



2025-26

CLINICAL TRAINING MANUAL COUPLE AND FAMILY THERAPY GRADUATE PROGRAMS

A GUIDE TO CFT PRACTICUM TRAINING*

*Note: These policies are Alliant policies and may or may not reflect current policies of the Board of Behavioral Sciences (BBS) or Board of Psychology (BOP). Students are responsible for keeping informed of current licensure policies. Alliant policies are also subject to change.

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Introduction

Welcome to the clinical training portion of your couple and family therapy education. This is a significant milestone in the journey of your professional and educational development. The purpose of this manual is to provide a comprehensive set of guidelines and procedures to assist you through this challenging yet exciting phase of your education.

Alliant University strives to prepare students to function at the highest levels of professional excellence in their respective field, emphasizing the benefits derived from academic and experiential training. Clinical training, a time-honored skill training modality of almost all the mental health disciplines, is the time when you apply the knowledge that you have gained in the program to real people, real problems, and real human dilemmas.

The Couple and Family Therapy Programs are designed to develop ethical and responsible professional practitioners who are proficient in providing couples, marriage, and family therapy services to the community. The program strives to decrease the distance between academic training and the real world by requiring you to gain experiences in the community where you live and possibly will work in the future. You are not going through this journey alone. You are under close supervision by qualified supervisors who support and challenge you throughout this process.

This Clinical Training Manual is in effect at the time you enroll in the CFT Program. Please read it carefully as it provides answers to most, if not all, your questions regarding the clinical training process.

Now let's get started.

What is a Practicum?

A **practicum** is another name for the clinical training portion of the Master's (MA) program. Students are referred to as trainees while in practicum. This is a training process over three consecutive semesters. The following section will describe the stages of this process.

The purpose of practicum is to develop therapeutic skills with individuals, couples, families from a systemic perspective toward state licensure. You will perform marriage and family therapy under supervision with a qualified supervisor at a site approved by the Clinical Training Coordinator (CTC). While in practicum, you work as a trainee in a local mental health agency where you receive supervision by the site supervisor. You are to accumulate a minimum of 300 clinical hours (minimum 150 of them are relational hours). You also take practicum courses (PSY 73600 Practicum, 3.0 unit/semester) for at least three semesters from faculty members during this year. Most students can complete the 300 clinical hour requirement in three semesters. **The practicum experience must be three (3) consecutive semesters of practicum.** If you cannot complete the required minimum 300 clinical hours after this whole year process, you then take PSY 73690 Practicum Extension (0 unit/semester) until you complete all the required clinical hours. The clinical hours accumulated during practicum will count toward the total hours required for your state licensure.

- PSY 73690 Practicum Extension is for students who have passed at least three consecutive MFT practicums (and may have also taken semesters in Supplemental Practicum) and **need 99 or fewer hours** (direct, relational, or raw data) to complete before graduation, as per COAMFTE requirements.

- PSY 74000 Supplemental Practicum is for students who have passed three consecutive MFT practicums and have **100 or more hours**, as defined by COAMFTE clinical hours requirements, in any combination (direct, relational, raw data), to complete prior to graduation.

Students are responsible for keeping track of practicum hours to make sure they are gaining **both** clinical and supervision hours at a steady pace.

Practicum is the time you essentially start to function as a practicing professional. Thus, professionalism is expected of you, which includes being self-directed, and taking responsibility in the observation of current legal and ethical codes benefiting the public interest and welfare under the jurisdiction of applicable local, state, and national boards or professional associations.

Students who are not planning to practice in California should contact licensure boards in their states of interest for licensing information. **PLEASE NOTE: You must obtain a site in the State in which you reside, even if that site is telehealth. Your site and your clients must be located in your State of current residence.**

Training Goals

The training program prepares the student in developing professional competence within the field placement. Students are expected to be self-directed and responsible in the observation of current legal, ethical, and moral codes benefiting the public interest and welfare under the jurisdiction of applicable local, state, and national boards or professional associations.

Professional Development Requirements (MA)

In addition to the clinical training requirements, the master's program requires activities aimed at enhancing students' personal and professional development. Students are eligible to begin professional development once their coursework has commenced. These include activities that orient students to the profession and provide opportunities for specialized training. These activities also introduce the importance of lifelong learning and education. Activities include workshops, in-service trainings, professional conferences, therapy with a licensed mental health professional and supervision with CFT doctoral student enrolled in Supervision Internship. Master's students are required to complete 50 professional development hours. Of the 50 professional development hours, 25 hours may be personal therapy. Therapy must be with a fully licensed mental health professional. Ten of the 50 professional development hours may be gained from participating in video/audio supervision with CFT doctoral student enrolled in Supervision Internship. Please note that you cannot count more than 25 hours from any one training event, even if it is spread across multiple days. Online trainings are permitted for professional development hours.

The program strongly encourages that students have the opportunity to experience being a client of psychotherapy, both to enhance one's understanding of the process and to further stimulate personal growth and self-awareness that are useful in the role of therapist.

All Professional Development hours will be entered into Time2Track. Hours will be submitted on Time2Track to the CTC only for approval. All certificates must then be uploaded under Files on Time2Track.

How to review summary: [Time2Track.com](https://time2track.com) --> Log in --> Reports --> Combined Summary

These 50 hours must be completed in order for the degree to be posted.

Professional Development Requirements (Doctoral)

The doctoral program also requires activities aimed at enhancing students' personal and professional development. These include activities that orient students to the profession, provide opportunities for specialized training. These activities also introduce the importance of life-long learning and education. Activities include workshops, in-service trainings, professional conferences and individual, family, or group therapy experiences.

- Doctoral students enrolled in the 69-unit program must supplement their program with **50 hours of professional development activities**; 25 of these hours may involve personal counseling or psychotherapy with a licensed mental health professional who is not core faculty at Alliant. These 50 hours are in addition to the 50 hours accrued during the master's program.
- Doctoral students enrolled in the 114-unit program must supplement their program with **100 hours of professional development activities**; 25 of these hours may involve personal counseling or psychotherapy with a licensed mental health professional who is not core faculty at Alliant. Students who have completed their MA in MFT at Alliant may transfer up to 50 professional development hours from their master's program, reducing the required hours to 50 hours.

The program strongly encourages that students have the opportunity to experience being a client of psychotherapy, both to enhance one's understanding of the process and to further stimulate personal growth and self-awareness that are so useful in the role of therapist. These hours are degree requirements and thus must be completed in order for the MA or Doctoral degree to be posted.

Reporting Professional Development Hours. Professional development hours are submitted in writing to the Clinical Training Coordinator on each campus, as follows:

1. Continuing Education: Verification of professional development activities should be submitted with dates and descriptions of the training event, with a signature by the person in charge of the event, or a certificate of completion. It should be submitted as soon as students have completed a workshop. Students should keep copies of the verification for their own records.
 - i. No more than 25 professional hours can be accrued from any single training.
 - ii. All training hours can be completed online (asynchronistic or synchronistic [live] format)
 - iii. In-Person* trainings will be awarded 1.5 times the hours accrued (for example, if you attended an in-person training of 3 hours, you would earn 4.5 hours toward professional development)
 - iv. Please log actual hours in Time2Track and your CTC will calculate your "bonus time."
 - v. Include your student ID number on the document.
 - vi. **Any trainings that are obtained through program course requirements are not to be counted for professional development hours (i.e., PCIT for PSY63170 Parent-Child Therapy and TF-CBT for PSY63250 Trauma & Crisis Interventions)**

*Please note: "In Person" refers to your physical persons being at the location of training. This does not include live zoom/webinars online.

2. Personal Therapy. Verification of individual psychotherapy hours from the student's therapist on his/her letterhead indicating starting date and number of hours completed to date along with their licensing credentials and contact info.
 - i. **No more than 25 professional development hours can be accrued for individual psychotherapy.**
 - ii. Include your student ID number on the document.
3. Leadership and Service in Professional Organizations. **You can count up to 10 professional development hours (5 hours per semester) for serving in elected or volunteer positions within professional, therapy-related organizations.** This includes organizations such as the OSA, SGA, local therapy organizations, and state MFT organizations (e.g., serving as a student representative), all of which are subject to approval by the CTCs.
4. Doctoral Student Supervision Mentorship. **You can count up to 10 hours of professional development and up to 10 hours or raw data (but you cannot double-count them during one meeting time).** Verification of video/audio supervision with CFT doctoral student should be submitted with dates and number of hours completed to date. Include your student ID number on the document.
 - i. Professional development: For every 2 hours of direct student supervision mentorship, students can earn 1 hour of professional development. **A maximum of 10 hours can be earned for professional development, and a maximum of 10 hours can be earned for supervision.**
 - ii. Raw data: Students can earn 1 hour of raw data supervision for every hour of audio/video recording reviewed during doctoral student supervision mentorship (1:1) for a maximum of 10 hours. Doctoral students must be enrolled in a supervision course and/or enrolled in supervision internship for the doctoral program.

To clarify, the primary supervisor is still the supervisor on record and has final say regarding legal and ethical issues. Like the practicum classes, our doctoral students are asked to focus on theory development and expansion of self of the therapist issues that cloud the therapeutic relationship. They will be offering an additional space to discuss and provide mentorship around these issues, however with the self of the therapist issues, they are not providing personal therapy. As they undertake training for their AAMFT supervision credential, they are also being mentored by an AAMFT supervisor through supervision of supervision. This process should be clarified in a supervision mentorship contract that the Doctoral student will create (with AAMFT approved faculty supervisor oversight) and provide to the trainee and the site.

Practicum Process and Requirements

The following section will cover the general requirements and timeline for practicum, required training experiences, responsibilities of practicum sites, student responsibilities, practicum courses, managing problems at the site, and waiver of practicum hours. These experience requirements are guided by policies and regulations of Alliant University, the Commission on Accreditation for Marriage and Family

Therapy Education (COAMFTE) and the Board of Behavioral Sciences (BBS) of State of California. License requirements vary by states. It is your professional responsibility to be familiar with the requirements of the state where you plan to gain license.

Practicum Process, Requirements, and Student Responsibilities

The practicum process includes four major components: Pre-requisites, practicum site acquisition, practicum training, and completion. We are going to explain each component in detail:

Pre-requisites

The pre-requisites of clinical training include two components: a) complete and pass pre-requisite courses, and b) complete and pass Residency I.

Pre-requisite courses: Students have seven pre-requisite courses: PSY 63120 MFT Theories and Techniques I, PSY 63220 MFT Theories and Techniques II, and PSY 63100 MFT Law and Ethics, PSY 63260 Diversity & the Family, PSY 63110 Introduction to Psychopathology, PSY63130 Theories & Techniques Lab I, PSY 63230 Theories & Techniques Lab II, and PSY 63600 Preparing for Community Practice. You need to have completed PSY 63600 before you start practicum.

Acquire a Practicum Site

After you complete and pass all the pre-requisites of practicum, you are eligible to begin practicum. You should begin the practicum site search at least 3-months before your anticipated practicum start date. You will need to secure a qualified agency where you will practice and complete three consecutive semesters of clinical training. As a student of the CFT program, you are fully responsible in securing your practicum site. Please know that certain agencies in locations around Alliant's campuses have established relationship and contracts with the university. These agencies may or may not be available throughout the year and have varying hiring timelines. The following are the steps that you need to take to acquire a practicum site. As you can see from the following steps, the process of practicum site acquisition actually starts as soon as you enrolled into the program. PLEASE NOTE: You must obtain a site in the State in which you reside, even if that site is telehealth. Your site and your clients must be located in your State of current residence.

1. As part of the technical training when you enrolled in the program, you should have read the Clinical Training Manual, and signed the Verification page on the requirements and process of practicum site acquisition.
2. You are encouraged to start inquiring into and gathering information on agencies in the area you want to do your practicum as soon as you enroll in the program. Students should start this process no later than Spring semester of your first year. Use the Practicum Site Qualification Checklist in this information gathering phase.
3. Take and pass all Fall and Spring semester courses
4. Start interviewing with the recommended practicum sites during Spring semester.
5. Finalize the practicum approval by the end of Spring semester.
6. Final approval of an agency is contingent upon submission of the following documents:
 - a. Malpractice insurance certificate
 - b. Proof of AAMFT membership
Note: *A current malpractice insurance certificate and AAMFT membership must be maintained during the entire course of the practicum experience.*
 - c. Signed page of Clinical Training Manual attesting to having read said manual (at the end of this manual)
 - d. Valid and original Agency Agreement signed by all parties.

Note: A signed valid and original Agency Agreement (by all parties) is required **before** meeting with clients or working in the capacity of a therapist. *Students will be dropped from PSY 73600 if any of the documents is missing.*

7. Register and attend PSY 73600 in Summer semester.

Practicum Training

This is the middle phase of your clinical training or practicum process. This is the time you see clients at your practicum site. The following are the steps that you need to take to complete this stage:

1. Take PSY 73600 at least three consecutive 15-week semesters (summer semester being 10 weeks). You should have at least 9 units of practicum by the time you complete the clinical training.
2. Become familiar with MFT trainee regulations of the state where you will be licensed. Discuss with CTC about any unique requirement. **Students who are not planning to practice in California should contact licensure boards in their states of interest for licensing information.**
3. Submit hours monthly on Time2Track for both site supervisor and practicum professor approval.
4. Submit Site Evaluation Form. Every semester via Time2Track.
5. Evaluations for the site, student and supervisor will be sent out through Time2Track. It is the student’s responsibility to send out these evaluations and make sure they are completed.
6. Keep regular contact with CTC to discuss any practicum related questions that you may have.
7. Watch the speed that you accumulate clinical hours. You are likely to have a slow start while you are waiting for your caseload to build up. You can shadow or do co-therapy with other therapists in the agency during this slow time. You should try to have on average at least 10 to 15 clinical hours each week.
8. Watch the ratio of relational hours and individual hours to make sure they are close to or above 1:1. If you don’t have this ratio, you may need more time to accumulate the required 150 relational hours before you can complete your clinical training requirements. If the ratio is off, bring it to the attention of CTC and discuss possible solutions.

Hours Minimums and Benchmarks

	Clinical	Relational	Raw Data Sup
Semester 1	50	25	15
Semester 2	125	62.5	15
2 Semester Subtotals	175	87.5	30
Semester 3	125	62.5	20
Totals	300	150	50

Completion of the Practicum Training

This is the stage where you are approaching the completion of your clinical training. The following steps ensure the completion is smooth.

1. Most students can complete the practicum requirements in three consecutive semesters. If you have not completed the required minimum 300 clinical hours after 3 semesters, you can register PSY 73690 Practicum Extension or PSY 7400 Supplemental Practicum. This is a zero (0) unit course. You attend this course just like you attend PSY 73600 Practicum. The function of PSY 73690 Practicum Extension and PSY 7400 Supplemental Practicum is to ensure that there is no gap in your supervised clinical experiences. You can also take an additional semester of PSY 73600 MFT Practicum and count the credit units towards your required 3 Elective.
2. In a rare occasion, you may complete all the required 300 clinical hours, including the 150 relational hours, before the three semesters period ends. In this case, you still need to continue to work at the site to complete the contract, unless you get special permission from your agency and CTC to leave early.
3. When you have completed the required minimum 300 hours (including min 150 relational hours), request an Official Audit of Hours from your CTC. **Do not leave your practicum site until you have received the confirmation of completion of your required hours.**
4. If no longer enrolled in the program, but you still need access to Time2Track due to finalizing your hours for degree completion, you will need to pay a Time2Track renewal fee if your account expires during that time.
5. In California, if you are planning on continuing at your site and seeing clients after your degree posts, you must have live-scan fingerprints in place that were required by your site. This is in accordance with the BBS 90-day rule. If out of State, you must check licensing board requirements in regards to seeing clients post-degree.

Clinical Training

Practicum

The practicum experience is the student's beginning work as an MFT clinician, working with client couples, families, groups, and individuals in a community-based clinic. The practicum is a minimum one-year commitment in which students accrue at least 300 client contact hours, at least 150-of which must be with couples and families. During the practicum year, students can accrue up to 1,300 of the 3,000 hours of experience (including direct client contact, supervision, and professional development) required for MFT licensure in the state of California. More information is provided in the CFT Master's Level Practicum Clinical Training Manual.

Please note that the supervisor requirements, qualifications, and responsibilities denote and meet California state MFT regulations, but does not necessarily meet state regulations outside the state of California. Students must work with their campus Clinical Training Coordinator to determine supervision adequacy if the student is pursuing practicum or licensure outside the state of California. Failure to meet supervision requirements outside the state of California may jeopardize portability of supervisory and clinical hours towards licensure in that specific state. Please be sure to consult the local state MFT board to confirm requirements throughout the process towards MFT licensure.

Student Training and Degree Portability

- *California requirements:* While this is not the case in all states, the state of California and Board of Behavioral Sciences (BBS) allows MFT Trainees to be supervised by LMFTs, LCSWs, LPCCs, and Clinical Psychologists. Practicum site supervisors must submit copies of California license demonstrating a minimum of 2 years of post-license experience, resume/vita, and documentation of AAMFT Approved Supervisor status or documentation of equivalency status.
- *Portability of degree outside California:* Alliant University's MA CFT program is a COAMFTE accredited program and course curriculum have met COAMFTE requirements. If licensure is to be pursued outside the state of California, additional coursework may be needed to meet state MFT license requirements. For example, often states require LMFT applicants to have taken their state's law and ethics course and exam in addition to COAMFTE required courses. Please, consult with your state's requirement if licensure is pursued outside California.
- *Portability of pre-degree practicum clinical hours:* Many states also have different requirements for the supervision of MFT student trainees. All states accept AAMFT Approved Supervisor status to supervise MFT student trainees. Supervisors who meet AAMFT Approved Supervisor equivalency status may not necessarily meet state requirements outside the state of California. As an example, this means that a supervisor in California, who is an LCSW and has met Approved Supervisor Equivalency status for MFT trainees, may not necessarily meet the state guidelines for Approved Supervisor status in another state. **State supervisor requirements must be met, or student's pre-degree practicum hours may not count towards state MFT licensure.** Please, consult with your local Clinical Training Coordinator and your state's MFT licensing board for additional information on supervisor requirements before starting practicum.

For full details on the licensing process for MFTs in the state of California, please check the BBS website (<https://www.bbs.ca.gov/applicants/lmft.html>)

Pre-Doctoral (PhD/PsyD) Internship

The doctoral internship is the experiential element of the student's capstone year in the doctoral program. The word "internship" as used here applies to the Alliant CFT program pre-doctoral internship. It should not be confused with "intern" (a state licensing term used by the Board of Psychology for pre-doctoral as well as post-doctoral pre-licensed clinicians and other licensing boards in various states). The distinction is important as each term carries with it a separate set of requirements. The clinical training portion of this manual contains detailed information about the pre-doctoral internship, such as information about pre-requisites, etc.

Students also must complete and retain BBS clinical hours forms (which can be downloaded from <http://www.bbs.ca.gov>) or appropriate Board of Psychology forms (<http://www.psychboard.ca.gov>) for licensure purposes.

Pre-Doctoral Internship Policy

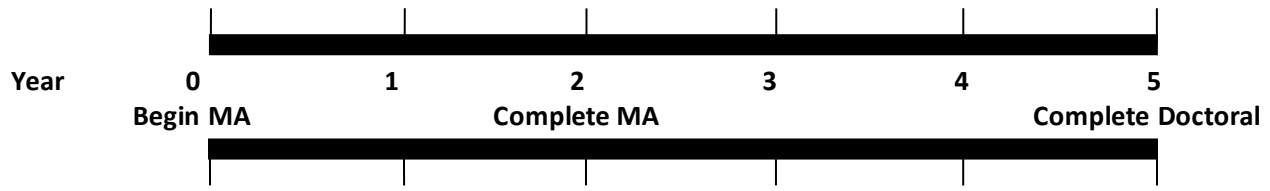
To prepare doctoral level couple and family therapists to perform different professional functions competently in their future workplace, and to comply with COAMFTE accreditation requirements, Alliant CFT doctoral students are required to choose two components and have to complete their pre-degree internship in two semesters. Students can only choose a maximum of two core faculty supervisors. Each of the following option is 50% of the total internship. The internship must be a minimum of 9 months. This means all students must be registered for PSY93601 Internship Supervision for Fall and Spring Semester. A summary of the internship components can be found in the **CFT Internship Guidelines**,

which is located on the [CFT Student Hub](#). All internship hours need to be submitted and tracked on Time2Track. A training video for Time2Track for doctoral students can be found here on the Student Hub.

Academic and Professional Titles

The title you use on all business-related correspondence should be your professional title.

Professional (BBS) title	(None)	MFT Trainee	Effective 01/01/2018: Associate Marriage Family Therapist (AMFT) or Registered Associate Marriage Family Therapist (RAMFT)	MFT or LMFT (Licensed)
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Academic (Alliant) title	Master's student	Master's student in Practicum	Doctoral student	Doctoral candidate in Internship
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Notes:

- “Year 0” is the time at which you begin your graduate program.
- This chart assumes you complete the master’s program in two years and/or the doctoral program in five years as described in the program plan.
- You must have a current and valid associate registration number from the BBS to use the title “Associate Marriage and Family Therapist” or “Registered Associate Marriage and Family Therapist.”
- You must have been issued a valid license number from the BBS to use the title “Licensed Marriage and Family Therapist” or simply “Marriage and Family Therapist.”

Student Use of Professional Titles

Listed below are some of the most important legal rules to follow in regard to professional titles, though they are by no means the only ones. Misuse of professional titles leaves you vulnerable to action against your intern registration (current or future) or license, and because it displays a failure to understand the legal requirements of the profession, can also result in disciplinary action within the university.

1. **Email can qualify as a form of advertising.** While not every email message may count as an advertisement in state law, your email signature and email address are both likely to be considered "public communications" about your services if they in any way suggest that you provide therapy or counseling services. In such cases, all the rules of advertising would apply: You must not be in any way misleading, and you must include all legally required disclosures. **You cannot use any email address that includes the abbreviation "MFT" or any other title that suggests licensure if you are not yet licensed.**
2. **The abbreviation "AMFT" or "RAMFT" can only be used if it is accompanied by the fully spelled-out title "Associate Marriage Family Therapist" or "Registered Associate Marriage**

Family Therapist” and all other disclosures required by law. These other required disclosures include your registration number, employer's name, and whether you are under the supervision of a licensed therapist.

3. **It is never acceptable, under any circumstances, to use "MFTA" or any other abbreviation for the title "MFT Associate."** Use of such abbreviations may be considered misleading by the BBS.
4. **You may not use the term "Doctoral candidate" until you have advanced to doctoral candidacy status,** which for our program means that you must have successfully completed the doctoral exam.
5. **You may not advertise any degree that is not directly related to the services you are providing under your license or registration.** For example, if you have a PhD in Architecture from another university, and a master's in MFT from us, you cannot use the title "Doctor" or "Dr." to advertise your therapy services.
6. **Facebook pages, Twitter feeds, and other electronic communications can qualify as advertisements under the law if they are in any way public and make any mention of your therapy services or therapist role.** When in doubt, err on the side of caution. If you are an associate, include your formal title and all required disclosures. If you are a student or trainee, make communication private or remove any content that suggests you are in any way advertising therapy services.
7. **Trainees cannot advertise themselves independently from their agency.** While it is okay for clinics to advertise services provided by trainees (within legal requirements, including a number of required disclosures), state law does not allow trainees to advertise their own services. You should not build a therapy-related website or Facebook page, or in any other way independently advertise your services, as a master's student or trainee.

The BBS is frequently advancing regulations to clarify elements of advertising law for MFTs in California. We encourage you to stay aware of changes in law through AAMFT and the BBS.

Effective January 1, 2018, the titles for marriage and family therapist interns and professional clinical counselor interns are as follows:

Marriage and family therapist registrants must use the title “Associate Marriage and Family Therapist” or “Registered Associate Marriage and Family Therapist.”

Faculty & Supervisor Roles in Professional Training

The following are definitions and descriptions of the various people involved in clinical training at Alliant.

Clinical Training Coordinator (CTC)

San Diego, Irvine, Los Angeles, Sacramento, and our Online branch each have a Clinical Training Coordinator (CTC) for their campus. The roles of the CTC's include but are not limited to:

1. Determine student eligibility for field placement by verifying that the student has met all prerequisites of practicum and consulting with faculty by coordinating with the Student Advisor.
2. Verify all practicum paperwork has been submitted to Time2Track, including CFT Practicum Contracts, malpractice insurance, signed form stating that CFT Clinical Training Manual has been read, and proof of AAMFT membership.
3. Visit, evaluate and approve sites, and serve as a liaison between Alliant-approved agencies and the professional community. CTC's conduct a site visit once a year and re-evaluate as needed.

4. Coordinate placement and evaluation with the Clinical Training Office for Couple and Family Therapy (CFT) at the CSPP.
5. Monitor student's progress and address issues and concerns related to student's clinical competence.
6. Ensure compliance with training program's goals and community agency-CFT program's contractual agreements.
7. Engage in the continuing development of the training program, curriculum, and growth of the CFT programs with the Systemwide Program Director and the Branch Directors available on each campus.
8. Be available as a training consultant to students, faculty, practicum instructors, administration, and sites.
9. At the end of Practicum, CTC will complete an audit of the student's practicum and professional development hours. Students are not permitted to leave their practicum site until their CTC has confirmed all practicum training hours have been met. CTC will sign Program Completion Verification and send to Registrar for processing towards degree.

Practicum Course Instructors

Practicum course instructors are core faculty members or adjunct faculty members who are AAMFT Approved Supervisors or AAMFT Approved Supervisor Candidates. The practicum course is designed to supplement the experience and learning provided by the practicum sites. The class serves as an integrative link between the university, the practicum sites and the student trainee who is engaged in meeting the clinical requirements listed above. While the primary case supervision comes from the on-site supervisor, this course will assist the students to focus on skill development, help the student develop theoretical understanding, and keep ethical and legal issues at the forefront of the experience. **Practicum class may only be counted on your Alliant hours logs used towards graduation and not towards any state approved supervision.**

The roles of the practicum course instructors include but are not limited to:

1. Review with students how to Time2Track for reporting hours.
2. Approve student's practicum (clinical and supervision) hours on Time2Track on a monthly basis.
3. Provide supplemental supervision on case presentations and provide guidance with special problems and professional issues arising in the field placement.
4. Advise students of areas of development and/or to address personal issues that may interfere with their professional development.
4. Exchange information with the Clinical Training Coordinator regarding the students' progress in their fieldwork and any problems that might arise.
5. Contact the site supervisor at the beginning of each semester to identify themselves as the practicum instructor for their students and to set up a site visit for consultation on students' progress, which may include live supervision of a case on the practicum site. Practicum Instructors must have contact through phone or email if a site visit is not scheduled.
6. Require formal case presentations and view audio or videotape of students' work.
7. Ensure that all practicum evaluation forms are completed accurately and submitted on Time2Track before issuing a grade for the class.

Student Advisor

This person certifies completion of degrees and other certifications. Students turn their Associate Registration packet for the BBS for verification of their degree to their campus' student advisor. The Student Advisor is also responsible for other duties at Alliant not listed here.

Academic Program Coordinator

The Academic Program Coordinator (APC) is responsible for other duties at Alliant not listed here.

Agency and Agency Supervisor Responsibilities

On-site Supervisors

Agency on-site supervisors provide critically important supervision and professional mentoring for students. This training includes individual and group supervision, didactic information, direct observation supervision, audio-video tape supervision. On-Site Supervisors act in accordance with the rules and regulations of supervision for the Board of Behavioral Sciences (BBS) and agree to be the students' supervisor of record for the BBS.

Individual supervision is defined as **one** supervisor with **one or two** supervisees. Group supervision is defined as **one** supervisor and **between 3-8 students**.

Practicum Agencies

The Alliant approved agencies have the following functions and responsibilities to the students and the University:

1. Provide a continuous twelve (12) month (or longer) clinical experiences in CFT.
2. Provide adequate facilities and equipment for the student to carry out designated responsibilities.
3. Provide training for the student in a manner consistent with the highest ethical, academic, and professional standards of excellence based on local, state, and national boards, and the appropriate codes of professional ethics.
4. Provide student with appropriate orientation and training to the policies and procedures of the Agency.
5. Have and adhere to published procedures for students with respect to 1) handling grievances; 2) prohibiting discrimination on the basis of age, culture, ethnicity, gender, physical disability, race, religion, sexual orientation, and socioeconomic status; 3) informed consent of clients, including but not limited to client rights, limits of confidentiality, and establishment and collection of fee; and 4) safety, privacy and confidentiality.
6. To give students qualified licensed supervision in compliance with the Board of Behavioral Sciences. The supervisor or designee will be available to the student 100 percent of the time when the student is on site. This may be in person or by phone.
7. To provide a work setting that fosters personal development, professional growth, and meaningful staff interactions.
8. To expose students to a diversity of fieldwork experiences including systemic family/couple assessment and treatment, in-service training, case conferences, group staff meetings, and individual and/or group supervision.

9. To complete the University's semester-end evaluation forms and approve all submitted hours on Time2Track.
10. To protect and safeguard both students and their clients in the conduct of mental health services.
11. To immediately inform the CTC of any changes in clinical supervisors or problems arising in the course of student's training requiring attention.
12. To obtain a new Alliant contractual agreement resulting from any changes.
13. To accommodate students with appropriate physical space, materials, and equipment required to perform clinical services adequately.
14. To provide students to the best of agency ability, with a caseload that includes couples and/or families.
15. To provide opportunities for students to audio or videotape sessions and to share those tapes in site supervision and practicum class.
16. To communicate with practicum instructors each semester to discuss student progress.
17. A trainee needs 1 unit of supervision for every 5 clinical hours. A unit is either 2 hours of group supervision or 1 hour of individual/triadic supervision weekly.

Video and Audio Recording Confidentiality Policy

Videotapes and other recordings of therapy must be treated in the same manner as any other confidential materials. This means that videotapes and audiotapes of therapy must be kept in a locked place on the site where the therapy was conducted and any place off site where it may be left. While transporting a recording from the site to the university, all precautions must be taken to guard the recording's security and confidentiality. This includes having no identifying labels on the recording and keeping it locked in a safe place such as the glove compartment or trunk of the car. When using other means of recording, recordings need to be password protected and/or students must adhere to confidentiality policies put forth by their agency and Site Supervisor. The Permission to Tape and Present in Supervision form can be found on the [CFT Student Hub](#).

The Master's Level Practicum

This section will cover the general requirements and timeline for practicum, and how this relates to the pre-doctoral internship, required training experiences, responsibilities of practicum sites, student responsibilities, practicum courses, managing problems at the site, and waiver of practicum hours.

The purpose of practicum is to develop therapeutic skills with individuals, couples, families from a systemic perspective toward licensed practice by the BBS and/or toward advanced doctoral training in marriage family therapy and licensure. Students are required to perform marriage and family therapy under qualified supervision with a supervisor and site approved by the CTC.

Each campus has lists and descriptions of the pre-approved practicum sites. Students must use these sites. Should a student wish to use a site not on the approved list, a request must be made to the CTC at least one semester prior to beginning the practicum. Students may not accept a position at any site until the CTC has approved it.

The following practicum experience requirements are guided by the policies and regulations of Alliant, the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) and the Board of Behavioral Sciences (BBS), State of California.

Supervisor Requirements

Primary Supervisors must be Licensed Psychologists, Social Workers (LCSW), Marriage and Family Therapists (LMFT), Licensed Clinical Professional Counselor (LPCC), or board-certified Psychiatrists. They must have held their respective license for two years and support a systems orientation. Non-LMFT supervisors must have systemic level training through Continuing Education demonstrated by their clinical vita/resume. The Primary Supervisor must work at the agency for at least half of the hours being claimed by the student (i.e., a supervisor should be on site for 10 hours/week if a trainee is engaged in 20 hours/week of practicum).

Please note that the supervisor requirements, qualifications, and responsibilities denote and meet California state MFT regulations, but does not necessarily meet state regulations outside the state of California. Students must work with their campus Clinical Training Coordinator to determine supervision adequacy if the student is pursuing practicum or licensure outside the state of California. Failure to meet supervision requirements outside the state of California may jeopardize portability of supervisory and clinical hours towards licensure in that specific state. Please be sure to consult the local state MFT board to confirm requirements throughout the process towards MFT licensure.

Supervision Requirements

- Students must receive at least one unit (1-hour individual, 1-hour of triadic or 2-hour group) of supervision for every five hours of client contact. Individual and triadic supervision is defined as **one** supervisor with **one or two** supervisees. Group supervision is defined as **one** supervisor and between 3-8 students.
- Group supervision at the clinical site shall consist of a ratio of one licensed (and approved) supervisor and a maximum of eight students. Additional supervisors attending the group cannot increase the cap of 8 supervisees.
- Fifty hours of supervision must be in direct observation, videotape, or audiotape.

Student Training Experience Requirements

Students are expected to gain their hours of experience at one practicum site. Students in good academic standing who have completed their 1st semester of practicum and who are not under SERC requirements may, under special circumstances, contract with a second practicum site. Students must receive prior approval from the Clinical Training Coordinator before looking for a second practicum site. Students must complete the Dual-Practicum Site Approval form (on the [CFT Student Hub](#)) and turn into the Clinical Training Coordinator. Students are expected to work a minimum of 10 hours per week, but no more than an average of 30 hours per week in their practicum setting. Students may not count more than 20 client-contact therapy hours a week. Students may count up to 30 client-contact therapy hours a week if placed at two practicum sites. Students may count more than 20 hours of client contact when participating in therapeutic camps. In the event of participating in additional qualifying therapeutic activities students may not count more than 40 client contact therapy hours in a week.

A minimum of 300 direct client contact hours of supervised experience is required, with a minimum of 150 relational hours. Relational hours of experience are defined as clinical work with two or more clients in the session who are related by blood, law, in a romantic relationship. **Students may count shadowing as part of their practicum experience for direct clinical hours, but students may only count up to 25 hours of shadowing. All shadowing must first be approved by the campus CTC.**

A maximum of 50 hours of your 150 relational hours of practicum work may be comprised of alternative relational group hours. These alternative hours must add diversity to your practicum experience and have **prior approval** from both the Clinical Training Coordinator and campus Branch Director. Students interested in logging Alternative Relational Hours must complete the Alternative Relational Hours Form (located on the [CFT Student Hub](#)).

Definitions of Alternative Relational Hours:

1. **Long-term Residential or Shelter Environment:** Group therapy with group members who **live together** at the same shelter or group home where clients typically stay up to 6 weeks or more. The contents of group therapy must have both a process and relational component. This must be clearly defined in this proposal. These residential groups can include those approved sites for the **Chemical Dependency Certificate**.
2. **Educational environment:** Conducting **group therapy or psychosocial groups in a school setting**. The focus of this therapy would be on relationships between and among peers in the same classroom. In middle school and high school, it may be peers in the same grade. The MFT trainee must facilitate the same group consistently and consecutively.
3. **On-Site Group Therapy:** A relationally focused group that is run on site, where participants are cohesive and have ongoing relationships outside of the group setting, that started prior to group beginning, may count towards alternative relational hours. The relational component must be clearly defined in this proposal; explaining what relationships are within the group and how they are being processed. This may include intensive outpatient program (**IOP**) or partial hospitalization program (**PHP**).
4. **Foster Care Team:** An MFT Trainee may count working with a **foster care child and their assigned team** (Social Worker, Care Coordinator, Foster Parent etc) since this would comprise

the child's current relational unit. The members must be present in the same meeting for these hours to count as alternative relational.

Additional experience associated with activities normally performed in a field placement program such as case conferences, staff meetings, trainings, and other administrative duties may count for the Board of Behavioral Sciences (BBS) but are not part of the 300 hours required by the CFT Program for graduation.

Associated Coursework:

Trainees must complete at least three consecutive practicum (PSY73600) classes. Unless special circumstances, please contact your CTC and get approval from the Branch Director. Trainees who have completed three consecutive practicum classes and have not completed their 300 client contact hours with supervision, must contact the Clinical Training Coordinator (CTC) at their campus to review their options for program completion.

1. If a student has taken three consecutive semesters of PSY73600, their elective, has hours to complete the 300-hour requirement and the student, site and CTC believe the remaining hours will be completed in a semester or two terms, then the student can request to be registered for PSY 73690 Practicum Extension(0 unit) or PSY 74000 Supplemental Practicum (0 unit).
 - a. Students enrolled in PSY 73690 must attend the scheduled supervision meetings and complete all course requirements in a satisfactory manner until the terms of the contract and the hours are completed. Students will continue to submit signed monthly hour logs to the campus CTC for approval by the 15th of the next calendar month. Grading policy for PSY 73690 is Credit/No Credit. Students must complete a course evaluation, site evaluation and their site supervisor and extension instructor must complete the semester end evaluation. If applicable, a new contract with updated dates must be completed and submitted to the CTC. Proof of AAMFT membership and malpractice insurance must also be submitted to ensure that the trainee holds a current membership and malpractice policy malpractice insurance policy. When completion of 300 hours are verified by the CTC, the trainees can receive a grade and the process of posting their degree will begin.
 - b. Students enrolled in PSY 74000 must attend class and complete all course requirements in a satisfactory manner until the terms of the contract and the hours are completed. This course consists of observations and supervision of marital and family therapy in an approved clinic or public agency. The course requirements involve the student providing case presentations with live and videotaped supervision of therapy experiences. Students will continue to submit signed monthly hour logs to the campus CTC for approval by the 15th of the next calendar month. Grading policy for PSY 74000 is Credit/No Credit. Students must complete a course and site evaluation, and their site supervisor and instructor must complete the semester end evaluation. If applicable, a new contract with updated dates must be completed and submitted to the CTC. Proof of AAMFT membership and malpractice insurance must also be submitted to ensure that the trainee holds a current membership and malpractice policy malpractice insurance policy. When completion of 300 hours are verified by the CTC, the trainees can receive a grade and the process of posting their degree will begin.
 - c. Student must pay for renewal of their Time2Track account if it expires while in practicum extension.

2. If a student has taken three consecutive semesters of PSY73600 and has **not** taken their elective and has not completed the 300-hour requirement, then the student may register for PSY73600 MFT Practicum (3 units) in place of their elective.
3. According to the Board of Behavioral Sciences (BBS) students may see clients while not enrolled in a practicum course if from their last day of practicum class to their degree posting is less than 90 days. Please review academic calendars and consult with your CTC to determine if this is an option for you. This policy is referred to as the “90-day rule” by BBS.

Students who are not planning to practice in California should contact licensure boards in their state of interest for licensing information.

Practicum Timeline

Refer to Master Plan of Study for specifics of appropriate start date. To be approved for practicum, students need to complete the following steps.

STEP 1. 1ST YEAR SEMESTER ONE

- Attend MANDATORY Practicum Information Meeting (this meeting may happen very early in semester two).
- Submit all the required documentation by date communicated by CTC.
- Read the CFT Practicum Training Manual
- Review Approved Practicum Site document on the [CFT Student Hub](#).
- Review prior site evaluations by current and former trainees on the [CFT Student Hub](#) to assist with choice-making for site selection.
- Prepare draft of resume and cover letter for practicum sites
- Utilize peer review and or Alliant Writing Lab resources and then schedule to meet with CTC to prepare a resume and cover letter by start of second semester.
- Begin to attend conferences, workshops, etc. to meet professional development requirements and turn professional development documentation into CTC. Seek professional development prior to Practicum Fair to demonstrate interest and advanced learning in preferred client populations.
- Become familiar with your state regulatory board and their requirements, (Find yours here <https://amftrb.org/resources/state-licensure-comparison/>) for example, in California that is the Board of Behavioral Sciences via the website <http://www.bbs.ca.gov>.
- Sign up for a Time2Track account with a licensing code provided by the Clinical Training Coordinator (CTC).

STEP 2. 1ST YEAR SEMESTER TWO

- Submit all the required documentation on Time2Track by date communicated of CTC.
- Attend three separate mandatory meetings: Practicum Orientation (may occur at the end of first semester); Practicum Fair; and Documentation Training.
- Contact CTC to discuss site options and any practicum related questions that you may have.
- Respond to all agencies’ phone calls and emails, whether you are interested in an interview or not. Attend interviews with appropriate persons at selected sites, per their policies. You must attend interviews that you agree to attend.
- Upon agreement, all parties sign and date Contract for Field Placement in Practicum Couple and Family Therapy found on the [CFT Student Hub](#). A signed contract is due prior to the beginning of practicum. Follow additional CTC instructions per your campus.

- You may engage in client contact (i.e., phone calls, shadowing sessions) before the start of Practicum class but these hours will not count towards practicum training until the start of Practicum class; you also may engage in training at the site prior to the start of Practicum class
- Continue to submit documentation of professional development on Time2Track and upload documentation to Time2Track.

STEP 3. 2ND YEAR SEMESTER THREE

- Take PSY73600 at least three (3) consecutive semesters. Unless special circumstances, please contact your CTC and get approval of Branch Director
- Report all practicum (clinical, supervision, and professional development) hours on Time2Track. Practicum and site supervisor will review and approve hours monthly.
- Become familiar with MFT trainee regulations in your state, view yours here - (<https://amftrb.org/resources/state-licensure-comparison/>) in California they are on the BBS website (www.bbs.ca.gov).
- Track hours on state hours logs/forms as well as Alliant forms noted above. Note: State forms are not to be submitted to the CFT program and the CFT monthly clinical hours report is not compatible with how to track your state hours.
- Alliant emails should always be used since the information in the form is FERPA protected.
- Students will send their Basic Skills Evaluation Form and Site Evaluation Form to their site supervisor and practicum professor, respectively. Students will also complete their personal evaluation (Student Evaluation of the Site). Finally, the student will countersign the Basic Skills Evaluation Form from both the site supervisor and practicum instructor.
 - Credit for the practicum course will be given when the following forms are turned in: (1) Online Basic Skills Evaluation by the Site Supervisor; (2) Online Basic Skills Evaluation by the Practicum Instructor; (3) Student's evaluation of the site; (4) Alliant hourly logs
- When you have completed your 300 hours, request an audit of hours from the CTC. **DO NOT leave your practicum site until confirmation of completion of your required hours has been received by you.**
- Submit documentation of professional development experiences via Time2Track and upload necessary documentation to Time2Track.

Please note if you are seeking licensure outside the state of California, your state may have additional requirements including a minimum requirement of 500 total hours as part of your MA program. Please consult with your state MFT licensing board and your campus CTC for additional information. Students under these state requirements must complete MA practicum hours that meet the minimum requirement as designated by state regulatory boards. You are **highly encouraged** to strive to gain as many practicum hours as possible during your practicum training. For California students, students may gain up to 750 pre-degree direct clinical hours and count those towards their 1750 direct clinical hour requirement. Doing so greatly advantages you by shortening the amount of time it takes to meet state licensure (in most states including California). Shortening your licensing period greatly advantages students both professionally and economically.

Alliant's CFT practicum courses provide more hours of supervision per therapy hours than at any time in your career. For example, once you become an Associate MFT in California, you are likely to only receive 1 hour of supervision per week. While in Alliant's practicum program you receive at least 6 hours of supervision per week (3 hours at the agency, and 3 hours in practicum). Additionally at Alliant, you receive supervision from AAMFT Approved Supervisors. Supervision is foundational for your entire career, and the more cases you can see with this intensive supervision, the better off you will be.

Consequently, we strongly encourage you to get as many client-contact hours as possible while in your practicum at Alliant and not stop at the minimum 300 hours.

Degrees cannot be posted by the Registrar until practicum and professional development requirements are approved and verified. Note: Delays in your degree posting will slow down the process of obtaining a BBS Registered Marriage Family Therapist Associate number.

Protecting Clients' Confidentiality

As a student in practicum (a trainee), you start to handle very sensitive and confidential information. You will submit your recordings of your therapy to the class, and you will view other students' therapy sessions. The legal and ethical responsibility is upon you to safeguard client's confidentiality. Technology provides the convenience for you to access education in your own environment; it also challenges you to be much more vigilant to protect clients' confidentiality in your own environment. You need to know that your living room where other family members come and go, airport, your favorite coffee shops or restaurants that offer free Wi-Fi, are not the best choice of location when you attend online practicum class. Your family members, including young children, patrons of coffee shops or restaurants, may see your screen and/or overhear the conversation. Public Wi-Fi is not encrypted. Other users can intercept your video transmission.

We require that you take every reasonable step to protect confidential information. This includes but is not limited to:

- You pre-arrange your schedule to make sure that you attend practicum class in a location where you have encrypted Wi-Fi, and there is nobody around you. Recommended locations include your office in the agency.
- Password protect your computer where you store your video files, and password protect your video files. These two passwords should be unique and different.
- If you use cameras to store your video files, keep your camera behind two locks, e.g., keep it in a locked drawer in a locked room.
- Do not to use insecure means, such as email, to submit your video files.
- When you delete your video files, be aware that the computer does not really delete your files. You need to use the secure delete function of your computer. If your computer does not have it, you need to purchase some software to make sure the files are not recoverable after deleting it.
- If you are going to retire or sell your computer, or give it to another family member, make sure to use a "white-out" program to wipe the hard drive clean.
- Video or audio files are NEVER to be uploaded to CANVAS.
- It is the student's responsibility to review Guidelines for Recording and Presenting Sessions on the [CFT Student Hub](#).
- If you need a HIPPA compliant Zoom, please contact your campus CTC.

Student Rights and Responsibilities

- Report to the CTC any conflicts or breach of contract that may occur during the training period, including changes with your supervisor. CTCs evaluate each new supervisor.
- Meet all professional, ethical, legal and moral obligations during the training period.
- Obtain a new contract between Alliant and the agency in the event of change of supervisors or if staying at the site past the contracted time period.

- Continue in fieldwork placements except for times of personal illnesses, emergencies, vacations, and holidays allowed at the fieldwork site.
- Keep updated on changes in licensure board rules and regulations.
- Keep updated regarding any changes in the training program.
- Be responsible for checking Alliant email even during semester breaks
- To remain in good standing in the CFT Training Program: students must maintain satisfactory academic performance, evidence no psychological problems that interfere with their work performance, receive satisfactory evaluations from supervisors, and comply with the terms of the contract signed with the agency providing the supervised training. The CTC, Practicum Instructor and/or CFT program faculty will review student progress in these areas. Identified problems may result in recommendations for remedial action. Faculty may also recommend review by the Branch Director and Dean of CSPP. Students are reminded that they must meet the academic student code of conduct and ethics and that failure to do so may result in disciplinary action, up to and including, dismissal from the University.

Procedures for Managing Site Problems

In the event students encounter problems with their sites, the following procedures should dictate their responses:

- Students should first attempt to resolve the problem with the Primary Supervisor.
- If a problem remains, students should then discuss it with the Agency Director/Administrator.
- If this does not solve the problem, students should immediately advise the CTC of the unresolved difficulty.
- If appropriate, the CTC will attempt to intervene on the student's behalf.
- If there are no solutions to the unresolved problem, students may submit a letter of intent, stating reasons for leaving the site with at least 30-days' notice and request a release from their contract. Copies are to be sent to the Branch Director, Primary Supervisor, and the CTC. If the student is leaving the site, they must still submit a site and supervisor evaluation.

Once the site has contacted the CTC regarding the termination of your contract, you must schedule a meeting with the CTC to evaluate the situation and explore potential sites that would be appropriate. Termination by practicum site is a serious matter. It can affect your practicum class, the required sequence of consecutive Practicum courses, and the obtaining of a new Practicum site. Therefore, such a decision must include consultation with the CTC. Termination by practicum site is cause for referral to Student Evaluation and Review Committee (SERC).

Special Policies

Waiver of Practicum Hours

Please view the [Decision Tree for Practicum Requirements for Students Accepted to the CFT Program](#) on the [CFT Student Hub](#) > Clinical Training Information.

1. Transfer students who request to waive practicum hours must submit a completed Request for Waiver of Practicum Hours form (located on the [CFT Student Hub](#)) to the CTC.
2. The decision to waive practicum hours will be based on the completion of this form with necessary documentation attached.
3. Doctoral students who are either licensed MFTs or who have obtained master's degrees from ALLIANT or other COAMFTE approved programs will not be required to do a practicum if their

experience is evaluated to be equivalent to the practicum experience. Students will need to confirm with CTC and Branch Director the number of remaining units to be completed if a waiver of hours is granted.

4. Requests for Waiver of Practicum Hours must be **submitted prior to matriculation** in order for the Student Advisor to create an accurate program plan. No more than 18 doctoral units may be completed prior to the practicum hours being completed.

Appeal Process

Students have the right to appeal any of the provisions set forth in this manual by submitting in writing their request to the CTC and Program Branch Director.

If appeals are denied, the student has the right to contest the decision by requesting, via the Program Branch Director, the department faculty to review the request. The Branch Director will appoint a CFT Faculty Appeals Committee to render a decision. This decision is then forwarded to the System Director. Final decision-making power is vested in the authority of the System-wide Program Director.

The purpose of the CFT Faculty Appeals Committee (FAC) is to consider students' requests for appeal relative to any decisions made by the Director of CFT programs, CTC, the academic instructor for field placement (practicum courses), or any other instructor.

Confidentiality

Because of the educational/training nature of the program, it is important for students, faculty, supervisors, and administrators (both at Alliant and at training sites) be able to share information openly and honestly. Students are hereby notified that faculty, supervisors, and administrators (both at Alliant and at training sites) can and will share both academic and personal information with one another for training purposes. This includes information students may share about themselves, their backgrounds, and their experiences. Students understand that the classroom setting is not by nature a confidential setting and the program cannot prevent other students from sharing at their discretion personal information they hear in class or other settings.

Students who discuss client cases must inform their client(s) of their role and how information may be shared for educational/training purposes. This must be part of Informed Consent. Students are not at any time to discuss confidential client information outside of the educational/training context. All video and audio permissions must include signed consent by the client(s).

Summary of Hours

Practicum

Total Client-Contact Hours	300
Total Required Relational (couple and family) Hours	150
Possible Alternative Relational Hours	50
Total Raw Data (audio/video/live observation) Supervision	50

Professional Development Hours

Total Professional Development Hours (MA)	50
<ul style="list-style-type: none"> ▪ Possible Personal Therapy Hours ▪ Possible supervision with CFT doctoral student 	<ul style="list-style-type: none"> up to 25 up to 10
Total Professional Development Hours (69-unit Doctoral)	50
<ul style="list-style-type: none"> ▪ Possible Personal Therapy Hours 	<ul style="list-style-type: none"> up to 25
Total Professional Development Hours (114-unit Doctoral)	100*
<ul style="list-style-type: none"> ▪ Possible Personal Therapy Hours 	<ul style="list-style-type: none"> up to 25

*Students who have completed their MA in MFT at Alliant may transfer up to 50 professional development hours from their master's program, reducing the required hours to 50 hours.

Please note if you are seeking licensure outside the state of California, your state may have additional requirements including a minimum requirement of 500 total hours as part of your MA program. Please consult with your state MFT licensing board and your campus CTC for additional information. Students under these state requirements must complete MA practicum hours that meet the minimum requirement as designated by state regulatory boards.

You are **highly encouraged** to strive to gain as many practicum hours as possible during your practicum training. For California students, students may gain up to 750 pre-degree direct clinical hours and count those towards their 1750 direct clinical hour requirement. Doing so greatly advantages you by shortening the amount of time it takes to meet state licensure (in most states including California). Shortening your licensing period greatly advantages students both professionally and economically. Alliant's CFT practicum courses provide more hours of supervision per therapy hours than at any time in your career. For example, once you become an Associate MFT in California, you are likely to only receive 1 hour of supervision per week. While in Alliant's practicum program you receive at least 6 hour of supervision per week (3 hours at the agency, and 3 hours in practicum). Additionally at Alliant, you receive supervision from AAMFT Approved Supervisors. Supervision is foundational for your entire career, and the more cases you can see with this intensive supervision, the better off you will be. Consequently, we strongly encourage you to get as many client contact hours as possible while in your practicum at Alliant and not stop at the minimum 300 hours.

Note: Students may not leave their sites until official audits of their hours have been certified by the CTC or program designee on each campus. For Alliant purposes (not for BBS), Practicum class case presentation time can be claimed as supervision in the AAMFT hourly log. If the trainee is presenting with observable (live observation, video, audio) data, it should be documented in the proper log category. Video/audio presentations by other trainees can only be claimed as case presentation supervision.

Basic Skills Evaluation (Practicum Instructor Form)

(Copyright © 1999 Thorana Nelson and Lee Johnson. Reprinted with permission.) In this revision Alliant has added Diversity Skills and Community Engagement as areas for evaluation.

Identifying Information

Date (mm/dd/yyyy)

Semester (for on-ground campuses)

Fall

Spring

Summer

Term number (for online campus)

Term 1

Term 2

Term 3

Term 4

Term 5

Term 6

Year

Student's Last Name

Student's First Name

Student is in the _____ program

MA

PsyD

Student ID

Student's ALLIANT email address (THIS MUST BE VERIFIED). Listing the student's email address will assure that the student receives a copy of this completed form

Practicum Instructor

Your email address (THIS MUST BE VERIFIED) listing your email address will assure that you receive a copy of this completed form.

Student is enrolled in
Practicum

Advanced Practicum

Student's Home Campus:

Irvine

Los Angeles

Sacramento

San Diego

San Francisco

Online

This is the student's _____ practicum

1st

2nd

3rd

4th

5th

6th

7th

8th

Please list the names of all agencies/placements

Please list the names of all supervisors

Placement/Agency location:

State that you last contacted this agency

How did you make contact with this agency this semester (check all that apply)

In Person

By Phone

By e-mail or mail

I did not contact the agency this semester

Date you reviewed and discussed this evaluation with the student

Supervisor Information

The following questions are needed for the program to gather supervisor data.

To which gender identity do you most identify?

- Female
- Male
- Transgender Female
- Transgender Male
- Gender Variant/Non-Conforming
- Not Listed
-
- Prefer Not to Answer

Ethnicity

- White/non-Hispanic
- Hispanic/Latinx/Chicano

- African American
- Asian or Pacific Islander
- Multiethnic
- Other

State License Type (check all that apply and type in license number)

- LMFT
- LCSW
- LPCC
- Clinical Psychology
- Psychiatrist
- Other

Are you currently an AAMFT Clinician?

- Yes
- No

Supervisory Credentials (check all that apply)

- AAMFT Approved Supervisor (please insert expiration date)

Years of experience as an MFT supervisor:

0 5 11 16 21 27 32 37 43 48 53 59 64 69 75 80

Years



A horizontal slider bar with a vertical line at the beginning, indicating 0 years of experience.

Years of clinical experience

0 5 11 16 21 27 32 37 43 48 53 59 64 69 75 80

Years



A horizontal slider bar with a vertical line at the beginning, indicating 0 years of clinical experience.

Are you currently engaged in clinical practice?

- Yes
- No

Revised Basic Skills Evaluation

Guidelines for Assigning Ratings are Appended to this Document.

Skill level:

- Beginner (0-75 hours of client contact experience)
- Intermediate (76-400 hours of client contact experience)

- Advanced (400-500 hours of client contact experience)
- Doctorate (more than 500 hours of client contact experience)

Conceptual skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Knowledge base	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Systems perspective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Familiarity with therapy model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self as therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Perceptual skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Recognition skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthesizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integration of theory and practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Executive skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Joining	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypothesizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Professional skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognition of ethical issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paperwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional image	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Evaluation skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Evaluation of therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation of self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Familiarity with therapy model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self as therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Diversity Skills:

	Deficient	Below expectation	Meets expectations	Exceeds expectation	Exceptional skills	Inadequate information
Self as a cultural being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client as a cultural being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culturally appropriate interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Community engagement

Comment

Community engagement

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Community knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engagement skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Student's Preferred Theoretical Model

Theory (use student's preferred model)

	Deficient	Meets expectations	Exceeds expectations	Exceeds expectation	Optional skills	Inadequate information
Knowledge of theory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizes theory in practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizes strengths and weaknesses of theory		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Recommendations for further training, remedial supervision, attention, supervisory problems and suggested approaches:

What reservations do you have about this student's future performance as a clinical practitioner?

CONCEPTUAL SKILLS GUIDELINES

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

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

Familiarity with Therapy Models: The trainee has a basic knowledge of family therapy theories. The trainee's goals, hypotheses, session plans, interventions, and evaluation strategies for terminating therapy are all linked to a specific employed and articulated therapeutic model (which may be an

integrated model). The trainee also recognizes his or her own perceptions, client resources, and links between problems and attempted solutions.

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

PERCEPTUAL SKILLS GUIDELINES

Recognition Skills: The trainee shows the ability to recognize hierarchies, boundaries, and dynamics of triangulating, family interaction, and family behavioral patterns. The trainee can also recognize gender, ethnic, cultural, and class issues in client dynamics and in therapy. The trainee is able to recognize clients' coping skills and strengths and can understand dynamics and patterns in presenting problems. The trainee recognizes how patterns associated with presenting problems may be similar to other patterns of interaction in clients' lives. The trainee recognizes and can articulate her or his impact as part of the client/therapy system.

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

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

EXECUTIVE SKILLS GUIDELINES

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

Assessment: The family therapy trainee demonstrates the ability to assess clients through use of genograms, family histories, suicide/depression interviews or inventories, and discussion of SES,

employment, school, and developmental stages. The trainee is familiar and skilled in basic interviewing techniques and strategies. Assessment is formulated and appropriate to an articulated theory of change. The trainee is able to clarify the presenting problem, explore previous solutions to the problem, gather information regarding sequences and patterns in the family, and determine the strengths and resources that the family brings to therapy. Assessment strategies are sensitive to gender, race, and cultural issues.

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

Interventions: The trainee demonstrates an understanding of intervention techniques by structuring interventions that defuse violent or chaotic situations, deflect scapegoating and blaming, and interrupt negative patterns and destructive communication cycles. The ability to intervene also includes appropriately challenging clients on their position, explicitly structuring or directing interactions among family members, and helping families establish boundaries. The trainee is able to elicit family/client strengths and utilize them in both session discussions and homework assignments. Other interventions that illustrate skill include normalizing the problem when appropriate, helping clients develop their own solutions to problems, giving credit for positive changes, reframing, and appropriately using self-disclosure. The trainee uses theory-specific interventions appropriately and is able to articulate a rationale for these interventions.

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

Personal Skills: Personal skills that are important for a successful therapy trainee to possess include a desire to be a family therapist, intelligence, curiosity, common sense, self-direction, commitment, patience, empathy, sensitivity, flexibility, the ability to manage his or her anxiety, authenticity, expression of a caring attitude, and acceptance of others. The trainee should also exhibit warmth, a sense of humor, a non-defensive attitude, congruency, and the ability to take responsibility for his or her mistakes, the ability to apply his or her own personal mode of therapy, and possess no debilitating personal pathology. The trainee demonstrates emotional maturity and the ability to be self-reflexive. The trainee demonstrates an appropriate attitude of expertness toward clients, congruent with her or his theory of change.

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

PROFESSIONAL SKILLS GUIDELINES

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

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

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

Professional Image: The trainee dresses appropriately according to the standards of the setting. The trainee is able to present an aura of confidence without arrogance and presents herself or himself to other professionals in an appropriate manner. The trainee is on time for sessions and supervision and treats staff with respect. *Professional Conduct:* The trainee has the ability to initiate and maintain appropriate contact with other professionals along with maintaining a personal professional image. The trainee does not publicly denigrate or criticize colleagues. The trainee consults with professionals and others involved with cases appropriately, with appropriate signed releases, and in a professional manner, always keeping the client's welfare foremost. The trainee shows the ability to handle unexpected and crisis situations with poise and skill, using consultation when appropriate. The trainee is punctual with therapy sessions and other professional meetings. The trainee follows clinic policies in setting and collecting fees.

EVALUATION SKILLS GUIDELINES

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

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

DIVERSITY SKILLS GUIDELINES

Self as a Cultural Being: The trainee has knowledge, awareness, and understanding of her/his own dimensions of individual and cultural diversity (e.g., cultural, individual, and roles differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and how they influence her/his attitudes toward diverse clients. The trainee demonstrates this knowledge, awareness, and understanding (e.g., articulates how ethnic group values influence who one is and how one relates to other people). The trainee monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation. The trainee critically evaluates feedback and initiates supervision regularly about diversity issues.

Client as a Cultural Being: The trainee has knowledge, awareness, and understanding of her/his clients as cultural beings with dimensions of individual and cultural diversity (e.g., cultural, individual, and roles differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status). The trainee has knowledge, awareness, and understanding of the way culture and context shape the behavior of her/his clients. The trainee applies knowledge of clients as cultural beings in assessment, treatment, and consultation of clients. The trainee critically evaluates feedback and initiates supervision regularly about diversity issues with clients.

Culturally Appropriate Interventions: The trainee has the basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to individual and cultural diversity (e.g., cultural, individual, and roles differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status). The trainee demonstrates basic knowledge of literature on individual and cultural differences and engages in respectful interactions with clients that reflects this knowledge. The trainee demonstrates awareness of effects of oppression and privilege on self and on her/his clients. The trainee applies knowledge, sensitivity, and understanding regarding individual and cultural diversity issues to work effectively with diverse clients in assessment, treatment, and consultation. The trainee adapts her/his professional behavior in a culturally sensitive manner, as appropriate to the needs of the client that improves client outcomes and avoids harm. The trainee articulates and uses alternative and culturally appropriate repertoire of skills and techniques and behaviors. The trainee seeks consultation regarding addressing individual and cultural diversity as needed.

COMMUNITY ENGAGEMENT GUIDELINES

Community Knowledge: The trainee has knowledge and understanding of the social and psychological impact of socioeconomic community and the basics of recovery-oriented care. The trainee has knowledge of local community resources and systems (including but not limited to medical, behavioral, economic, educational, social, legal, and crisis resources). The trainee demonstrates such knowledge in treatment planning, conceptualization and intervention. The trainee is aware of legal and ethical standards for different types of work setting and how to use ethical reasoning appropriate to the community.

Engagement Skills: The trainee demonstrates community knowledge by integrating knowledge in treatment plan, and through skills such as engaging and collaborating with professionals of other social systems, making appropriate referrals when needed, and responding to disaster and/trauma in the

community when the need arises. The trainee demonstrates the use of ethical knowledge and reasoning appropriate to the community.

THEORY OF CHOICE GUIDELINES

The previous skill areas were generic; i.e., they apply across theoretical models of intervention. This section is for the trainee therapist and supervisor to use to evaluate the trainee's growing knowledge and expertise in a model or theory that is identified by the supervisor and trainee together. The trainee is able to identify assumptions and concepts of the theory, the primary techniques used in the theory, the role of the therapist, and evaluation strategies. The trainee is able to use the concepts and interventions in practice, identifying data to the supervisor that illustrate the concepts. The trainee is able to recognize and identify the strengths and weaknesses of the theory as used in practice.

Basic Skills Evaluation (Site Supervisors Form)

(Copyright © 1999 Thorana Nelson and Lee Johnson. Reprinted with permission.) In this revision Alliant has added Diversity Skills and Community Engagement as areas for evaluation.

Identifying Information

Date (mm/dd/yyyy)

Semester (for on-ground campuses)

Fall

Summer

Student's Last Name

Student's First Name

Student is in the _____ program

MA

PsyD

CFT PRACTICUM CLINICAL TRAINING MANUAL 2025-56

Student's email address (THIS MUST BE LISTED). Listing the student's email address will assure that the student receives a copy of this completed form

Student's Practicum Instructor's email address (THIS MUST BE LISTED). Listing the student's practicum instructor's email will assure that the practicum instructor receives a copy of this completed form

Your name

Your Address Name

Phone Number

Your email address (THIS MUST BE LISTED) listing your email address will assure that you receive a copy of this completed form

Student's Home Campus:

Irvine

Los Angeles

Sacramento

San Diego

San Francisco

Online

Placement Type

Trainee

Internship

Agency Location:

Name(s) of Other Supervisor(s) (if applicable)

Date you reviewed and discussed this evaluation with the student

Supervisor Information

The following questions are required for the program to gather supervisor data.

To which gender identity do you best identify?

- Female
- Male
- Transgender Female
- Transgender Male
- Gender Variant/Nonconforming

- Not Listed
- Prefer Not to Answer

Ethnicity

- White/non-Hispanic
- Hispanic/Latinx/Chicano
- African American
- Asian or Pacific Islander
- Multiethnic
- Other

State License Type (check all that apply and type in license number)

- LMFT
- LCSW
- LPCC
- Clinical Psychologist
- Psychiatrist
- Other

- Not Listed
- Prefer Not to Answer

Ethnicity

- White/non-Hispanic
- Hispanic/Latinx/Chicano
- African American
- Asian or Pacific Islander
- Multiethnic
- Other

State License Type (check all that apply and type in license number)

- LMFT
- LCSW
- LPCC
- Clinical Psychologist
- Psychiatrist
- Other

Are you currently an AAMFT Clinical Fellow?

- Yes
- No

Supervisory Credentials (list all that apply)

AAMFT Approved Supervisor (please insert expiration

AAMFT Approved Supervisor Candidate

State Approved Supervisor

Supervisor Equivalent

Other

Years of experience as an MFT supervisor.

0 5 15 20 25 30 40 45 50 55 60 65 70 75 80

Years

Years of experience:

0 5 11 16 21 27 32 37 43 48 53 59 64 69 75 80

Years

Are you currently engaged in clinical practice?

- Yes
- No

Revised Basic Skills Evaluation

Guidelines for Assigning Ratings are appended to this Document.

Student experience level:

- Beginner (0-75 hours of student contact experience)
- Intermediate (76-400 hours of student contact experience)
- Advanced (400-500 hours of student contact experience)
- Doctoral (more than 500 hours of student contact experience)

Conceptual skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Knowledge base	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Systemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Familiarity with therapy model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self as therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Perceptual skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Recognition skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypothesizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integration of theory practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Executive skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Joining	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypothesizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relational skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Professional skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognition of ethical issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paperwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional image	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Evaluation skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Evaluation of therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation of	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Familiarity with therapy m	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervises therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Diversity Skills:

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Self as a cultural being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client as a cultural being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culturally appropriate interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Community engagement

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Community knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engagement skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Theory (use student's preferred model)

	Deficient	Below expectation	Meets expectation	Exceeds expectation	Exceptional skills	Inadequate information
Knowledge of theory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizes theory in practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizes strengths and weaknesses of theory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Major strengths of your site

Recommendations for further training, areas needing special attention, supervisory problems and suggested approaches:

What reservations do you have about this student's future performance as a clinical practitioner?

CONCEPTUAL SKILLS GUIDELINES

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

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

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

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

PERCEPTUAL SKILLS GUIDELINES

Recognition Skills: The trainee shows the ability to recognize hierarchies, boundaries, and dynamics of triangulating, family interaction, and family behavioral patterns. The trainee can also recognize gender, ethnic, cultural, and class issues in client dynamics and in therapy. The trainee is able to recognize clients' coping skills and strengths and can understand dynamics and patterns in presenting problems. The trainee recognizes how patterns associated with presenting problems may be similar to other patterns of interaction in clients' lives. The trainee recognizes and can articulate her or his impact as part of the client/therapy system.

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

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

EXECUTIVE SKILLS GUIDELINES

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

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

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

Interventions: The trainee demonstrates an understanding of intervention techniques by structuring interventions that defuse violent or chaotic situations, deflect scapegoating and blaming, and interrupt negative patterns and destructive communication cycles. The ability to intervene also includes appropriately challenging clients on their position, explicitly structuring or directing interactions among family members, and helping families establish boundaries. The trainee is able to elicit family/client strengths and utilize them in both session discussions and homework assignments. Other interventions that illustrate skill include normalizing the problem when appropriate, helping clients develop their own solutions to problems, giving credit for positive changes, reframing, and appropriately using self-disclosure. The trainee uses theory-specific interventions appropriately and is able to articulate a rationale for these interventions.

Communication Skills: Communication skills are demonstrated by active listening and reflecting; the use of open-ended questions; and short, specific, and clear oral forms of communication. The trainee's body language should convey a relaxed state and match the tone of the conversation. The trainee is

also able to coach clients in learning communication skills rather than merely "lecturing" and instructing.

Personal Skills: Personal skills that are important for a successful therapy trainee to possess include a desire to be a family therapist, intelligence, curiosity, common sense, self-direction, commitment, patience, empathy, sensitivity, flexibility, the ability to manage his or her anxiety, authenticity, expression of a caring attitude, and acceptance of others. The trainee should also exhibit warmth, a sense of humor, a non-defensive attitude, congruency, and the ability to take responsibility for his or her mistakes, the ability to apply his or her own personal mode of therapy, and possess no debilitating personal pathology. The trainee demonstrates emotional maturity and the ability to be self-reflexive. The trainee demonstrates an appropriate attitude of expertness toward clients, congruent with her or his theory of change.

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

PROFESSIONAL SKILLS GUIDELINES

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

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

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

Professional Image: The trainee dresses appropriately according to the standards of the setting. The trainee is able to present an aura of confidence without arrogance and presents herself or himself to other professionals in an appropriate manner. The trainee is on time for sessions and supervision and treats staff with respect.

Professional Conduct: The trainee has the ability to initiate and maintain appropriate contact with other professionals along with maintaining a personal professional image. The trainee does not publicly denigrate or criticize colleagues. The trainee consults with professionals and others involved with cases

appropriately, with appropriate signed releases, and in a professional manner, always keeping the client's welfare foremost. The trainee shows the ability to handle unexpected and crisis situations with poise and skill, using consultation when appropriate. The trainee is punctual with therapy sessions and other professional meetings. The trainee follows clinic policies in setting and collecting fees.

EVALUATION SKILLS GUIDELINES

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

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

DIVERSITY SKILLS GUIDELINES

Self as a Cultural Being: The trainee has knowledge, awareness, and understanding of her/his own dimensions of individual and cultural diversity (e.g., cultural, individual, and roles differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and how they influence her/his attitudes toward diverse clients. The trainee demonstrates this knowledge, awareness, and understanding (e.g., articulates how ethnic group values influence who one is and how one relates to other people). The trainee monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation. The trainee critically evaluates feedback and initiates supervision regularly about diversity issues.

Client as a Cultural Being: The trainee has knowledge, awareness, and understanding of her/his clients as cultural beings with dimensions of individual and cultural diversity (e.g., cultural, individual, and roles differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status). The trainee has knowledge, awareness, and understanding of the way culture and context shape the behavior of her/his clients. The trainee applies knowledge of clients as cultural beings in assessment, treatment, and consultation of clients. The trainee critically evaluates feedback and initiates supervision regularly about diversity issues with clients.

Culturally Appropriate Interventions: The trainee has the basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to individual and cultural diversity (e.g., cultural, individual, and roles differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status).

The trainee demonstrates basic knowledge of literature on individual and cultural differences and engages in respectful interactions with clients that reflects this knowledge. The trainee demonstrates awareness of effects of oppression and privilege on self and on her/his clients. The trainee applies knowledge, sensitivity, and understanding regarding individual and cultural diversity issues to work effectively with diverse clients in assessment, treatment, and consultation. The trainee adapts her/his professional behavior in a culturally sensitive manner, as appropriate to the needs of the client that improves client outcomes and avoids harm. The trainee articulates and uses alternative and culturally appropriate repertoire of skills and techniques and behaviors. The trainee seeks consultation regarding addressing individual and cultural diversity as needed.

COMMUNITY ENGAGEMENT GUIDELINES

Community Knowledge: The trainee has knowledge and understanding of the social and psychological impact of socioeconomic community and the basics of recovery-oriented care. The trainee has knowledge of local community resources and systems (including but not limited to medical, behavioral, economic, educational, social, legal, and crisis resources). The trainee demonstrates such knowledge in treatment planning, conceptualization and intervention. The trainee is aware of legal and ethical standards for different types of work setting and how to use ethical reasoning appropriate to the community.

Engagement Skills: The trainee demonstrates community knowledge by integrating knowledge in treatment plan, and through skills such as engaging and collaborating with professionals of other social systems, making appropriate referrals when needed, and responding to disaster and/trauma in the community when the need arises. The trainee demonstrates the use of ethical knowledge and reasoning appropriate to the community.

THEORY OF CHOICE GUIDELINES

The previous skill areas were generic, i.e., they apply across theoretical models of intervention. This section is for the trainee therapist and supervisor to use to evaluate the trainee's growing knowledge and expertise in a model or theory that is identified by the supervisor and trainee together. The trainee is able to identify assumptions and concepts of the theory, the primary techniques used in the theory, the role of the therapist, and evaluation strategies. The trainee is able to use the concepts and interventions in practice, identifying data to the supervisor that illustrate the concepts. The trainee is able to recognize and identify the strengths and weaknesses of the theory as used in practice.

Time2Track: Alliant CFT Monthly Clinical Hours Report and Clinical Training Activities

Alliant CFT monthly clinical hour logs and clinical training activities are logged in our online platform, Time2Track. Students will receive a Time2Track account prior to the start of practicum for logging clinical training hours, collecting signatures from supervisors, and practicum instructors.

Definitions of Hours for Alliant and AAMFT

TYPE	DEFINITION	REQUIRED/ALLOWED
TOTAL HOURS	Combined total of individual and relational hours. Minimum of 300.	300 Total
INDIVIDUAL		150
Individual Therapy	Therapy with one person in the room (i.e., 1:1 therapy).	
Individual Group Therapy	Group therapy with a group of individuals unrelated to one another. <i>NOT RELATIONAL</i>	
Individual Shadowing	Observing another clinician who is conducting therapy with an individual client.	Up to 25 for ALL shadowing hours
RELATIONAL		150 minimum
Couple Therapy	Therapy with a couple unit in the room.	
Couple Group Therapy	Group therapy with at least one couple unit in the room.	
Family Therapy	Therapy with at least two members of a family present in the room.	
Family Group Therapy	Group therapy with at least one family unit in the room.	Up to 25 for ALL shadowing hours
Relational Shadowing	Observing another clinician who is conducting therapy with a family or couple.	
Alternative Relational Therapy	<p>50 relational hours comprised of therapy in residential/shelter groups, IOP or PHP groups, school-based groups or working with foster children and their care team. PLEASE FILL OUT THE ALTERNATIVE RELATIONAL FORM IN THE STUDENT HUB AND SEND TO YOUR CTC FOR APPROVAL.</p> <p>A student can seek an academic exception to count more than 50 alternative relational hours if those hours consist of residential/shelter groups, IOP or PHP groups, school-based groups or working with foster children and their care team. MEET WITH YOUR CTC AND FILL OUT THE ALTERNATIVE RELATIONAL FORM TO DISCUSS AN ACADEMIC EXCEPTION TO COUNT MORE THAN 50 ALTERNATIVE RELATIONAL HOURS. APPROVAL FROM PROGRAM DIRECTORS REQUIRED.</p>	Not required, but up to 50 hours can be logged
Co-Therapy		
Camp Hours	Track the time you spend providing therapeutic support to camp attendees towards your 300 hours in the column that most accurately captures your experience.	Up to 25

SUPERVISION		
Practicum Class Supervision Raw Data (Audio/Video/In-Session Supervision)	Student presents video or audio during individual supervision in practicum class.	
Onsite Supervision Raw Data (Audio/Video/In-session Supervision)	Student presents video or audio during individual supervision, or the supervisor is present while the student is conducting a therapy session.	
Doctoral Student Raw Data (Audio/Video)	Consultation with a doctoral student that includes presenting audio or video. Up to 10 hours allowed	
Practicum Class Supervision	Attendance in practicum class with <u>no</u> video or audio presentation.	

Marriage and Family Therapy Chart Requirements for Degree and License

This chart is for demonstrating the differences in requirements of Alliant University and the two licensing boards. This is not an official statement. Students must clarify these requirements with the licensing boards. These requirements are subject to change regularly so consult with the BBS & BOP websites frequently.

	<i>BBS (MFT License)</i>	<i>Alliant University (San Diego, Irvine, Sacramento, Los Angeles)</i>	<i>BOP (Psychology License)</i>
Education	MA in MFT, or PhD or PsyD in MFT	MA in MFT or PhD or PsyD in MFT	PhD or PsyD in Psychology with or without specification.
Practicum / Internship	After completion of courses (may begin hours after completing 12 semester credits or 18 quarter units in the program), up to 750 client contact and supervision hours in a non-profit setting, a maximum of 1300 total hours prior to degree posting, must have 6 credits in practicum coursework.	Practicum: Completion of all prerequisites and 3 practicum courses. 300 Direct client contact hours, 150 must be relational (couples & families). Internship: Completion of all courses except for electives and Dissertation. Students need to complete a minimum of 250 clinical hours, under AAMFT approved supervisor(s). The clinical internship component must be pre-approved by the campus Clinical Training Coordinator (CTC).	Master's Level Practicum hours do not count. Pre-Doc Internship: 1,500 hours can be collected pre-degree (see law on count hours) at APA, APPIC, CAPIC or Exempt site or as a Registered Psych Assistant. Post-Doc Internship: All hours collected must total 3,000 (pre & post). Same rules as above.
Supervisor	Any licensed mental health professional with 2 years post-licensure, and meets BBS requirements for supervision. Must sign supervisor form from BBS.	For Practicum: Same as BBS but must be on site 50% of practicum hours & be AAMFT Approved Supervisor or Alliant University Equivalent. For Internship: Student must have 200 client contact hours supervised by AAMFT Approved Supervisor or Equivalent.	Licensed Psychologist (unless you are a Psychological Assistant), must be on-site 100% of the time and employed by the same agency as trainee, be available to the trainee 100% of the time by phone, pager, or in person.
Supervision Hours	Pre-Degree: 1-hour individual, 1 hour of triadic or 2 hours of group for every 5 hours of direct contact. <ul style="list-style-type: none"> Supervision must occur EVERY week a student has client contact. Max of 6-hours of supervision per week Post-Degree: 1 hour of individual, 1 hour of triadic or 2 hours of group for every 10 direct client contact hours. Must be registered as an MFT Associate. Supervision must be in the same week as client contact for hours to count towards licensure.	Practicum: <ul style="list-style-type: none"> 1 hour of individual or 2 hours group for every 5 hours client contact. 50 raw data hours must also be completed. Individual supervision must occur week a student has client contact. Internship: <ul style="list-style-type: none"> Student can choose a maximum of two faculty supervisors. Clinical Internship is 50% of the total internship. The internship must be a minimum of 9 months. This means all students must be registered for internship for Fall and Spring Semester. In some circumstances, a student may choose to also do internship during the summer. In this case, students should be aware that they will need to register for at least 3 semesters, and they must ensure that their faculty internship supervisor is available during the Summer. 	1-hour direct, individual face-to-face supervision every week in which the trainee accrues hours. Supervision must account for at least 10% of total hours worked by the trainee. Trainee must maintain SPE log. Pre-Degree: hours can be accrued by being an intern at an APA, APPIC or CAPIC site, registered psych assistant, or employee of exempt setting. Post-Degree: must be registered psych assistant, employee of exempt setting, registered psychologist, or waived psychologist.
Agency Setting	Pre-Degree: Must be in Non-Profit setting. Post-Degree: with MFT associate #, can be in either Non-profit, for-profit or private practice setting.	<ul style="list-style-type: none"> Must be approved by Clinical Training Coordinator (CTC) & provide 50% caseload in MFT. Non-Profit setting (unless a registered Psych Assistant for Pre-Doc Internship or a registered MFT Intern pursuing MFT license). Pre-Doc internships must meet APPIC or CAPIC membership criteria though need not necessarily be a member. 	Pre-Degree: APA, APPIC or CAPIC for hours to count towards BOP. Advanced to Candidacy with Psych Assistant # can be for profit setting. Supervisor must be employed 100% of time as intern. Post-Degree: Non-Profit, for Profit, or Private Practice as long as supervised by licensed psychologist and registered with the BOP.



Signature Page

I _____ have read and understand the **CFT MA/Doctoral Level Practicum Clinical Training Manual 2025-26**, and I agree to follow the procedures and policies contained in this manual. I also understand that I am responsible for obtaining and reading any and all licensing laws that I may be involved with. I also understand that these laws change frequently, and it is my responsibility to know and comply with these laws and ethics that govern the practice of MFT and Psychology.

Student Signature: _____ Campus: _____

Date: _____

Note: Submit signature page to Clinical Training Coordinator (CTC).