (1)	Needs Attention but Progressing (2)	Successfully Progressing (3)	Near Proficiency (4)	Demonstrates Proficiency (5)
<p><u>Evaluation points include:</u></p> <ul style="list-style-type: none"> • Is able to make accurate structural observations – boundaries, generational hierarchies, etc. • Can identify family emotional processes – triangulation, fusion, cut-off, etc. • Accurately identifies power structures and issues in family process • Is able to translate observed family interaction in session into a process articulation. <p style="text-align: right;"><i>(Student Learning Outcome 3)</i></p>	<p><u>Comments on Specific Areas:</u></p>				

Objectives	Overall Rating (Circle or Underline Rating)				
6. Conceptualize family processes using traditional and contemporary family systems theories	Needs Attention (1)	Needs Attention but Progressing (2)	Successfully Progressing (3)	Near Proficiency (4)	Demonstrates Proficiency (5)
<p><u>Evaluation points include:</u></p> <ul style="list-style-type: none"> • Can use multiple theoretical orientations to conceptualize a case. • Is able to relate in-session behaviors to a clinical theory to organize observations. • Understands observed processes and how they relate to client complaints and treatment • Is able to relate clinical conceptualizations to plan for change. • <p style="text-align: right;"><i>(Student Learning Outcome 1)</i></p>	<p><u>Comments on Specific Areas:</u></p>				

Objectives	Overall Rating (Circle or Underline Rating)				
7. Establishes verbal and written assessments	Needs Attention (1)	Needs Attention but Progressing (2)	Successfully Progressing (3)	Near Proficiency (4)	Demonstrates Proficiency (5)
<p><u>Evaluation points include:</u></p> <ul style="list-style-type: none"> • Is able to build a verbal consensus with the family regarding the definition of the problem. • Is able to verbally connect (for the family) the consensus for what needs improving with a general sense of how to proceed. • Is able to write an assessment summary for the case record and in a timely manner. <p style="text-align: right;"><i>(Student Learning Outcomes 2, 4)</i></p>	<p><u>Comments on Specific Areas:</u></p>				

Objectives	Overall Rating (Circle or Underline Rating)				
8. Establishes verbal and written treatment / action plans	Needs Attention (1)	Needs Attention but Progressing (2)	Successfully Progressing (3)	Near Proficiency (4)	Demonstrates Proficiency (5)
<p><u>Evaluation points include:</u></p> <ul style="list-style-type: none"> • Is able to establish an appropriate plan of action that relates to observations and case conceptualization. • Insures that a consensus for change is built before proceeding on the plan of action • Can plan specific strategies for achieving objectives of the case plan. <p style="text-align: right;"><i>(Student Learning Outcomes 3, 4)</i></p>	<p><u>Comments on Specific Areas:</u></p>				

Objectives	Overall Rating (Circle or Underline Rating)				
9. Implementation / Technical skill	Needs Attention (1)	Needs Attention but Progressing (2)	Successfully Progressing (3)	Near Proficiency (4)	Demonstrates Proficiency (5)
<p><u>Evaluation points include:</u></p> <ul style="list-style-type: none"> • Is able to carry out specific techniques in session that are planned in supervision. • Can evaluate effectiveness of treatment interventions while in session or in subsequent supervision. • Can relate interventions / evaluation of interventions to treatment plan and strategy. <p style="text-align: right;"><i>(Student Learning Outcomes 3)</i></p>	<p><u>Comments on Specific Areas:</u></p>				

Objectives	Overall Rating (Circle or Underline Rating)				
10. Consider Cultural Factors in Case Conceptualization, Treatment Planning, and Treatment	Needs Attention (1)	Needs Attention but Progressing (2)	Successfully Progressing (3)	Near Proficiency (4)	Demonstrates Proficiency (5)
<p><u>Evaluation points include:</u></p> <ul style="list-style-type: none"> • Can articulate relevant cultural factors when describing a case conceptualization • Can consider strengths related to clients' cultural backgrounds • Includes cultural considerations when creating treatment plans and implementing interventions • Uses self-disclosure appropriately when working cross-culturally with clients <p style="text-align: right;"><i>(Student Learning Outcomes 2, 3, 5)</i></p>	<p><u>Comments on Specific Areas:</u></p> <p><i>*Passed Cultural Competence assignment on the first submission? YES/NO</i></p> <p><i>**Presented a case once this semester through video or live supervision and discussed ways cultural issues were addressed? YES/NO</i></p>				

Objectives	Overall Rating (Circle or Underline Rating)				
11. Professional ethics, legal issues / standards of practice	Needs Attention (1)	Needs Attention but Progressing (2)	Successfully Progressing (3)	Near Proficiency (4)	Demonstrates Proficiency (5)
<p><u>Evaluation points include:</u></p> <ul style="list-style-type: none"> • Is aware of basic ethical issues for the practice of Marriage and Family Therapy – confidentiality, informed consent, boundaries in therapy, etc. • Understands basic therapeutic legal issues – duty to warn, child abuse, etc. • Is able to adhere to the standards of practice (e.g. writes appropriate clinical records, professional and collegial collaboration, adherence to administrative procedures). • Is aware of and able to adhere to policies that ensure technological resources are secure and confidential, according to state, provincial and federal guidelines. <p style="text-align: right;"><i>(Student Learning Outcome 4)</i></p>	<p><u>Comments on Specific Areas:</u></p>				

Objectives	Overall Rating (Circle or Underline Rating)				
12. Professional Behavior	Needs Attention (1)	Needs Attention but Progressing (2)	Successfully Progressing (3)	Near Proficiency (4)	Demonstrates Proficiency (5)
<p><u>Evaluation points include:</u></p> <ul style="list-style-type: none"> • Attends scheduled supervision meetings and shifts at practicum site • Arrives to supervision and practicum site on time • Communicates with CFT and on-site supervisor promptly and professionally regarding schedule changes and clinical concerns • Completes all required supervision assignments on time • Adheres to practicum and live supervision dress code • Completes all administrative tasks, including documentation, in a timely manner consistent with legal requirements and ethical principles <p style="text-align: right;"><i>(Student Learning Outcome 4)</i></p>	<p><u>Comments on Specific Areas:</u></p>				

Summative Comments:

Supervisor

Date

Student

Date

v. 08/15/2024

Appendix M – Instructions for Video Recording & Storage

Video Storage Procedures for Fall 2024

Couple & Family Therapy Program
Kent School of Social Work & Family Science, University of Louisville

Videos containing client images and voices must be stored in a HIPAA-compliant manner. To do so, they must be protected from reasonable threats to confidentiality. Our procedures include (1) automatically recording files to an encrypted USB drive temporarily, and (2) moving these files to your university-sponsored CardBox account until the file is deleted. To begin, please request the following items:

- 1. Request an encrypted USB drive from Danette.** The CFT Program has purchased USB drives to use for video recording. Please request one from Danette. Keep in mind: This item is the property of the CFT Program and must be returned when you leave the program. If lost or damaged, you are responsible for paying the cost to replace it.
- 2. Request CardBox Account.** All of your videos should be stored on CardBox, which is the online data storage system the university uses (free to students). To request an account, please go to <https://louisville.edu/its/cardbox/>. Click on “How to Signup.” When a new page loads, click on “Request an Account.” From there, you will login to your U of L account using your username (e.g., Imcomp03). Once logged in, click on the “Requests” tab. Then, select “Request Access,” and take the following steps:
 - A.** Under Step 1, check the “Include Self” box. Your last name, first name, and user ID should appear.
 - B.** Under Step 2, select “Accounts” from the Access Catalog dropdown menu. Select “Cardbox,” and click “Done.”
 - C.** Under Step 3, select “Permanent.”
 - D.** Under Step 4, enter a comment in the comment box. This part is required to submit the request. Entering “Requesting Cardbox” or “Request for Cardbox” is sufficient. Then, click the “Submit Request” button.

Once your request is submitted successfully, a pop-up will appear. Once your CardBox account is created, you will receive an email to your University of Louisville email inviting you to use CardBox. Follow the prompts in the email to activate your CardBox Account.

- 3. Record video and save file directly to the encrypted USB drive.** You will use your personal laptop to record sessions. A phone or personal camera may not be used. Before recording a video, first you must instruct the program to automatically save the file to your encrypted USB drive. The steps to do so will likely vary by computer, and you will need to have the encrypted USB drive inserted into your computer. As an example, my PC computer allows me to open a program called, “Camera.” Once open, there is the image of a small gear in the top left corner indicating Settings. Clicking on the gear displays a menu that, after scrolling to the bottom, offers an option to, “Change where Photos and Videos are Saved.” Clicking on that option opens the settings, where I can select the USB drive from a dropdown menu under “New photos and videos will save to:”. Please practice to confirm this procedure was successful before recording client sessions. It is essential that no videos involving clients is saved or stored on your personal laptop or belongings.
- 4. Transfer the Video to CardBox.** At the end of each day, any videos containing client information should be transferred to CardBox and removed from the USB drive. To do so, go to <http://louisville.app.box.com> and log in using your UofL Ulink ID and password. In the right-hand corner, there is a black box labeled, “Upload.” Click on this box, select “File,” and then select the file from your USB drive. Then, click open to officially upload the file to CardBox. Once done, please delete the file from the encrypted USB drive.

Keep in mind – the majority of files should be deleted from CardBox either after they are used in supervision or within 1 month from their recording. A few videos (up to 5) may be retained for educational purposes and class assignments until the end of your time in the program, assuming the client(s) signed the educational release form. These videos should provide a good representation of your skills at the point they were recorded and may be used to demonstrate therapist growth during the capstone course.

Please practice these steps before recording client sessions. If you have any questions or concerns, please contact the Clinical Director (Tiffany Farmer, tiffany.mccollum@louisville.edu).

Appendix N – Video Recording Consent Form

Consent for Video Recording

I, _____, a patient at _____ (“Agency”), with the Agency’s knowledge and consent as indicated below, authorize a student therapist enrolled in the University of Louisville’s Couple & Family Therapy (CFT) Program to video record a clinical session in which I, or a person(s) for whom I am legally responsible, participate. I understand that any video recordings will be used solely for the purpose of providing clinical supervision to the student.

My confidentiality will be protected. I understand that although all necessary steps will be taken to make sure that my identity will remain anonymous, it may still be possible to identify me. The purpose of this video recording is to support the student’s education and training. This authorization will be kept in my records. All video recordings will be stored in compliance with Health Insurance Portability and Accountability Act (HIPAA) guidelines. Any person involved in providing or receiving clinical supervision is bound to the same ethical principles of confidentiality as professionals providing counseling. Unless additional permission is given below, all video recordings will be destroyed no later than the end of the present academic semester.

I can request to stop recordings at any time, in writing or verbally without any explanation. I understand that the services I am receiving will not be impacted by signing or not signing this authorization or by rescinding it at any time. I have received sufficient explanation concerning the purpose and the process of this authorization and the student’s responsibilities. I hereby release the University of Louisville and Agency, and their respective agents, employees, trustees and other personnel, and all other persons participating in my care from any and all liability that may or could arise from the video recording.

Client Name: _____

Client Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Agency Representative Name: _____

Agency Representative Signature: _____ Date: _____

Educational Release for Video Recording

Some video recordings will be retained for longer than the present academic semester to be used for additional educational purposes. By providing this additional authorization, I authorize the University of Louisville’s CFT Program to maintain a copy of video recordings in which I, or a person(s) for whom I am legally responsible, participate beyond the present academic semester. The use of the video recording will be limited to educational purposes (e.g., case presentations, course assignments). The video recording will be stored in compliance with HIPAA guidelines, and all necessary steps will be taken to make sure that my identity is confidential. Even with this extended authorization, all video recordings will be destroyed no later than the end of the student’s enrollment in the University of Louisville’s CFT Program.

Client/Guardian Signature: _____ Date: _____

Appendix O – Narrative for Clinical Hours Log

(Updated January 2022)

The program seeks to ensure that each graduate will meet equivalency standards for graduate degree training when it comes to state licensure; therefore ***each student in the MSCFT Program is required to accumulate a minimum of 300 clinical hours by graduation.*** Students should average between 40 and 55 hours each semester to reach this goal (refer to each semester's supervision syllabus for that semester's recommended hours). Failure to accumulate the appropriate clinical hours would likely result in an incomplete in MCFT 725 (or an earlier practicum) and delay graduation, at the minimum.

Clinical Hours

Direct Client Contact Hours: Total client contact hours are simply the number of face-to-face clinical hours (or mediated with video-assisted technology) conducted with individuals, couples, families, and other systems. 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 sessions. 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 client contact. **All 300 hours must fit this category.**

Categories of Direct Client Contact on the Supervision Log:

1. **Individual (non-R):** These are in-person or video-assisted telehealth assessment or therapy sessions with an individual client. This could be a child, adolescent, or adult, but only one individual (besides the therapist) is present.

Relational Direct Client Contact Hours: Refers to 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. 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 may be counted as relational hours if those in the group therapy have a relationship outside of (above and beyond) the group itself. Conversely, group therapy sessions of otherwise non-related individuals are not considered as relational hours. **At least 100 of the total 300 hours must fit this category.**

Categories of Relational Direct Client Contact on the Supervision Log:

1. **Couple (R):** These are in-person or video-assisted telehealth assessment or therapy sessions with clients who have a romantic and/or sexual relationship with each other. Both partners must be present for this time to fit this category (e.g., only one partner present during a session would count as individual, not couple, even if you are discussing couple-related concerns). **These hours are always relational.**
2. **Family (R):** These are in-person or video-assisted telehealth assessment or therapy sessions with clients who are family members. This could include parents and children, siblings, grandparents raising grandchildren, aunts or uncles raising nieces and nephews, adoptive

families, foster families, and so on. This category does not include two romantic or sexual partners only, as they would fit under the Couple category. These hours are always relational.

3. **Other Systems (R):** This includes in-person or video-assisted telehealth assessment or therapy with clients who are part of a system outside of a couple or a family relationship, such as residents of a group home, members of a friendship group, or students who share a classroom. These hours are always relational.

Cultural Minority Hours: This is a session in which the student therapist is working with a client who is part of a culturally minoritized group with regard to race, ethnicity, gender, sexual orientation, religion, disability status, country of origin, age, socioeconomic status, immigration status, or language. This determination is left to the therapist in consultation with their supervisor and may include a wide variety of diverse cultural concerns. The program does not require a specific number of cultural-minority cases but wishes to collect the information to help assess the appropriateness of practicum sites to providing a given student a variety of cultural learning experiences. The goal is for 20% of your hours to be with culturally minoritized groups.

IMPORTANT: Staff meetings, treatment planning meetings, collateral contacts, planning meetings, are all significant responsibilities of a professional marriage and family therapist. However, unless the client or client family member is present these are not to be logged as clinical hours. The CFT Program has aligned its target outcomes regarding clinical hours with state licensure requirements and these requirements require face to face clinical contact in order to be counted as a clinical hour.

Supervision Hours

Supervision Hours: Supervision hours reference those hours of direct supervision provided by your CFT Program supervisor (e.g., instructor for MCFT 721, 722, 723, 724, or 725) and any other program clinical supervisor that is an AAMFT-Approved Supervisor or an AAMFT-Approved Supervisor Candidate. Supervision hours received in practicum by other individuals who do not fit these descriptions, even if they teach for the program in other capacities, are certainly helpful but should not be counted as supervision hours.

Supervision hours include MFT relational/systemic supervision from a CFT program clinical supervisor and **must occur on a regular and consistent basis** while seeing clients. During university breaks, students and supervisors are both responsible for making a plan for accessing supervision prior to the start of break. If a supervisor plans to be unavailable, the supervisor should work with the CFT Clinical Director to make alternative arrangements for another program clinical supervisor to be available to students during their absence. If a supervisor is unexpectedly unavailable and not reachable within 24 hours, students should reach out to the CFT Clinical Director or CFT Program Director for assistance. Supervision hours are divided between individual and group, and again between those hours in which you discuss a case (case report) and those in which observable (raw) case data is presented for review (audio, video, or live observation). **Students are required to have accumulated 100 hours of supervision, 50 of which must include observable data, by the time they complete the CFT Program.**

Individual supervision includes one supervisor with one or two supervisees, and **group supervision** includes one supervisor and eight or fewer supervisees.

Case Report includes supervision in which a case is discussed with verbal or written report only (e.g., no audio or video recordings, and no live observation). **Raw Data** refers to supervision that involves some type of *observable data*, which includes audio or video recordings, as well as live observation (behind the mirror, in the room co-therapy, reflecting teams, etc.).

If you are receiving live supervision, when at least two other supervisees behind the mirror, this is an hour of group supervision for you and for the other students in the observation group. **Do not count an hour of supervision as both individual and group, it can only be counted once.**

Other Example Situations for Reference:

- If your practicum placement is in a group home in which you are conducting a group for the kids who live together and the focus of treatment is on improving their relationships in this **surrogate family**, then this case would be an Other Systems hour. (Relational Hour.)
- If you are conducting group therapy with a group of individual boys from the community who do not know each other and your treatment goal is primarily anger management, this would be considered an individual client contact hour. (Not a Relational Hour.)
- If you are conducting a parenting class for multiple parents from the community, and there are two parents of the same child in the group, this would not be a client contact hour, as it falls under *psychoeducation* and is not conducting assessment or therapy.
- If a child is the only client in the room and the parent is on the phone, this would be a direct client contact hour and a relational hour.

Guidelines for Hours by Semester

Semester	Direct Client Contact Hours	Relational Hours	Supervision Hours with Observable Data
Fall 721	45-55	5-7	8
Spring 722	60-70	10-13	8
Summer 723	55-65	20	10
Fall 724	65-75	30	12
Spring 725	55-65	30	12
Grand Totals	300	100	50

Appendix P – Curriculum Map of First Semester

	Didactic Course Content		Foundational Application Content	
Week	MCFT 700 – Foundations of Family Therapy: Theory & Practice	MCFT 701 – Family Therapy Assessment & Treatment in Diverse Populations	MCFT 721 – Family Therapy Supervision I ^a	MCFT 710 – CFT Practicum I or MSSW 610 – SW/CFT Practicum I
Summer Prior	Matched with Practicum – Students are matched with external practicum site in summer prior to their first fall semester (i.e., sometime from June to August). Once matched, supervisee and supervisor may complete some paperwork and/or proceed with background checks or other clearances needed by that site (e.g., TB Test). However, no interaction with potential clients is allowed until the university semester officially starts.			
Two Weeks Prior	CFT-Specific Orientation – Review student handbook, Overview of supervisors’ roles, Professionalism and communication, Defining client contact hours, Logging and submitting hours logs, Policies related to data storage and telehealth, Foundational clinic skills (e.g., managing anxiety and low confidence, stages of therapist development, hypothesizing/questioning, listening, reflecting back, intake information, initial phone calls to schedule clients, self-care, utilizing supervision)			
1	Introduction to Course 1. Overview of course expectations 2. Overview of syllabus 3. Develop group agreement for shared space 4. Exploration of family of origin experiences	Intro & Initial Interview 1. Administrative issues, such as informed consent, confidentiality, mandated reporting, fees, consent to video-record 2. Building rapport and joining the system 3. Establishing credibility 4. Developing hypothesis of problem 5. Addressing urgent concerns 6. Person of the therapist model	Introduction 1. Overview of supervision process 2. Review of tracking client contact and supervision hours 3. Demonstration of safe storage of observable data 4. Review of responsibilities of supervisors	
2	History of Family Therapy/Basic Concepts 1. Factors contributing to rise of MFT 2. Systems theory, general systems theory, cybernetics, feedback loops 3. Entropy, equifinality, equipotentiality, isomorphism, morphogenesis, morphostasis, recursiveness	Ethics, & Cultural Considerations 1. Ethics: AAMFT Code of Ethics, Kentucky laws for confidentiality and mandatory reporting 2. Cultural Considerations: Privilege, cultural humility, critical self-examination and self-awareness, navigating value differences	Ethics 1. Review of AAMFT Code of Ethics 2. Review of KY Law 3. Discussion of safety issues in session 4. Role play suicide and risk assessments	

3	Strategic Family Therapy <ol style="list-style-type: none"> 1. Emergence and leading figures 2. Overarching themes 3. Theoretical formulations 4. Problem development 5. Assessment 6. Techniques 7. Stages of first interview 	Telehealth Practices <ol style="list-style-type: none"> 1. Telehealth best practices 2. Kentucky law on telehealth 3. Assessing appropriateness for telehealth 4. Managing multiple parts of a system via telehealth 5. Managing risk in telehealth 	Case Discussion AND Deliberate Skill Practice: Providing Systemic Rationale for Treatment <ol style="list-style-type: none"> 1. Acknowledge and validate presenting issue 2. Provide systemic rationale 3. Check fit of systemic rational using open-ended questions 	<div style="display: flex; flex-direction: column; align-items: center; justify-content: center;"> <div style="background-color: #4a7ebb; color: white; padding: 5px; margin-bottom: 10px;">Site-Specific On-Boarding</div> <div style="background-color: #2e5496; color: white; padding: 5px; margin-bottom: 10px;">Review Site Policies for Crisis Management</div> <div style="background-color: #1a3d5d; color: white; padding: 5px; margin-bottom: 10px;">Shadowing Experienced Professionals</div> <div style="background-color: #003366; color: white; padding: 5px;">Co-Therapy with Experienced Professionals</div> </div>
4	Structural Family Therapy <ol style="list-style-type: none"> 1. Emergence and leading figures 2. Overarching themes 3. Theoretical formulations 4. Problem development 5. Goals of Therapy 6. Assessment 7. Structural interventions 8. Research and empirically supported treatments 	Nuts & Bolts of Assessment <ol style="list-style-type: none"> 1. Initial assessment: presenting problem, attempted solutions, crisis and stressful life events 2. How to assess couples 3. How to assess families 4. Interviewing techniques: open vs. closed questions, circular questions, scaling questions 5. Assessment tools: genograms, ecomaps, timelines 	Case Discussion AND Deliberate Skill Practice: Building Therapeutic Alliance <ol style="list-style-type: none"> 1. Convey listening to each member's unique view 2. Identify and reflect emotions or meaning with each member 3. Seek feedback from members, or suggest therapy process as place for healing 	
5	Cognitive Behavioral Therapy <ol style="list-style-type: none"> 1. Emergence and leading figures 2. Overarching themes 3. Theoretical formulations 4. Problem development 5. Goals of Therapy 6. Assessment 7. Techniques 8. Research and empirically supported treatments with couples and families 	Basic Family Therapy Skills <ol style="list-style-type: none"> 1. Factors that affect outcomes: client variables, therapeutic relationships, expectancy, technique/model factors 2. Basic therapy skills: normalizing, reframing, summarizing, pacing, psychoeducation, using metaphors, taking breaks, silence 3. Basic family therapy skills: externalizing, role plays, enactments, interrupting to change interaction pattern 	Case Discussion AND Deliberate Skill Practice: Reframing the Problem <ol style="list-style-type: none"> 1. Reflect/validate understanding of client's point of view 2. Provide an alternative way of looking at problem 3. Check with client to evaluate fit of reframe 	

6	Experiential Family Therapy: Satir & Whitaker <ol style="list-style-type: none"> 1. Emergence and leading figures 2. Overarching themes 3. Theoretical formulations 4. Problem development 5. Satir’s survival stances 6. Whitaker’s battle for structure 7. Goals of Therapy 8. Techniques 9. Research and empirically supported treatments with couples and families 	Case Conceptualization & Treatment Planning <ol style="list-style-type: none"> 1. Types of case conceptualization models, such as diagnostic formulation, clinical formulation, cultural formulation, or treatment formulation 2. Types of treatment plans, such as symptom-based, theory-based, or clinical treatment 3. Writing client goals, client goals by phase 	Case Discussion AND Deliberate Skill Practice: Interactional Structuring, De-escalation <ol style="list-style-type: none"> 1. Make a statement that interrupts current negative interaction 2. Validate importance of issue or underlying needs of all parties 3. Set a specific boundary related to what is said and how it is said 	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="background-color: #4a7ebb; color: white; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg);">Shadowing Experienced Professionals</div> <div style="background-color: #4a7ebb; color: white; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg);">Co-Therapy with Experienced Professionals</div> </div>
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Midterm Break (September 30 – October 1) – Can Start Evaluation for Independent Work

7	Experiential Family Therapy: Internal Family Systems & Emotionally Focused Therapy <ol style="list-style-type: none"> 1. Emergence and leading figures 2. Overarching themes 3. Theoretical formulations 4. Problem development 5. Goals of Therapy 6. Techniques 7. Research on both as empirically supported treatments 	Getting Un-Stuck in Therapy & Termination <ol style="list-style-type: none"> 1. Client engagement, such as factors that impact it, how to improve it, and ideas for engaging clients 2. Transtheoretical model of change, Stages of change 3. Motivational interviewing 4. Therapeutic impasse, rolling with “resistance” 5. Providing hope 6. Cancellations and no-shows Termination: Client terminations, therapist terminations, mutual terminations, termination issues 	Case Discussion AND Deliberate Skill Practice: Avoiding Triangulation <ol style="list-style-type: none"> 1. Demonstrate empathy toward idea client is expressing 2. Redirect focus back to primary dyadic relationship 3. Ask open-ended question that keeps focus on actionable movement 	<p>If students do not pass their evaluation to start independent work, or if they choose to delay taking the evaluation, then they continue with more review of site policies as well as additional shadowing and co-therapy until they pass their evaluation to begin independent work.</p>
8	Bowen Family Systems Therapy <ol style="list-style-type: none"> 1. Emergence of theory 2. Overarching themes and essential terms 3. Problem development 4. Goals of Therapy 5. Therapeutic techniques 6. Schnarch’s Sexual Crucible Model 	Narrative Techniques & Depression <ol style="list-style-type: none"> 1. Diagnostic Criteria of Major Depressive Disorder. 2. Assessment of depressive symptoms and case studies diagnosing depression 3. Key concepts of narrative therapy 4. Role of narrative therapist 5. Interventions of narrative therapy with major depressive disorder 	Case Discussion AND Deliberate Skill Practice: Highlighting Boundaries <ol style="list-style-type: none"> 1. Reflect boundary communicated in client statement 2. Ask members to turn to one another and talk directly about boundary-related issue 	

Continue Progressing Until Pass Evaluation for Independent Work

9	Psychodynamic Family Therapy <ol style="list-style-type: none"> 1. Emergence and leading figures 2. Object Relation Theory 3. Problem development 4. Goals of Therapy 5. Therapeutic process and key terms 6. Therapeutic techniques 7. Contextual Family Therapy 8. Framo's Family-of-Origin Therapy 	Suicide Assessment & Response <ol style="list-style-type: none"> 1. Identifying suicide risk and protective factors 2. Assessing Suicidal Ideation 3. Suicide Risk Continuum 4. Determining Appropriate Response 5. Safety Planning 	Case Discussion AND Deliberate Skill Practice: Systemic Questions, Perspective-Taking <ol style="list-style-type: none"> 1. Offer brief reflection of client's statement 2. Ask open-ended question to offer perspective of another person 3. Avoid questions about something that has already happened 	
10	Post-Modernism & Feminist Family Therapy <ol style="list-style-type: none"> 1. Constructionism and Social Constructionism 2. Feminist critique of family therapy 3. Feminist Family Therapy 4. Leading figures 	General Anxiety Disorder and Cognitive Behavioral Therapy <ol style="list-style-type: none"> 1. Diagnostic criteria of GAD 2. Assessment of GAD with case studies 3. Key concepts CBT 4. Role of CBT therapist 5. Interventions CBT with GAD 	Case Discussion AND Deliberate Skill Practice: Engendering Hope <ol style="list-style-type: none"> 1. State brief reflection/validation of specific feeling 2. Offer an alternative perspective, building on strengths 3. Check in with client to see how new perspective fits their goals/vision 	
11	Solution Focused Brief Therapy <ol style="list-style-type: none"> 1. Leading figures 2. Theoretical formulations 3. Problem development 4. Goals of therapy 5. Conditions for behavior change 6. Therapeutic techniques 7. Weiner-Davis' Divorce Busting 	Trauma Disorders and TF-CBT <ol style="list-style-type: none"> 1. Diagnostic criteria of trauma disorders 2. Assessment of trauma with case studies 3. ACES 4. Steps of TF-CBT 5. Key concepts TF-CBT 6. Role of TF-CBT therapist 7. Interventions TF-CBT with Trauma 	Case Discussion AND Deliberate Skill Practice: Attention to Diversity <ol style="list-style-type: none"> 1. Convey empathic message that indicates you hear the session content. 2. Reflect on content, looking for opportunities to deepen conversation on identity and unique experiences 3. Ask a question conveying continued empathy and curiosity about identify and unique experiences. 	

12	Narrative Therapy <ol style="list-style-type: none"> 1. Leading figures 2. Theoretical formulations 3. Problem development 4. Goals of therapy 5. Conditions for behavior change 6. Therapeutic techniques 	Substance Use and IFS <ol style="list-style-type: none"> 1. Diagnostic Criteria of Substance Use Disorder. 2. Assessment of SUD 3. Family Systems and SUD 4. Role of IFS therapist 5. Interventions of IFS with SUD 	Case Discussion AND Deliberate Skill Practice: Establishing Therapeutic Goals <ol style="list-style-type: none"> 1. Provide a brief, empathic summary of presenting problem/context 2. Solicit goals from each member of the system 3. Summarize goals from each member 4. Suggest a goal, leaving it open for members to agree or disagree 	
13	Collaborative Language Systems <ol style="list-style-type: none"> 1. Leading figure 2. Theoretical formulations 3. Problem development 4. Goals of therapy 5. Conditions for behavior change 6. Therapeutic techniques 	Becoming a Neurodivergent-Affirming Family Therapist <ol style="list-style-type: none"> 1. Diagnosis of Autism and ADHD 2. Diagnostic tools 3. Role of Family Therapist 4. Systemic Impact and treatment of autism 	Case Discussion AND Deliberate Skill Practice: Tracking Interactional Cycle <ol style="list-style-type: none"> 1. [To yourself] Identify elements of cycle being highlighted in client prompt 2. Offer brief reflection that summarizes elements of the cycle 3. Ask open-ended question to elicit more information about the other, unknown elements of the cycle 	
14	Major Models Review	Bipolar and Family-Focused Therapy <ol style="list-style-type: none"> 1. Diagnostic criteria of Bipolar 2. Assessment of Bipolar with case studies 3. Key concepts Family Focused Therapy 4. Role of Family-Focused therapist 5. Interventions Family Focused Therapy with Bipolar 	Case Discussion AND Deliberate Skill Practice: Initiating Enactments <ol style="list-style-type: none"> 1. Reflect/validate underlying meaning/emotion of one member 2. Let client know to turn and speak directly to other member of system 3. Select option for initiating enactment 	

15	Final Exam	Personality Disorders and Dialectical Behavioral Therapy <ol style="list-style-type: none"> 1. Diagnostic criteria of various personality disorders 2. Assessment of personality disorders with case studies 3. Key concepts DBT 4. Role of Family-Focused therapist 5. Interventions of DBT 	Individual End-of-Semester Evaluations Using Supervisee Evaluation Form	
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^aDuring the first semester of supervision, students are easing into seeing clients. Some students have specific cases from the practicum sites to discuss; these are cases they have observed through either shadowing or eventually co-therapy. For students who do not yet have specific cases to discuss from practicum, skills are observed and supervised through role plays with peers. These supervision sessions include a mixture of case report, observation of raw data, skill demonstration, and skill practice. In addition to case discussion, each week the supervisors highlight a deliberate skill to practice, and the skill assigned for each week is emphasized during case discussion and role plays of mock therapy sessions.

Appendix Q – Evaluation to Begin Independent Clinical Work

Student _____

Date _____

The following evaluation is an oral exam all CFT Students must complete and pass before they are allowed to work independently with clients at their foundation-year practicum site. The evaluation is proctored by the student's corresponding CFT Program Supervisor.

Mock Role Play

Students should provide video recording of interaction with a client (preferable) or participate in a live role play.

Which of the following skills has the student demonstrated?

- | | |
|--|---|
| <input type="checkbox"/> showing warmth | <input type="checkbox"/> expressing hope |
| <input type="checkbox"/> expressing empathy | <input type="checkbox"/> paraphrasing client statements |
| <input type="checkbox"/> exuding confidence | <input type="checkbox"/> providing reflections |
| <input type="checkbox"/> giving verbal cues of tracking communication | <input type="checkbox"/> asking open ended questions |
| <input type="checkbox"/> giving nonverbal cues of tracking communication | <input type="checkbox"/> maintaining therapeutic stance |
| <input type="checkbox"/> expressing understanding to client | <input type="checkbox"/> choosing correct moment to speak |

Awareness of Ethical & Safety Concerns

Students should read the attached vignette and demonstrate skills in the following questions.

Can student identify areas of ethical concern? Yes No

Can student identify appropriate response plan in line with the AAMFT Code of Ethics? Yes No

Did the student pass their ethical-decision-making paper in MCFT 701? Yes No

If no, have satisfactory modifications been completed to receive passing grade? Yes No

Was the student able to describe their external practicum site's protocol for responding to both ethical and safety concerns (violence, suicidal ideation)? Yes No

Feedback from External Site Supervisor (To be completed by the student's external site supervisor.)

Has the student participated in shadowing sessions with client systems that resemble the work the student will be doing?

Yes No

Has the student been exposed to the site's assessment and treatment planning requirements as well as the intake paperwork required? Yes No

Has the student expressed understanding of client documentation and requirements for the site?

Yes No

Comments: _____

CFT Program Supervisor Signature

External Site Supervisor Signature

Pass Needs Additional Work – If student did not pass, areas needed for improvement: _____
