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DOCTORAL INTERNSHIP GUIDELINES
COUNSELOR EDUCATION AND SUPERVISION – MARRIAGE AND FAMILY
COUNSELING/Therapy (MFC/T) TRACK DOCTORAL PROGRAM

INTRODUCTION

The internship is the culminating experience at the doctoral level in the field of Counselor Education and Supervision -- Marriage and Family Counseling/Therapy (MFC/T) Track Doctoral Program. It involves supervised training in the roles of advanced MFC/T, AAMFT Supervisor-in-Training, MFC/T education professional, advocate, and doctoral-level scholar/researcher and teacher. This internship is intended to be an intensive on-the-job experience conducted in a setting appropriate to targeted career goals, current level of skills, and doctoral program expectations upon consultation with your Doctoral MFC/T Advisor and the Internship Coordinator/Director.

MFT Internship occurs at the end of the sequence of core and elective courses that comprise the curriculum of the doctoral degree programs in MFC/T. As the culminating experience of this program, the MFT Internship is designed to provide an opportunity for the student to synthesize and apply theory, practice, and research in appropriate settings. While in this setting, the site supervisor serves as an important role model and mentor, guiding the doctoral MFC/T intern’s training. Your participation in this MFT Internship requires a commitment of time and effort. The expertise and willingness of the site supervisor should be valued and appreciated. Throughout the MFT Internship, we welcome feedback and would be happy to discuss any questions and/or concerns you or your site supervisor(s) may have.

This handbook will acquaint you and your site supervisor with information regarding the MFT Internship, as well as provide copies of the forms needed to document the experience. Remember that this Handbook only serves as a guideline, and you should work closely with the MFC/T Doctoral Clinical Coordinator/Director, Doctoral Advisor, and your Site Supervisor to assure that you meet all the requirements necessary for completion of your doctoral internship and license requirements.

CRITERIA FOR ADMISSION TO INTERNSHIP

Eligibility for admission to MFT Internship (5600:785) includes successful completion of all required doctoral coursework.

IMPORTANT: Please remember that the written (Supervision Paper of publishable quality) and Clinical Comprehensive Examinations are done during the 9 month internship experience.
APPLYING FOR INTERNSHIP

Doctoral MFC/T students interested in pursuing the MFT Internship should schedule a meeting with the MFC/T Doctoral Clinical Coordinator/Director during the spring or summer semester prior to the intended MFT Internship experience (fall of the next academic year). The purpose of the meeting is to describe the process of obtaining an internship site(s). Application for the MFT Internship should be completed and turned in to the MFC/T Doctoral Clinical Coordinator/Director no later than May 1st for internship beginning in fall. Students seeking placement should complete a resume and select possible sites for placement. IMPORTANT: Teaching Internships generally need to be applied for the fall prior to starting the MFT Internship. It is a competitive process. The MFC/T Doctoral Clinical Coordinator/Director needs to be informed if any internship site is identified as a possible site. Students may contact the site for a possible interview with MFC/T Doctoral Clinical Coordinator/Director approval. Upon acceptance, the site must send the confirmation letter to the MFC/T Doctoral Clinical Coordinator/Director.

INTERNSHIP PLACEMENT

Consideration should be given to selecting internship sites that offer opportunities to develop as a doctoral MFC/T and AAMFT Supervisor-in-Training in the areas of teaching, research/scholarship, therapy, supervision, and leadership. The MFT Internship should be designed in collaboration with the MFC/T Doctoral Clinical Coordinator/Director to meet your targeted career goals based on your current skill level, to meet program expectations. For example, a doctoral student who is already an MFT or IAMFT and an AAMFT Supervisor-in-Training may choose internship activities that focus more on teaching, scholarship, or professional leadership/advocacy. An MFC/T doctoral student who is pursuing licensure may design an internship that allows him/her to accumulate clinical hours that can be counted toward licensure requirements.

A student may have more than one site in order to find opportunities to teach, do therapy, supervise (while being under supervision-of-supervision), take leadership responsibilities, do research, present, professional advocacy, or write grants. In addition, the internship should provide opportunities for students to do therapy with individuals, couples and families, as well as provide supervision (when under supervision-of-supervision by an AAMFT Approved Supervisor) to representatives of diverse populations. In addition, students should engage in program review(s) and make recommendations.

The following steps are to be followed by the student in securing an internship site.

1. A student notifies the MFC/T Doctoral Clinical Coordinator/Director by the end of fall semester prior to the intended internship experience (the following Fall semester).
2. A student schedules a meeting with the MFC/T Doctoral Clinical Coordinator/Director at the time submitting his/her Registration Intent for Internship Form. The MFC/T Doctoral Clinical Coordinator/Director will notify the Coordinator of Departmental Operations, (Sandy White at 330-972-779 or whites1@uakron.edu) to register the student for 3 semester hours for Fall semester, 3 semester hours for Spring semester and 3 semester hours for Summer semester.

3. Doctoral students who would like to complete internship in their current employment setting must seek approval from the MFC/T Doctoral Clinical Coordinator/Director. Activities completed for internship at the current employment setting must be qualitatively different than the usual activities. The purpose of the doctoral internship is to develop new areas of expertise and to grow professionally.

4. The MFC/T Doctoral Clinical Coordinator/Director makes the final decision regarding the appropriateness of a site, accreditation and licensure standards, past relationships with the site supervisor, the supervisor’s credentials (PCC and IAMFT or equivalent) and the ability of the site supervisor to provide the necessary experiences.

5. The MFC/T Doctoral Clinical Coordinator/Director must receive a letter of acceptance (on the site’s letterhead) from the internship site before registration is approved.

**REQUIREMENTS**

The requirements set forth meet both the Council for the Accreditation of Marriage and Family Therapy Education (COAMFTE) and the Council on Accreditation of Counseling and Related Educational Programs (CACREP).

A. COAMFTE accreditation requirements specify that the student’s internship must include the following:
   - MFC/T doctoral students are required to complete 500 hours during internship (they must complete 1000 direct* client contact hours before graduating)
   - Supervision will be provided by:
     (a) MFT credentialed program faculty
     (b) AAMFT Approved Supervisors, Supervisors-in-Training, or equivalent
     (c) The internship site would be approved as able to have a credentialed PCC and IAMFT or equivalent (approved by the MFC/T Doctoral Clinical Coordinator/Director)
     (d) Supervision needs to be provided with 1 hour of supervision for every five hours of client contact

   IMPORTANT: Of the 1000 hours needed for graduation, 500 hours must be with couples/families.

B. CACREP accreditation requirements specify that the student’s internship must include the following:
• a minimum of 600 indirect service hours and 240 direct service hours with clients appropriate to the program of study;
• a minimum of one (1) hour per week of individual supervision, throughout the internship, usually performed by the on-site supervisor;
• a minimum of one and one-half (1½) hours per week of group supervision, throughout the internship, usually performed by the internship faculty or doctoral level supervisors-in- training;
• participation in at least two areas of Internship professional activities (e.g., teaching, therapy, supervision, research/scholarship, and leadership/advocacy);
• the opportunity for the student to gain supervised experience in the use of a variety of professional resources, including print and non-print media, professional literature, research, and information and referral to appropriate providers
• a formal evaluation of the student’s performance during the internship by a program faculty supervisor, in consultation with the site supervisor.
• MFC/T doctoral students that lack an internship experience at the master’s degree level will be required to complete an additional 600 hours of internship experience, to meet CACREP requirements

The internship is a commitment of a minimum of three consecutive academic terms (Fall, Spring and Summer) immediately after the residency year. It is highly recommended that the student intern not be working full-time at other employment during this period. In all cases, the student intern must show adequate release time from other employment to complete the internship requirement.

*Direct client contact hours do NOT include activities such as: telephone contact, case planning, record keeping, travel, observations, administrative activities, consultation with community members or professionals or supervisors.

SITE SUPERVISOR REQUIREMENTS

The following are requirements for persons serving as supervisors during MFT doctoral Internship (5600:785) experiences.

• All clinical (i.e., direct client service) internship activities must be supervised by an Independent Marriage and Family Therapist (IAMFT) or equivalent (and who has been approved by the MFC/T Doctoral Clinical Coordinator/Director), AAMFT Supervision credentials are preferred, but not required, as well as a Professional Clinical Counselor (PCC) with appropriate training in clinical supervision (i.e., Supervising Counselor endorsement by the OCSWMFT Board).
• It is preferable that the supervisor also holds a doctorate in Counselor Education/Marriage and Family Therapy
• Additional clinical supervisor credentials may be required for licensure purposes. MFC/T doctoral students are responsible for securing a clinical supervisor who meets all applicable licensure requirements.
• All supervision-related internship activities occurring at a university setting must be supervised by an MFC/T faculty member in a MFC/T doctoral track, with the appropriate MFT and AAMFT Approved Supervisor credentials.
• All supervision-related internship activities occurring at a clinical/practice setting must be supervised by a Professional Clinical Counselor (PCC) and IAMFT or equivalent (and have been approved by the MFC/T Doctoral Program Coordinator/Clinical Director in order to count the clinical and supervision hours).
• All teaching-related internship activities must be supervised by the site supervisor and/or faculty member at the site. The faculty member must hold a doctoral degree and be available to guide and mentor the MFC/T doctoral student.
• All scholarly activity-related internship activities, which include professional conference presentations, research and/or publication activities, must be supervised by a researcher/faculty member with appropriate training in presentations, research methodology and publications (as determined by the student’s faculty advisor and/or MFC/T Doctoral Clinical Coordinator/Director). The supervisor must hold a doctoral degree in their field.
• All MFC/T education leadership-related internship activities, which include professional editorial or journal reviewer, professional officer (e.g., OAMFT, AAMFT), and/or CACREP- or COAMFTE accreditation activities, must be supervised by a faculty member in the MFC/T Track Doctoral Program

GRADING

The MFT Internship pass or fail grade is based upon the following:
   (a) Site supervisor evaluations.
   (b) University supervisor evaluations.
   (c) Completion of all Internship class requirements
   (d) Following AAMFT Ethical guidelines, as well as University and agency policies and procedures.

IMPORTANT: Ethical violations are taken very seriously and can lead to repeating part or all of the internship, retaking an ethics course, or dismissal from the program.

INTERNESHIP RESPONSIBILITIES

Responsibilities of the Cooperating Site:
   (a) Interview potential MFC/T doctoral student interns. If site agrees to a placement, notify the MFC/T Doctoral Clinical Coordinator/Director.
(b) Designate an on-site counseling and MFT supervisor for the student intern. Once the student is approved for placement, all contact regarding the MFC/T doctoral student intern will be directed to the on-site supervisor. A site supervisor should meet the following criteria:

- Hold a doctoral degree in MFT and/or Counselor Education, Counseling (or a closely related field); IAMT or PCC licensure (or equivalent); and have been approved by the MFC/T Doctoral Clinical Coordinator/Director.
- Has pertinent professional experience; and
- Demonstrates knowledge of the program’s expectations, requirements, and evaluation procedures for students.

(c) Provide opportunities for the intern to participate in the routine professional activities appropriate for the site. These should include: individual, couple/family and may include group therapy, supervision, administration, scoring and interpretation of tests (that the MFC/T doctoral student intern is trained in), teaching/presenting, consultation with staff and other agencies, referral of clients, and staff/professional meetings, grant writing, and research.

(d) Provide opportunities to process activities the MFC/T doctoral student intern has observed, participated in, or conducted.

(e) The designated on-site supervisor(s) should:

- Provide the student intern with the rules and guidelines for the conduct of the site.
- Participate in the development of the MFC/T doctoral student’s internship plan, which must also be approved by the MFC/T Doctoral Clinical Coordinator/Director.
- Sign and date the Memorandum of Agreement and the Internship Plan.
- Supervise each MFC/T doctoral student intern for at least one hour per week. A maximum of two MFC/T doctoral students can be supervised at any one time to meet this requirement.
- Encourage the student to attend professional/staff meetings, in-service training sessions, and workshops. Complete evaluations of the intern at the end of each semester.

(f) A site supervisor may obtain, as a result of her/his role:

- Assistance and consultation from the University supervisor and MFC/T Doctoral Clinical Coordinator/Director at any time during the internship experience.
- An opportunity to engage in mentoring an MFC/T doctoral student intern.
- Assistance from an MFC/T doctoral student intern in dealing with difficult clients and lightening the workload.
- An opportunity to attend and obtain CEUs at yearly workshops given by the Department of Counseling, Delta Kappa Lambda, Chi Sigma, etc.
- Availability of additional supervision or consultation from university supervisors.

**Responsibilities of The University of Akron MFC/T Doctoral Program:**

(a) Approve students for internship registration and placement through the MFC/T Doctoral Clinical Coordinator/Director.

(b) Arrange for the placement of the MFC/T doctoral students and cooperating sites.

(c) Provide a University Supervisor who will be the contact person for the student intern and the site during the internship experience.

(d) The University Supervisor’s responsibilities are:
- Arrange on-site visits if necessary.
- Monitor the MFC/T doctoral student intern’s performance.
- Assign course grades.
- Schedule meetings between Site Supervisor, Intern, University Supervisor and MFC/T Doctoral Clinical Coordinator/Director when needed.

(e) Work closely with the participating site to ensure that the internship is a reciprocal arrangement benefiting all who are involved.

**Responsibilities of the MFC/T Doctoral Student Intern:**

(a) Arrange through the MFC/T Doctoral Clinical Coordinator/Director to register for the internship. The student is responsible for meeting deadlines to insure appropriate placement.

(b) Attend **ALL** on-campus, group supervision sessions in conjunction with the internship.

(c) Complete all requirements for the group supervision portion of the internship (as per Internship class syllabus).

(d) Prepare proposed plan for internship experience. The plan should include the MFC/T doctoral student’s internship goals, the activities to achieve the goals, a plan for assessing the experience, and scope of practice. The Site
Supervisor and the University Supervisor should endorse the plan by the end of the third week of each semester. (See example of Internship Plan).

(e) Perform the functions agreed to in the internship plan, as well as other functions as directed by the Site Supervisor(s).

(f) Continuously work to improve his/her performance in response to feedback made by the Site Supervisor(s).

(g) Meet at least one hour per week with the Site Supervisor(s) for critique of work, including direct and indirect service.

(h) Keep a daily log of client contact hours, indirect service hours, and supervisory hours in accordance with the University supervisor’s guidelines.

(i) Secure appropriate liability insurance and get CT status.

(j) Be consistent with the requirements of the site regarding grooming, punctuality, etc.

(k) Demonstrate behavior in accordance with the highest ethical and professional standards of the American Association for Marriage and Family Therapy and AAMFT Approved Supervisors (in training), and the Ohio Counselor, Social Worker, and Marriage and Family Therapy Board.

(l) Follow site policies regarding written consent for clients in individual, couple/family and group therapy.

(m) Those doing a Teaching Internship need to stay clinically active and should continue their work at St. Thomas Hospital, unless other approval has been given.
APPENDIX A
REGISTRATION INTENT FORM FOR MFC/T DOCTORAL INTERNSHIP

This form is to be completed and filed with the MFC/T Doctoral Clinical Coordinator/Director no later than May 1. A meeting should be scheduled with your doctoral advisor and/or MFC/T Doctoral Clinical Coordinator/Director prior to that date for discussion and tentative approval of your internship sites.

1. Name____________________________________ Date_______________________

2. Address_____________________________________________________________
_____________________________________________________________________

3. Telephone: Home_______________ Work_____________Cell_________________

4. UA Net ID____________________________________________________________

5. Advisor______________________________________________________________

6. Comments (Please provide useful information; e.g., type of internship setting you prefer, specific site(s), licenses of site supervisors, how you plan to address the areas of teaching, clinical work, and scholarship.)
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

For Office Use:

Fall_____   Spring_____   Summer_____

Date Met: ____/____/ 20___  Initial: ______

Date Registered: ____/____/ 20___

Approved by: ___________________________
APPENDIX B
CONFIRMATION LETTER
To be sent from site after intern is approved.

SITE LETTERHEAD
(Example)

School of Counseling
College of Health Professions
The University of Akron
302 Buchtel Common
Akron, OH 44325-5007

Dear MFC/T Doctoral Internship Coordinator:

We have accepted (Student Name) for an internship placement, at (agency/college/University name) at (program/department) The internship period will be from (insert dates). (Student Name) has agreed to provide (hours per week) hours of service, and will be on-site (days and times each day). The on-site supervisor(s) will be (Supervisor(s)'s Name and License/Certificate Number). The on-site supervisor can be reached at the following (telephone number) and (email address).

If you have any questions, please feel free to contact me at (telephone number) or (E-mail address).

Sincerely

(Agency/College/University representative)

Address
E-mail
Phone #
Fax #

Attachments:
- Supervisor PCC copy of his/her license
- Supervisor IAMFT copy of his/her license
MEMORANDUM OF AGREEMENT

This agreement is made this _________ day of ___________ by and between ________________________ (hereinafter referred to as the Site) and will be effective for a period from _______________ to ________________ Student Intern name__________________________

Purpose: The purpose of this agreement is to provide a qualified graduate student with an internship experience in the MFC/T field.

The University shall be responsible for the following:
(a) Selecting a student who has successfully completed all the prerequisite courses and the advanced practicum experience/requirements.
(b) Designating a qualified MFC/T trained and licensed faculty member with AAMFT Approved Supervisor credentials as the Internship Supervisor who will work with the site in coordinating the internship experience.
(c) Notifying the student that s/he must adhere to the administrative policies, rules, standards, schedules, and practices of the site.
(d) Informing the student that s/he must have adequate liability insurance and CT status.

The site shall be responsible for the following:
(a) Providing the Intern with an overall orientation to the site’s specific services, policies, and procedures necessary for the implementation of the Internship experience.
(b) Designating a qualified and appropriately licensed professional (PCC and IAMFT or equivalent if approved by the MFC/T Program Coordinator) as Site Supervisor(s). The Site Supervisor(s) will be responsible, with the approval of the Administration of the Site, for providing opportunities for the Intern to engage in a variety of internship activities under supervision, and for evaluating the MFC/T Intern’s performance.
(c) Providing the MFC/T Intern with adequate work space, telephone, office supplies and staff support to conduct professional activities.

The Student Intern shall be responsible for the following:
(a) Attesting to having read and understood the American Counseling Association Code of Ethics, the American Association for Marriage and Family Therapy Code of Ethics and the Ohio Counselor, Social Worker, Marriage and Family Therapy Board Guidelines, and any relevant statutes from Ohio Revised Code. MFC/T Interns will practice in accordance with these laws and standards. Any breach of these ethics or any unethical
behavior on the MFC/T intern’s part will be taken very seriously and may result in removal from Internship and/or a failing grade. Documentation of such behavior will become part of the permanent academic record and might result in dismissal from the program, depending on the seriousness of the situation.

(b) Agreeing to adhere to the administrative policies, rules, standards, and practices of the internship site.

(c) Agreeing to inform immediately, both Site and University Supervisors regarding concerns or issues as related to the internship experience or clinical work.

(d) Understanding that a passing grade in Internship is contingent upon having demonstrated a competent skill level, as well as completion of all required paperwork and hours, all assignments are completed at a “B” or better grade and submitted at due date. In addition, the student must not have missed more than 1 class meeting and have fewer than 3 late arrivals to class. Behavior must have been consistently professional, without any ethical violations.

EQUAL OPPORTUNITY: It is agreed by all parties that there will be no discrimination on the basis of race, color, nationality, or ethnic origin, age, sex, or creed.

FINANCIAL ARRANGEMENTS: There are no financial stipulations in this agreement.

TERMINATION: It is understood and agreed by the parties hereto that the site has the right to terminate the Internship experience of the student whose health status (physical, emotional, etc.) is detrimental to the services provided for the clients of the site. Furthermore, the site has the right to terminate the internship experience, if serious violations or misconduct has occurred.

Prior to any actions being taken, the site supervisor(s) will contact the MFC/T Program Coordinator and/or Clinical Director, and inform them of the situation. A careful assessment will be conducted before any permanent actions are taken. If needed, university resources such as General Counsel, administration, etc. may be consulted.

The names of the responsible individuals charged with the implementation of this contract are as follows:

____________________________________    _____________
SITE Supervising Counselor       DATE

____________________________________    _____________
Site Supervising Counselor       DATE

____________________________________    _____________
University Internship Supervisor       DATE

____________________________________    _____________
Student Intern        DATE
APPENDIX D
SAMPLE NOMINATION LETTER

Dear (Site Name):

I am writing to nominate (Student Name) for an internship at (Name of Site) under your supervision. (Student Name) is enrolled in the Counselor Education and Supervision-Marriage and Family Counseling/Therapy (MFC/T) doctoral track in the School of Counseling at the University of Akron and has asked to be considered for internship placement with your site in order to gain further experience and expertise in teaching, research, supervision, MFC/T, etc. (Student Name) is scheduled to begin her doctoral Internship at the beginning of (Fall/Spring/Summer) semester of (Year). (Student Name) internship placement with your site would include that s/he makes a commitment of at least twenty (20) hours per week, for at least a nine month period. Doctoral interns must accumulate a minimum of 500 clock hours. (Student name) has prepared a resume that I have enclosed for your review. The resume will provide details of (Student Name) academic and clinical experience/training, as well as relevant employment history.

(Student Name) has been given a copy of this letter with instructions to contact you by phone within the next two weeks. If you have an internship position available, please feel free to schedule an interview with the student at your earliest convenience. If a decision is made to accept (Student Name) as an intern at your site, the student may be contacted. At that time, the student will be responsible to schedule a time to meet and discuss the MFC/T Program expectations, site responsibilities, student responsibilities and specific time commitment with you/your site.

The School of Counseling MFC/T doctoral track, in accordance with CACREP and COAMFTE accreditation standards, and those of the CSWMFT Board, requires that the internship site be able to provide an appropriately licensed or certified professional (PCC and MFT or equivalent and approved by the MFC/T Program Coordinator at The University of Akron, School of Counseling) to supervise the MFC/T student/intern. The Site must also be able to provide one hour of supervision each week for the student.

If you have any questions regarding this matter, feel free to contact me at 330-972-XXXX or email me at (your E-mail). Thank you for your consideration of this student and your participation as a site supervisor for our doctoral MFC/T students.

Sincerely

MFC/T Doctoral Coordinator/Clinic Director
SAMPLE INTERNSHIP PLAN

Internship Goals

1. To learn the philosophies, services and procedures of the site, which will be evidenced by __________________________________________________________________________________________

2. To improve and enrich MFC/T skills/supervision/teaching/research/advocacy skills which will be evidenced by __________________________________________________________________________________________

3. To attend and participate actively in supervision (individual, couple/family and/or group), consultation, team meetings, and staff meetings. As evidenced by scheduled weekly times:

4. Specify the exact objectives/activities below:

Objectives and Activities

- Participate in the daily functioning of the site
- Participate in weekly staff/team meetings.
- Practice and improve skills in individual, couple/family and/or group therapy
- Participate in individual, couple/family and/or group therapy sessions at the discretion of the supervisor(s).
- Practice and improve skills in supervision (working toward AAMFT Approved Supervisor status) with site supervisor.
  - Supervise 1-3 MFC/T master’s students-in-Internship
- Develop expertise in college teaching
  - Teach an undergraduate or master’s level course
- Practice consultation skills
  - Consult with an appropriate person
- Participation in program evaluation and program changes
- Participate in research activities of the site
- Participate in program/department-specific training, workshops, and professional presentations.
- Attend all relevant training opportunities to increase MFC/T skills.
- Gain experience in the use of a variety of resources.
- Participate in supervisory experiences by contributing professional information knowledge to the process.
- Participation in the formal evaluation of internship experience and performance.
  - Perform competently and ethically, following licensure and professional guidelines
- Scope of Practice.
  - Individual, couple/family and group therapy and AAMFT Supervision under the supervision of an AAMFT Approved Supervisor

________________________________ _____________________________________
Signature of Site Supervisor       Date

________________________________ _____________________________________
Signature of The University of Akron Supervisor     Date

________________________________ _____________________________________
Signature of Student Intern       Date
EXAMPLE OF DIFFERENT TYPES OF SUPERVISION, DIRECT AND INDIRECT ACTIVITY HOURS

SUPERVISION ACTIVITY
   A. Live
   B. Video
   C. Audio
   D. Case Consultation
   E. Other

DIRECT THERAPY ACTIVITY
   A. Individual Therapy
   B. Couple and Family Therapy
   C. Group Therapy

DIRECT SERVICE ACTIVITY
   A. Teaching/Presenting
   B. Consultation
   C. Supervision

INDIRECT SERVICE ACTIVITY
   A. Preparing lessons/grading papers
   B. Preparing conference proposals
   C. Completion of documentation
   D. In-service/professional meetings
   E. Writing case notes
   F. Professional reading
   G. Scoring standardized tests
   H. Telephone conferences
   I. Grant writing
   J. Research literature review
   K. Assistance with accreditation reports
To: All MFC/T Doctoral Site Supervisors  
Re: MFC/T Doctoral Internship Site Supervisor Support Services

The School of Counseling values the time and effort that internship site supervisors put forth to enhance the professional development of our MFC/T doctoral student interns. This memo is provided to describe support services that the School of Counseling offers to site supervisors during the MFC/T student placement internship placement.

**Orientation:** MFC/T Internship site supervisors are invited to attend a supervisor orientation at the beginning of each semester. Orientation is generally scheduled during the second class meeting time of Internship class. Internship site supervisors will be notified in advance, by email, of each semester’s scheduled orientation. This formal orientation is facilitated by the MFC/T Doctoral Counseling Internship Supervisor and has three goals:

1) to provide information on internship procedures and requirements
2) to provide information on assistance and consultation processes
3) to provide site supervisors an opportunity to meet and become acquainted with University supervisors and the Internship class requirements.

**Assistance and Consultation:** Site Supervisors are strongly encouraged to request assistance or consultation at any time during the internship process. The MFC/T Doctoral Clinical Coordinator/Director is available for assistance or consultation by phone (330) 972-XXXX. The Internship Supervisor _____________________________ is available for on-site visits anytime during the semester.

**Professional Development Opportunities:** The School of Counseling offers professional development activities, e.g. Internship Supervisor brunch, Delta Kappa, etc. that are provided free of charge to all site supervisors in order to gain professional development knowledge, and to meet with other site and university supervisors. Site supervisors will receive notification of scheduled workshops by email or regular mail.
APPENDIX H
TEACHING PHILOSOPHY

The teaching philosophy statement (sometimes simply called a teaching statement) is a brief, personal statement that offers insight into a teacher’s (part and/or full time) beliefs about teaching and actions in the classroom. In essence, it is the “why, what, and how” of one’s teaching. It is often included as part of a more comprehensive teaching portfolio, but can also stand alone as a singular document.

When developing the teaching philosophy, start by responding to the questions below and use these questions as a springboard to determine your values and beliefs and what is most effective when teaching. Consider the diverse (e.g., auditorial, visual, tactile learner) as well as the traditional and non-traditional learner, etc.) and how to include technology most effectively in your classroom.

Please answer the following questions:

1. What are your teaching values, beliefs and goals?
2. How will you know that your teaching is effective?
3. What are the criteria by which you will judge your teaching?
4. How will you assess your teaching? and when?
5. Consider what your end goal/purpose of your teaching is
   - knowledge generation
   - critical thinking
   - problem solving
   - content mastery
   - self-directed learning
   - experiential learning
6. How do you address issues of diversity?
7. How will you incorporate technology?
Things to Remember:
While the “big picture” content of your teaching statement is paramount, it is likewise important to consider how you present that information. Here are a few stylistic “do’s and don’ts” to consider as you draft your statement.

- **Use present tense.** A common question among first-time writers of teaching philosophy statements has to do with format. Your teaching philosophy should employ a **first-person** (e.g., “I,” not “You,” “Teachers,” or “He/She”), **present tense** point of view (e.g., “teach” not “taught”).

- **Keep it brief.** Your statement should be **one to two pages**, the generally accepted length.

- **Know your audience.** As with any piece of writing or presentation, it is important to keep in mind the needs and values of those who will be reading your statement – especially if you are thinking about working in higher education.

- **“Own” your statements.** Remember that your teaching philosophy is – **yours**. It reflects your personal beliefs about teaching and your actions in the classroom, and those beliefs may or may not belong to others.

- **Do not make empty statements.** Move beyond the broad philosophical statement, and instead anchor your statement with concrete details.

- **Ground it in your discipline, but use language that can be broadly appreciated.** Offer some insight about teaching in your specific field, you should avoid getting bogged down with jargon and instead use language that many can understand, even if they are not specialists.

- **Do not rehash your vita.** Your teaching statement is not a laundry list of all the classes you have taught or other things on your CV. Instead, your focus should remain on what you believe about teaching and why, and how you put those beliefs into action.

- **Do not be a know-it-all.** Since you are a relatively new teacher, remember that good teaching is a process of trial, error, and reflection. This however does not mean you know nothing! Strive to strike a balance somewhere.

- **Make sure it is well written.** Finally, communicate with those who do not know you what your teaching philosophy is. Be structured and organized. Write several drafts of your teaching philosophy, and recruit peers, your advisor and finally your Internship instructor to offer feedback.

- **REMEMBER:** There is no single, standardized, “correct” approach to writing a teaching philosophy statement.
Some Additional Online Resources

Additional resources and guidance on teaching philosophy statements, including examples of statements from both faculty and graduate students, can be found at:

- The University of Hawaii Teacher Portfolio and Preparation Series. (TiPPS) Teaching philosophy. [http://nflrc.hawaii.edu/tipps/?page_id=53](http://nflrc.hawaii.edu/tipps/?page_id=53)


- The Ohio State University Center for the Advancement of Teaching. Writing a philosophy of teaching statement. [http://ucat.osu.edu/teaching_portfolio/philosophy/philosophy2.html](http://ucat.osu.edu/teaching_portfolio/philosophy/philosophy2.html)
APPENDIX I
### PROGRAM EVALUATION

<table>
<thead>
<tr>
<th>QUESTIONS TO CONSIDER</th>
<th>ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program name</td>
<td></td>
</tr>
<tr>
<td>Program description (mental health or academic). What specific program is being evaluated?</td>
<td></td>
</tr>
<tr>
<td>What changes occurred? What is different as a result of this program (for clients/for students)?</td>
<td></td>
</tr>
<tr>
<td>What is the overall impact on the (clients/students) in the target group?</td>
<td></td>
</tr>
<tr>
<td>What do they do (clients/students or community/university) in the target group?</td>
<td></td>
</tr>
<tr>
<td>What do clients/students learn or gain? What are they able to accomplish because of the program?</td>
<td></td>
</tr>
<tr>
<td>Who actually gains from the program?</td>
<td></td>
</tr>
<tr>
<td>To what extent has the program met the goal or performance target?</td>
<td></td>
</tr>
<tr>
<td>How do outcomes change over time?</td>
<td></td>
</tr>
<tr>
<td>Are results different at different locations (if offered in more than one location)?</td>
<td></td>
</tr>
<tr>
<td>What factors contribute to the outcome?</td>
<td></td>
</tr>
<tr>
<td>What are unanticipated or unintended outcomes (positive and negative)?</td>
<td></td>
</tr>
<tr>
<td>How does the program compare to other/similar programs?</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX J
# MFC/T Doctoral Supervisor: Case Study Rubric

<table>
<thead>
<tr>
<th>Supervision Model</th>
<th>Accomplished</th>
<th>Competent</th>
<th>Undeveloped</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comprehensive description of model and fit with trainee’s model; success detailed; at least 2 self-of-therapist issues enumerated and shows evidence of reflection or resolution;</strong></td>
<td><strong>3</strong></td>
<td><strong>2</strong></td>
<td><strong>1</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Clear description of model; interaction needs defined with more detail; success indicated; self-of-therapist issues understood and attempts to resolve;</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lacks detail of model; interactions unclear; success not indicated; self-of-therapist issues and resolution sketchy;</strong></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisee Clinical Skills</th>
<th>Accomplished</th>
<th>Competent</th>
<th>Undeveloped</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comprehensive and accurate (as evidenced by videos);</strong></td>
<td><strong>3</strong></td>
<td><strong>2</strong></td>
<td><strong>1</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Accurate (as evidenced by videos);</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Assessment of skills is inaccurate (does not fit with evidence from videos);</strong></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Role Development</th>
<th>Accomplished</th>
<th>Competent</th>
<th>Undeveloped</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acts comfortably and appropriately as supervisor; is aware of supervisee’s stage; complete assessment of supervisee’s ethical awareness;</strong></td>
<td><strong>3</strong></td>
<td><strong>2</strong></td>
<td><strong>1</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Usually comfortable with role; aware of supervisee’s stage; good assessment of supervisee’s ethical awareness;</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Uncomfortable with role (often switches back to therapist); not aware of supervisee’s stage or level of ethical awareness;</strong></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Epistemological Frame</th>
<th>Accomplished</th>
<th>Competent</th>
<th>Undeveloped</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clear and detailed understanding of personal changes, supervisee’s knowledge and application skills and the isomorphic process;</strong></td>
<td><strong>3</strong></td>
<td><strong>2</strong></td>
<td><strong>1</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Shows clear understanding of own changes, supervisee’s knowledge &amp; application and isomorphism;</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Unable to explain changes, supervisee knowledge and application skills and isomorphism;</strong></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contextual Variables</th>
<th>Accomplished</th>
<th>Competent</th>
<th>Undeveloped</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Detailed descriptions with examples;</strong></td>
<td><strong>3</strong></td>
<td><strong>2</strong></td>
<td><strong>1</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Descriptions with examples;</strong></td>
<td></td>
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<tr>
<td><strong>Limited examples (less than 2) and descriptions;</strong></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment &amp; Evaluation</th>
<th>Accomplished</th>
<th>Competent</th>
<th>Undeveloped</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accurate and comprehensive answers to topic areas;</strong></td>
<td><strong>3</strong></td>
<td><strong>2</strong></td>
<td><strong>1</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Accurate, but brief answers to topic areas;</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Inability to accurately provide answers to topic areas;</strong></td>
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</tbody>
</table>
APPENDIX K
MFC/T DOCTORAL INTERNSHIP STUDENT INFORMATION FORM

MFC/T Doctoral Internship Student Contact Information

Student Name: ________________________________________________________________

Phone Number: (              )              Email:  _________________________________

Current Address: _________________________________________

_________________________________________

_________________________________________

Site and Supervisor Information

Site Name:______________________________________________________________

Supervisor:______________________________________________________________

Phone Number: _______________________  Email:  _________________________

Site Address: _________________________________________

_________________________________________

_________________________________________

Background Information

Liability Insurance Carrier & Expiration Date: _________________________________________

Are you currently employed part or full time outside of your internship? □ Yes □ No

If Yes, where? _____________________________ How many hours per week? _______

Please list any specific life experiences or previous concerns with supervision that might impact your supervision experience:

What would you like to include for goals for this supervision experience?
APPENDIX L
MFC/T DOCTORAL INTERNSHIP DIRECT SERVICES ACTIVITY LOG

Student Name: __________________________________
Internship Supervisor: ____________________________ Log # ________

DIRECTIONS: Put date of service, total number of clinical, non-clinical, and supervision hours for that entire day. Supervisor initial in last column verifies hours and services performed.

<table>
<thead>
<tr>
<th>Date</th>
<th>Relational Hours</th>
<th>Co-Therapy Hours</th>
<th>Individual Hours</th>
<th>Group Hours</th>
<th>CPST / Case Mgt. Hours</th>
<th>Non-Clinical Hours</th>
<th>Supervision Hours</th>
<th>Supervisor’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
# MFC/T Doctoral Internship Supervision Worksheet

*The University of Akron, Marriage and Family Counseling/Therapy Program*

**Bring this worksheet to EACH internship seminar of the semester**

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>DATE:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Case of Concern #1</th>
<th>Please circle type:</th>
<th>Formal</th>
<th>Informal</th>
</tr>
</thead>
</table>

Case # (or initials): ____________  Modality:  I  C  F  OTHER

Total # of Sessions Seen: __________  Date of Last Session: ________________

**Presenting Issue:**

**Focus of Last Session:**

**Safety Issues / Concerns:**

**Supervisor Notes:**

<table>
<thead>
<tr>
<th>Case of Concern #2</th>
<th>Please circle type:</th>
<th>Formal</th>
<th>Informal</th>
</tr>
</thead>
</table>

Case # (or initials): ____________  Modality:  I  C  F  OTHER

Total # of Sessions Seen: __________  Date of Last Session: ________________

**Presenting Issue:**

**Focus of Last Session:**

**Safety Issues / Concerns:**

**Supervisor Notes**
DOCTORAL INTERNSHIP CONTRACT

The University of Akron
College of Health Professions
School of Counseling

(Intern name)'s internship will take place at (Internship Site) (20 hours per week) beginning (beginning and ending date). Responsibilities include, but are not limited to:

A. Teaching
   • Course name and number
   Role: instructor or assistant

   These activities will be supervised by (name and contact info)

B. Additional opportunities
   • Providing ..... 
   • Providing ..... 

Supervision will be provided by:

<table>
<thead>
<tr>
<th>Direct Internship Site Supervisor</th>
<th>Course Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and credential</td>
<td>Name and credential</td>
</tr>
<tr>
<td>Phone: 330-</td>
<td>Phone: 330</td>
</tr>
<tr>
<td>Email:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student name and credential</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFC/T Doctoral Coordinator name</td>
<td>Date</td>
</tr>
</tbody>
</table>

| Agency/university supervisor name and credential | Date |

42
APPENDIX
Doctoral Intern Name: ____________________________

Site Name: ____________________________ Week of: ____________

TEACHING WEEKLY LOG

School of Counseling

College of Health Professions

Course Number: ___________ Course Name: ____________________________________

Course Number: ___________ Course Name: ____________________________________

<table>
<thead>
<tr>
<th>Day</th>
<th>Prepare lecture/Power Point</th>
<th>Lecture (I=In person O=On line G=Guest lecture C=Co-teach)</th>
<th>Meeting with Teaching Supervisor</th>
<th>Faculty Meeting</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
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<tr>
<td>Tuesday</td>
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<td>Sunday</td>
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<tr>
<td>TOTAL</td>
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</tbody>
</table>
Faculty supervisor: Listed below are several qualities which describe aspects of doctoral intern/instructor behavior. Rate the doctoral intern/instructor on each of the questions below by assigning a number best reflecting the doctoral intern/instructor’s performance.

----1--------------------------2-------------------------3-------------------------4-----------------5------
Strongly Disagree Neutral Agree Strongly Agree
Disagree

1. (   ) The course objectives and assignments were clearly explained.
2. (   ) The course syllabus/syllabi met your institution’s guidelines and were presented to students the 1st day of class.
3. (   ) The doctoral intern/instructor was well organized and prepared for each class.
4. (   ) The doctoral intern/instructor presented material in an understandable and interesting way.
5. (   ) The doctoral intern/instructor made use of technology in and outside of the course.
6. (   ) The doctoral intern/instructor treated students with respect.
7. (   ) The doctoral intern/instructor created a safe learning environment.
8. (   ) The doctoral intern/instructor used various teaching methods to meet the student’s diverse learning needs.
9. (   ) The doctoral intern/instructor makes good use of examples and illustrations.
10. (   ) The doctoral intern/instructor incorporated diversity into his/her lectures/class activities.
11. (   ) The doctoral intern/instructor seems to enjoy teaching.
12. (   ) The doctoral intern/instructor made the course difficult enough to be stimulating.
13. (   ) The doctoral intern/instructor appears to have a thorough knowledge of the subject.
14. (   ) The doctoral intern/instructor cleared up points of confusion with students.
15. (   ) The doctoral intern/instructor used class time well.
16. (   ) The doctoral intern/instructor facilitated class discussions.
17. (   ) The doctoral intern/instructor inspired interest in the subject matter of this course.
18. (   ) The doctoral intern/instructor gives homework assignments that keep the student engaged with course content during the week.
19. (   ) The doctoral intern/instructor grades fairly, providing a grading rubric at the onset of class to all students.
20. (   ) The doctoral intern/instructor showed personal interest in helping students learn.
Average rating

Growth areas that the Doctoral Intern/Instructor should focus on:

Strengths observed in the Doctoral Intern/Instructor:

Overall evaluation and comments:

___________________________________________    ____________
Doctoral Intern/Instructor        Date

___________________________________________    ____________
Internship Faculty Site Supervisor      Date

___________________________________________    ____________
University of Akron Internship Supervisor     Date
INFORMED CONSENT FOR USE OF VIDEOTAPED THERAPY

Client Name:_____________________________________

Student Therapist: _____________________________________

***

I hereby authorize and consent for the MFC/T doctoral internship student named above to use whole or part of our videotaped therapy sessions for the purpose of supervision at the University of Akron, School of Counseling until consent has been revoked.

I understand that the videotaped session will be used for supervision only and that the viewers of these sessions are mental health professionals and will be cautioned to respect the confidentiality of this material. I understand that I will not be identified beyond information on the videotaped segments. Further, I understand that the original tapes and any written materials in my case file are still protected and confidential.

I understand that this consent remains in place until I notify the MFC/T doctoral internship student above via oral or written format of my revocation of consent. If oral revocation is provided, a follow-up written letter of revocation will be required. If my therapy sessions have ended, I know I can contact the agency where I received services, and they can provide contact information for the student.

***

Client Written Name  Client Signature

Client Written Name  Client Signature

Client Written Name  Client Signature

Client Written Name  Client Signature

Client Written Name  Client Signature

***

Student Therapist Written Name  Student Therapist Signature

Site Supervisor Written Name  Site Supervisor Signature
APPENDIX K
Trainee Evaluation Form – Supervisor Report

Trainee Name: ______________________________ Date: _______________

Supervisor Name: ___________________________

Please rate the above named trainee on each of the following items based on the scale below:

5 = Very Strong in this area with all clients; this comes naturally for him/her.
4 = Strong in this area, though still may have times of difficulty with some clients.
3 = Competent in this area, but s/he should continue to work on this skill.
2 = Inconsistent in this area; often displays weakness and uncertainty in this area.
1 = Weakness in this area; needs additional supervision and guidance.
N/A = I am not able to assess the trainee on this competency at this time.

Attending to Therapeutic Relationship

<table>
<thead>
<tr>
<th>TASK STATEMENT</th>
<th>Rating 1</th>
<th>Rating 2</th>
<th>Rating 3</th>
<th>Rating 4</th>
<th>Rating 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.05</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>1.01</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>1.06</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.05</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>1.07</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
### Addressing Family Process

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
<th>N/A</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.03</td>
<td>The trainee integrates individual and medical models of functioning within a systemic perspective.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>1.03</td>
<td>The trainee determines boundaries, hierarchies, &amp; patterns within families.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### Remaining Aware of the Larger System

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
<th>N/A</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.16</td>
<td>The trainee develops treatment approaches from a range of theoretical perspectives.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2.12</td>
<td>The trainee identifies psychosocial and environmental influences on each client.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2.20</td>
<td>The trainee coordinates therapy with relevant individuals and institutions.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>1.04</td>
<td>The trainee addresses external influences that affect family functioning.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### Designing and Conducting Treatment

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
<th>N/A</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.05</td>
<td>The trainee can determine who should attend therapy and in what configuration.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>1.02</td>
<td>The trainee facilitates therapeutic involvement of all necessary participants in treatment.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3.02</td>
<td>The trainee matches the needs of the client with an appropriate therapeutic approach.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2.07</td>
<td>The trainee integrates information from a variety of sources to develop a treatment plan.</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
The trainee establishes a sequence of treatment processes in a treatment plan. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENTS 2.16, 3.08**

The trainee assists the client to change their perspective of the presenting complaint to facilitate solutions. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENT 3.18**

The trainee helps the client to identify strengths and resources that assist therapy. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENT 2.12**

The trainee assists the client in developing effective problem-solving abilities. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENT 3.20**

The trainee helps the client alter problematic relationship patterns. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENTS 3.18, 3.20**

The trainee tailors therapy to a client’s developmental needs. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENTS 3.05, 4.01**

The trainee modifies treatment techniques to the cognitive level of a child or adolescent. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENTS 3.05, 4.01**

The trainee responds appropriately to a client’s culture or ethnicity. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENTS 5.01, 5.05**

The trainee respects a client’s sexual orientation in order to enhance the process of change. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENTS 5.01, 5.05**

**Evaluating Ongoing Process and Outcomes**

The trainee utilizes published books or articles to guide the therapeutic process. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENT 4.01**

The trainee modifies the treatment plan based on information about the client’s progress. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENTS 4.02, 4.03**

The trainee utilizes ongoing assessment to monitor the nature and severity of a client’s problems. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENTS 2.13, 2.15**
The trainee assesses a client’s interests and abilities using published standardized tests. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENT 2.14**

The trainee can interpret client’s standardized test results related to published norms. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENT 2.14**

The trainee can evaluate clients’ outcomes for the need to continue or terminate therapy. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENT 3.21**

---

**Thinking about Practice**

The trainee has a theory of how change occurs. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENTS 3.06, 4.01**

The trainee recognizes how his/her assumptions about human nature influence therapy. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENT 3.19**

The trainee integrates supervisor/team communications into treatment. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENT 5.05**

---

**Maintaining Professional Ethics**

The trainee recognizes when personal biases may influence the therapeutic process. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENT 5.04**

The trainee recognizes when consultation with a colleague or supervisor is appropriate. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENT 5.05**

The trainee understands the ethical codes of the profession. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENTS 5.01, 5.02**

The trainee maintains adequate and timely clinical records. | N/A | 1 | 2 | 3 | 4 | 5 |

**TASK STATEMENTS 5.01, 5.12**

The trainee can discuss how fiscal responsibility, confidentiality, and legal issues can influence the therapeutic process. | N/A | 1 | 2 | 3 | 4 | 5 |
### TASK STATEMENTS 5.06, 5.07

| The trainee describes the therapeutic process to clients so that they can make informed decisions about treatment. | N/A | 1 | 2 | 3 | 4 | 5 |

### TASK STATEMENTS 5.01, 5.08

| The trainee makes appropriate referrals to other professionals. | N/A | 1 | 2 | 3 | 4 | 5 |

### TASK STATEMENT 5.09

**Assessment and Diagnosis**

| The trainee can recognize and evaluate an adult client who is depressed. | N/A | 1 | 2 | 3 | 4 | 5 |

### TASK STATEMENTS 2.14, 2.15, 2.16, 2.18

| The trainee can recognize and evaluate a child or adolescent client who is depressed. | N/A | 1 | 2 | 3 | 4 | 5 |

| The trainee can assess an adult client’s behavior based on DSM-IV criteria. | N/A | 1 | 2 | 3 | 4 | 5 |

| The trainee can assess a child or adolescent client’s behavior based on DSM-IV criteria. | N/A | 1 | 2 | 3 | 4 | 5 |

### TASK STATEMENTS 2.14, 2.15, 2.16, 2.18

| The trainee can recognize and evaluate an adult client who has an anxiety disorder. | N/A | 1 | 2 | 3 | 4 | 5 |

| The trainee can recognize and evaluate a child or adolescent client who has an anxiety disorder. | N/A | 1 | 2 | 3 | 4 | 5 |

### TASK STATEMENTS 2.14, 2.15, 2.16, 2.18

| The trainee can distinguish a client who has a personality disorder. | N/A | 1 | 2 | 3 | 4 | 5 |

| The trainee can identify a client who has a developmental disorder. | N/A | 1 | 2 | 3 | 4 | 5 |

| The trainee can assess the level of risk of harm that a client’s behaviors pose. | N/A | 1 | 2 | 3 | 4 | 5 |

### TASK STATEMENT 2.13

**Strengths:**

**Weaknesses:**
# Case Notes and Family Assessment

## Case Notes

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Excellent</th>
<th>Competent</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systemic conceptualization</td>
<td>Considers all participants in therapy and identifies interactions between them</td>
<td>Considers most but not all participants in therapy, and considers interaction patterns between most but not all parties in session</td>
<td>Considers most but not all participants in therapy and does not consider interaction patterns in session</td>
</tr>
<tr>
<td>1.2.2; 1.2.3; 1.3.2; 1.4.1; 2.2.4; 2.3.8</td>
<td>Identifies situational and developmental stressors and the impact of these on session content</td>
<td>Identifies situational and developmental stressors but does not link these to session content</td>
<td>Does not identify situational and developmental stressors</td>
</tr>
<tr>
<td>Capturing content and process</td>
<td>States content as presented within interaction process of session</td>
<td>States content but does not include statement of interaction process of session</td>
<td>Does not identify content or interaction process of session</td>
</tr>
<tr>
<td>2.2.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides appropriate and sufficient clinical information</td>
<td>Concise and clear description of session content and process</td>
<td>Gives description of session content and process but may be unclear or incomplete</td>
<td>Does not identify either content or process of session</td>
</tr>
<tr>
<td>4.3.12; 4.5.3</td>
<td>Gives sufficient information for supervisor to gain picture of client</td>
<td>Insufficient information for supervisor to gain picture of client</td>
<td>Minimal information given for supervisor</td>
</tr>
<tr>
<td></td>
<td>Provides relevant information</td>
<td>Some irrelevant information included</td>
<td>Irrelevant information outweighs relevant information</td>
</tr>
<tr>
<td>Adheres to professional writing standards</td>
<td>Free of grammatical errors and typing errors</td>
<td>One or two grammatical and/or typing errors</td>
<td>More than two grammatical and/or typing errors</td>
</tr>
<tr>
<td>5.1.3</td>
<td>Uses non-judgmental language</td>
<td>Uses non-judgmental language</td>
<td>Judgmental language used</td>
</tr>
<tr>
<td></td>
<td>Gives clear behavioral descriptions of observed behaviors and interactions</td>
<td>Some behavioral descriptions presented</td>
<td>Minimal behavioral descriptions presented</td>
</tr>
<tr>
<td>Timeliness</td>
<td>Submitted on time</td>
<td>Submitted late with notice to instructor</td>
<td>Submitted late with no notice to instructor</td>
</tr>
<tr>
<td>5.1.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adheres to professional writing standards 5.1.3</td>
<td>Free of grammatical errors and typing errors</td>
<td>One or two grammatical and/or typing errors</td>
<td>More than two grammatical and/or typing errors</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>---------------------------------------------</td>
<td>-------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Uses non-judgmental language</td>
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<td>Judgmental language used</td>
<td></td>
</tr>
<tr>
<td>Gives clear behavioral descriptions of observed behaviors and interactions</td>
<td>Some behavioral descriptions presented</td>
<td>Minimal behavioral descriptions presented</td>
<td></td>
</tr>
<tr>
<td><strong>Timeliness 5.1.3</strong></td>
<td>Submitted on time</td>
<td>Submitted late with notice to instructor</td>
<td>Submitted late with no notice to instructor</td>
</tr>
</tbody>
</table>
|</table>
AGENCY CLINICAL SUPERVISOR EVALUATION

Date: ____________________  Supervisor Name: _______________________________________

Agency Name: ________________________________________________________________

This semester’s Internship is my: ___1st  ___2nd  ___3rd  ___4th ___

This Supervisor was my:

_____ Licensed IMFT or MFT Supervisor

_____ Licensed PCC Supervisor

Rate the following statements using the following scale:

Strongly Agree     Agree           Neutral            Disagree      Strongly Disagree

1                        2                    3                         4                          5

_____ 1. Established good rapport with you.

_____ 2. Established clear goals conjointly with you.

_____ 3. Emphasized professionalism and ethical behavior.

_____ 4. During initial session provided more structure than during later sessions.

_____ 5. Provided relevant literature or references on specific treatment issues.

_____ 6. Gave appropriate feedback to you about positive counseling behaviors.

_____ 7. Gave appropriate feedback to you about non-facilitative behaviors.

_____ 8. Observed your counseling (either live or video) at least four times.
9. Gave direct suggestions to you when appropriate.
10. Provided time to see him/her role playing or providing counseling.
11. Was available for consulting at times other than regularly scheduled.
12. Used the relationship between supervisor/supervisee to demonstrate principals of counseling.
13. Helped you to develop systemic thinking and conceptualize cases from a relationship perspective.
14. Encouraged you to experiment with different assessment and intervention techniques to discover your own unique style.
15. Discussed “self of therapist” issues in supportive, useful, manner.
16. Was sensitive to diversity issues of supervisees and clients.
17. Helped you develop self-confidence as an emerging MFT.
18. Confronted you when appropriate.
19. Announced course objectives agreed with what was taught.
20. Procedures for calculating the course grade were clearly stated in the syllabus.
21. The textbook/readings contributed to learning in this course.
22. Evaluations covered skills and knowledge taught in this course.
23. This course helped me to become a better decision-maker.

Comments:

Please place this completed form in a sealed envelope and return to Dr. Karin Jordan.
APPENDIX M
SUPERVISOR EQUIVALENCE FORM

Marriage and Family Counseling/Therapy Program
School of Counseling
University of Akron

GENERAL INFORMATION

Name:_________________________________________________________ Date:________________

Agency Name:________________________________________________________________________

Agency Address:______________________________________________________________________
____________________________________________________________________________________

Highest Degree: □ MA/MS
□ PhD
□ Other____________________

Ohio License: □ Independent Marriage and Family Therapist (IMFT)
□ Professional Clinical Counselor (PCC)
□ Independent Social Worker-Supervisor (ISW-S)
□ Psychologist
□ Psychiatrist
□ Other State License ______________________________________

DETERMINATION OF SUPERVISORY STATUS

Category I

1. Are you an AAMFT Approved Supervisor? □ YES □ NO
2. Are you an AAMFT Approved Supervisor –in –Training? □ YES □ NO
   If you answered with YES, who is the Supervisor-of-Supervision? __________________
3. Are you a licensed Independent Marriage and Family Therapist, with three years post degree
   experience in MFT? □ YES □ NO

If you answered YES to either of these questions, this form is completed. Please sign the last page
verifying accuracy of this info. You are granted approved supervisor status for The University of Akron
Marriage and Family Counseling/Therapy program’s master and doctoral programs in the School of
Counseling. You are required to submit a copy of your resume or vita and verification from AAMFT of
your supervisory status, to complete this approval process (in accordance with: OH4757, COAMFTE
202.02).

Category II
COAMFTE Standard 11-202.02). A program may designate a person who is not an AAMFT Approved Supervisor or Supervisor Candidate as equivalent to an AAMFT Approved Supervisor for purpose of supervision, if (1) the program documents that the equivalent supervisor had demonstrated training, education and experiences in marriage and family therapy. This may be demonstrated by state MFT credential, AAMFT clinical membership or other documentation of training, education and experience in individuals, couples, and family therapy, and (2) demonstrated training, education and experience in individual, couple and family therapy supervision. This may be demonstrated by state credential to provide MFT supervision, completing coursework or continuing education in MFT supervision, significant MFT supervised supervision experience, or more than 10 years experience supervising MFT students. (Equivalence criteria must include training in MFT supervision.)

1. **Education in MFT:** Has completed 2 courses in MFT, or can evidence extensive non-academic training in MFT (e.g. a minimum of at least 25 credits of continuing education, etc.). Please list (a) university attended and courses completed, or (b) dates, topics and number of continuing education credits accrued. IMPORTANT: Documentation may be requested for accreditation purposes.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2. **Training and experience in MFT:** Have a minimum of three years of clinical experience with couples and/or families. Please list types of clinical experiences and place of experience.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. **MFT supervision education and training:** Please list education and/or training, including dates and courses, workshops, or continuing education credits in MFT supervision.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

4. **MFT supervision experience or supervision of MFTs:** A minimum of two years being supervised as a marriage and family supervisor. Please list supervisor’s name and site where their experience took place.
OR
A minimum of 10 years supervising MFT students. Please list site(s) where the supervision took place and the dates.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please return this completed form, a resume or vita, any documentation such as copies of licensure, certificates, transcripts, etc. to The University of Akron, Department of Counseling (Marriage and Family Therapy program)

Mailing Address:
The University of Akron
Chima Family Center
302 Buchtel Common
Akron, Ohio 44325
Attn.: MFC/T Program Coordinator

Fax Number:
330-972-5292

Applicant Signature: ________________________________ Date___________________

For Office Use Only

MFC/T Program Coordinator(s): please review application form to determine applicant’s qualifications and mark below, as appropriate;

□ Approved                  □ Denied                  □ Need more information

MFT Program Director: ________________________________ Date: __________________