



THE FAMILY
INSTITUTE
at Northwestern University

EDUCATION TRAINING MANUAL

Master of Science in Marriage and Family Therapy
The Family Institute at Northwestern University
On-Campus Branch
2022-2023



NORTHWESTERN
UNIVERSITY

Master of Science Program in Marriage and Family Therapy
Education Manual 2022-2023
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Dear students, welcome!

The faculty and staff of the Marriage and Family Therapy Program at The Family Institute at Northwestern University are excited to welcome you, as you begin your professional journey. We believe that over the next 21 months you will grow into a well-trained, confident, marriage and family therapist. We have created an outstanding program that will prepare you to be the best therapist you can be. This preparation, while rewarding, is also intense and challenging.

Graduate education leading to a Master of Science in Marriage and Family Therapy degree integrates coursework, clinical training, supervision, administrative work and the development of one's professional identity. Each of these components are arduous and together they make for a demanding experience. Students should expect to work very hard while in the program. The recruitment team makes every effort to select a cohort of students who possess the necessary ingredients to succeed. Your arrival at TFI is the first vote of confidence that each student has the "right stuff" to become a competent marriage and family therapist. Over the course of a few decades, we have watched graduate students blossom from novices to talented professionals who are eager to take on the professional world that opens up to them with their MSMFT degree. We look forward to having you be part of that next generation.

Those responsible for the design and running of the program, namely the Department Chair, the core faculty, staff, advisors, teaching faculty and supervisors believe in you and want you to be successful. They will all make themselves available to help handle challenges that you might encounter during your graduate education. Graduate education is adult education; we begin with the assumption that you can manage the intense demands of graduate education.

What we will teach you in the program is cutting edge today, but in the future, in order to stay current with the changing needs of your clients and the field you will need to grow and adapt. One of the greatest perspectives you will gain while in the program is that you must take responsibility not only to excel in this program, but also to prepare yourself to become a lifelong learner. And you must do so while adopting critical thinking. These are key skills that you will carry throughout your career.

This is not to say that a student will not encounter difficulties sometime during the two-year program. However, it is our hope that students will identify these difficulties early, reach out for support, and work relentlessly to resolve them. Accordingly, students are encouraged to continuously monitor their progress, actively seek feedback, and take decided steps to address any challenges as soon as possible.

This *training manual* has the following goals:

1. To provide an outline of the mission, and student learning outcomes, and goals.
2. To provide you with a clear understanding of program policies, procedures, remedies and resources that exist both in the MSMFT program and at Northwestern University.
3. To provide you a blueprint on how to navigate both the academic and clinical administration of your program.

We welcome you to this unique and exciting experience of pursuing your journey toward becoming a marriage and family therapist and look forward to sharing it with you.

Mudita Rastogi, PhD, LMFT

Department Chair, Master of Science in Marriage and Family Therapy

Clinical Professor, Department of Psychology, Northwestern University

McCormick Tribune Foundation Chair in Family Therapy

The Master of Science in Marriage and Family Therapy Program

IMPORTANT NOTE: The Education Manual is subject to amendments. All amendments would apply to those currently in the program.

Program Mission Statement

The mission of the MSMFT Program at Northwestern University is to train and educate students to become knowledgeable, competent, systemic, culturally sensitive, ethical, and empirically-informed Marriage and Family Therapists. Graduates of the program are expected to exhibit a beginning level of competence with a variety of presenting problems, utilize the *Integrative Systemic Therapy* (IST) framework to integrate knowledge from the field into practice, demonstrate multicultural sensitivity and ethical competence in their work, and have an appreciation for research, particularly research on family relationships and the process and outcome of therapy. With further education and experience, graduates of the program will go on to become outstanding practitioners and future leaders in the field of Marriage and Family Therapy. The program's mission is embedded in that of The Family Institute (to strengthen and heal families and individuals from all walks of life through clinical services, education and research) and Northwestern University (excellent teaching, innovative research, and the personal and intellectual growth of its students). Accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), the program reflects the Professional Marriage and Family Therapy Principles.

The following program goals and associated student learning outcomes operationalize the mission of the program.

Program Goals

- a. Train entry level Marriage and Family Therapists who are knowledgeable, systemic, integrative, and empirically-informed.
- b. Train competent entry-level therapists who are informed by multicultural perspectives and awareness of self.
- c. Graduates will have achieved identity as Marriage and Family Therapists and observe the AAMFT code of professional Ethics.
- d. Graduates will learn to practice Integrative Systemic Therapy (IST).

Program Goals and Associated Student Learning Outcomes (SLOs)

Goal #1: Train entry level Marriage and Family Therapists who are knowledgeable, systemic, integrative, and empirically-informed.

- **Foundational knowledge base**

Outcome: Students will become knowledgeable of the core concepts, common factors and major models of marriage and family therapy.

- **Integration of concepts, models and techniques**

Outcome: Students will learn to utilize a systemic, integrative and empirically-informed approach to planning and staging therapy.

- **Integration of research**

Outcome: Students will learn to be critical consumers of research, incorporate research findings into their clinical practice, and utilize progress research data to make informed clinical decisions.

Goal #2: Train competent entry-level therapists who are informed by a multicultural perspective and awareness of self.

1. Clinical competence

Outcome: Students will develop a strong beginning level professional competence in the conduct of systemically-oriented family, couple and individual therapy.

2. Diversity and multi-cultural sensitivity

Outcome: Students' clinical work will incorporate multicultural sensitivity and respect for diversity across a range of cultural contexts including race, ethnicity, class, religion, gender, and sexual orientation.

3. Development of the self of the therapist

Outcome: Students will develop awareness of their own reactions to clients and clinical responsibilities and develop means of managing their reactions and using them, when appropriate, in the context of therapy.

Goal #3: Graduates will achieve identity as Marriage and Family Therapists and observe the AAMFT code of professional Ethics.

A. Professional identity as marriage and family therapist

Outcome: Students will clearly identify themselves with the profession of Marriage and Family Therapy.

B. Professional and ethical conduct

Outcome: Students will develop an understanding of legal and ethical standards and demonstrate the ability and commitment to apply them in the professional practice of Marriage and Family Therapy.

Goal #4: Graduates will learn to practice Integrative Systemic Therapy (IST).

a. Understanding and utilization of IST.

Outcome: Students will demonstrate comprehensive understanding of IST in their Capstone.

Communities of Interest

The program has identified its Communities of Interest that provide formal and informal feedback as part of the Program's ongoing assessment and development of its outcome-based educational program. The Communities of Interest are: students, alumni, employers, teaching faculty, clinical supervising faculty, staff, and clients of The Betty D. Harris Child and Family Clinic at The Family Institute.

MFT Program Governance and Roles

Mudita Rastogi, PhD, LMFT serves as the MSMFT Department Chair. In her role as Department Chair, she is responsible for the planning and oversight of program curriculum, faculty scholarship, adherence to COAMFTE accreditation requirements, coordination of scholarships and research assistantships, and management of the day-to-day operations of the MSMFT program. The Core Faculty members, William Russell, MSW, Allen Sabey, PhD, Bahareh Sahebi, PsyD, Heather Lofton, PhD, Neil Venketramen, MSMFT, David Taussig, MSW and Darren Moore, PhD under the direction of the Department Chair are responsible for the administration of the program. They are assigned to committees (e.g., curriculum, supervision, student life) and each chairs a committee. They all serve on the admissions committee, advise students and produce scholarship. Additionally, Core Faculty members teach, supervise, mentor new supervisors and faculty, and maintain a clinical practice.

All faculty members who teach or consult in the Master of Science in Marriage and Family Therapy program are licensed, practicing clinicians who hold faculty appointments from the Weinberg School, Psychology Department at Northwestern University. Teaching Faculty are responsible for course development, course instruction, academic evaluation and scholarship. Supervising faculty are responsible for the direct clinical training and supervision of students. Consulting Faculty augment the MSMFT Program by lending their expertise to our students by giving guest lectures and providing interested students with guidance on academic and research interests.

The students of the MSMFT program are a vital component of the program. As learners, clinical trainees and the future of the field, you are expected to produce high-quality, original work, grow and develop as a person and as a therapist, and take the opportunity to express your views regarding the program, including its curriculum, policies and procedures. The feedback you provide in program meetings, on formal evaluation measures, and in individual meetings with faculty members is of great value to the program and is one important source of program modifications and improvements.

Program Evaluation and Assessment

The program has identified its Communities of Interest that provide formal and informal feedback as part of the Program's ongoing assessment and development of its outcome-based educational program. The Communities of Interest are students, alumni, employers, teaching faculty, clinical supervising faculty, staff, and clients of The Betty D. Harris Child and Family Clinic at The Family Institute. The MSMFT Program utilizes all data and metrics supplied by various department and program assessments and evaluations as part of our strategic plan of continuous program development and improvement. The MFT Department Chair, the Director of Core Faculty and the Education Office are responsible for collecting information regarding student learning outcomes, course and faculty effectiveness, clinical trainee success, and program accomplishments. The education office requests that students, faculty members, supervisors, alumni, and other constituents complete various rubrics and evaluations to adequately assess the program's performance in achieving its benchmarks. Data are collected, analyzed and interpreted, and action plans are developed based on student, faculty and program needs.

The program collects data on curriculum/teaching/learning practices (CTEC's and Student Program Evaluations); program resources; trainee achievement; Department Chair effectiveness; graduate achievement; student demographics; program effectiveness; and employer satisfaction and job placement.

Student Learning Outcomes, Program Outcomes, and Faculty Outcomes are reviewed formally on a yearly basis during the Summer Quarter Faculty Retreat. Action plans and revision of outcomes are completed as needed to align with core competencies, educational guidelines and the code of ethics at this time and over the course of the year.

Results are reported to the Chief Academic Officer, the Board of Directors, the University, The Graduate School, COAMFTE, faculty, students, and supervisors. Statistics on the achievement of each graduating class are posted on website of The Family Institute at Northwestern.

Accreditation

Our program has been fully accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) since 1994. The COAMFTE is the standard-setting organization for family therapy training recognized by the U.S. Department of Education and the Council for Higher Education Accreditation. The coursework for the Master of Science in Marriage and Family Therapy degree fully meets the educational requirements for licensure as a Marriage and Family Therapist in all of the United States, except California which requires some additional coursework. See [COAMFTE](#) for more details.

Diversity and Inclusion

The MSMFT Program at Northwestern University fully supports Northwestern University's vision and mission for diversity and inclusion. The Office of Institutional Diversity and Inclusion, situated within the Office of the Provost has established the following vision and mission.

Vision: To realize an ideal Northwestern University where community members are challenged to engage differences as strengths in an environment that ensures equality of access, opportunity, participation and representation.

Mission: To help create and sustain a diverse, inclusive and welcoming environment for all Northwestern community members including students, faculty, staff and alumni."

Consistent with this vision and mission, The MSMFT Program at Northwestern University upholds a philosophical

commitment to diversity and inclusion and embraces the differences of all people. Our faculty, supervisors, and staff are committed to promoting acceptance and inclusion for all our communities of interest (COIs). We believe that all individuals are entitled to acceptance and equal rights. We support those individuals whose age, race, ethnicity, culture, socioeconomic status, gender, gender identity, gender expression, immigration status, native language, physical and mental aptitudes, political beliefs, relationship status, religion, sexual orientation, socioeconomic status, or spiritual beliefs might be different from our own. Students admitted to the MSMFT program as well as faculty and supervisors hired to teach within it are expected to adhere to our standards and work effectively with all persons associated with the program, including fellow students, clients, faculty and supervisors. The University, The Family Institute, the Program, and the Clinic do not condone and will not tolerate any form of discrimination.

MFT Program Student Recruitment

Each year the MSMFT program core faculty aims to recruit and admit students with different backgrounds, experiences and undergraduate majors. The Program is committed to having diverse cohorts of students. Typically, about 40% of each cohort has been composed of students who represent some type of diversity. Our website is our primary vehicle for communicating to prospective applicants our strong commitment to diversity. When we recognize that our numbers for a particular category of diversity are consistently low, we form a group to study the matter and create better means of recruitment. Students of all nationalities, races, ethnicities, and sexual orientations are encouraged to apply to the program and are equally considered without discrimination or segregation on the basis of race, color, religion, national origin, gender, sexual orientation, age, or disability.

MSMFT Candidate Selection and Admission Process

Enrollment in the Master of Science in Marriage and Family Therapy Program is limited due to the intense clinical training students receive. Applications for fall admission are due by December 31. All necessary supporting documents must be on file by that date to guarantee consideration for admission the following academic year. We encourage you to submit your application as soon as possible. The Program encourages the application of all qualified candidates who are interested in becoming professional marriage and family therapists. Candidates who hold a bachelor's degree or its equivalent from an accredited college or university are eligible to be considered for admission. Applicants usually have an undergraduate degree in one of the behavioral or family sciences. Applicants without such a background are also encouraged to apply but may be required to take some prerequisite undergraduate coursework (i.e., Introductory Psychology, Human Development) at the discretion of the Department Chair. Individuals who represent a broad range of backgrounds and life experiences are encouraged to apply.

Admissions considerations include:

- Academic performance
- Work experience
- Motivation for graduate study
- Evidence of commitment to working with families
- Potential for success in the program and as a marriage and family therapist
- Requirements set forth by the graduate school at Northwestern University

When all application materials are completed and returned, an MSMFT Admissions Committee member reviews all transcripts and other supportive documentation and declares the authenticity of the materials. The committee member then presents the applicant to the Admissions Committee, who then as a core group, decides which applicants will be invited to an interview. The interview process involves a group interview, a group discussion of a videotape segment of a therapy session, an opportunity to talk with students currently enrolled in the program, and an individual interview. Subsequently, the Admissions Committee makes the admission decisions and submits them to the Graduate School.

Background Checks

The Family Institute at Northwestern University requires all applicants who have received conditional admission to either the Master of Arts Program in Counseling or the Master of Science Program in Marriage and Family Therapy to complete an online background check to determine criminal history. Having an adverse criminal history finding does not necessarily preclude admission. Determinations are considered on a case-by-case basis. In the event that information from the background report is utilized in whole or in part in making an adverse decision with regard to an applicant's admission, before making the adverse decision, the Institute will provide the student with a copy of the consumer report and a written description of his or her rights under the federal Fair Credit Reporting Act.

University Policy Statements

It is the policy of The Family Institute at Northwestern University not to discriminate against any individual on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, age, handicap or veteran status in matters of admissions, employment, housing, or services or in the educational programs or activities it operates, in accordance with civil rights legislation and University commitment. Any alleged violations of this policy or questions regarding the law with respect to non-discrimination should be directed to Director of Equal Employment Opportunity, Affirmative Action, and Disability Services, 720 University Place, Evanston, Illinois 60208-1147, 847-491-7458; Office of the Provost, Rebecca Crown Center, 633 Clark Street, Evanston, Illinois 60208-1101.

Nondiscrimination Statement

Northwestern University does not discriminate or permit discrimination by any member of its community against any individual on the basis of race, color, religion, national origin, sex, pregnancy, sexual orientation, gender identity, gender expression, parental status, marital status, age, disability, citizenship status, veteran status, genetic information, reproductive health decision making, or any other classification protected by law in matters of admissions, employment, housing, or services or in the educational programs or activities it operates. Harassment, whether verbal, physical, or visual, that is based on any of these characteristics is a form of discrimination. Further prohibited by law is discrimination against any employee and/or job applicant who chooses to inquire about, discuss, or disclose their own compensation or the compensation of another employee or applicant.

Northwestern University complies with federal and state laws that prohibit discrimination based on the protected categories listed above, including Title IX of the Education Amendments of 1972. Title IX requires educational institutions, such as Northwestern, to prohibit discrimination based on sex (including sexual harassment) in the University's educational programs and activities, including in matters of employment and admissions. In addition, Northwestern provides reasonable accommodations to qualified applicants, students, and employees with disabilities and to individuals who are pregnant.

Any alleged violations of this policy or questions with respect to nondiscrimination or reasonable accommodations should be directed to Northwestern's Office of Equity, 1800 Sherman Avenue, Suite 4-500, Evanston, Illinois 60208, 847-467-6165, equity@northwestern.edu.

Questions specific to sex discrimination (including sexual misconduct and sexual harassment) should be directed to Northwestern's Title IX Coordinator in the Office of Equity, 1800 Sherman Avenue, Suite 4-500, Evanston, Illinois 60208, 847-467-6165, TitleIXCoordinator@northwestern.edu.

A person may also file a complaint with the Department of Education's Office for Civil Rights regarding an alleged violation of Title IX by visiting www2.ed.gov/about/offices/list/ocr/complaintintro.html or calling 800-421-3481. Inquiries about the application of Title IX to Northwestern may be referred to Northwestern's Title IX Coordinator, the United States Department of Education's Assistant Secretary for Civil Rights, or both.

Code of Conduct

The Student Code of Conduct applies to the following situations. The University reserves the right to investigate and resolve reports of alleged misconduct in all of these situations:

1. Involving students, a group of students, or a student organization affiliated with any school or department or the University as a whole (undergraduate or graduate).
2. Occurring from the time of a students' application for admission through the actual awarding of a degree (even if the conduct is not discovered until after a degree is awarded), including, but not limited to:
 1. During the academic year
 2. Before classes begin or after classes end
 3. During time pursuing credit away from the campus (e.g., study abroad, internships, co-ops)
 4. During periods between terms of actual enrollment
 5. While on leave from the University
3. Occurring either on or off campus

The University reserves the right to investigate and resolve any report or incident in which a student is alleged to violate any of the principles or policies published by the University or local, state, or federal laws or policies, regardless of the location where the incident occurs. Students are also expected to follow the policies and procedures of institutions that they may visit, including during international travel.

University and residence hall guests are expected to follow all University policies. Student hosts are accountable for the conduct of their guests and may be subject to disciplinary action as the responsible party for violations of University policy incurred by their guests. This applies to individuals, groups, and recognized student organizations.

In addition to the above code, MSMFT students and faculty are expected to follow the AAMFT Code of Ethics. Those found to have committed a violation or to have attempted to violate either of these Codes will be subject to disciplinary sanctions, up to and including dismissal from the University.

Graduate Achievement Data

Graduates of the MSMFT Program typically seek licensure as Licensed Marital and Family Therapists (LMFTs) with the Illinois Department of Financial and Professional Regulation or in another state. The time from graduation to licensure typically takes from two to five years in Illinois. Some of our MFT graduates continue on to doctoral work. No matter their plans, students can count on the advice and support of the Department Chair, faculty and supervisors for assistance with the steps after graduation. We take extreme pride in preparing our students for success in their journey to licensure, as shown by the data in the figure below

COAMFTE Student Achievement Criteria Data for Master of Science in Marriage and Family Therapy Program The Family Institute at Northwestern University Accredited: 1995												
Minimum Program Length*: 2 years / Advertised Program Length*: 2 years Maximum Time to Complete Program*: 5 years												
Year Students Entered Program**	# of Student in Program (optional)		Graduation Rate (Minimum Time)		Graduation Rate (Advertised Time)		Graduation Rate (Maximum Time)		Job Placement Rate***		National Exam Pass Rate****	
	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	FT	PT
2012 – 2013	26	0	100.00%	-	100.00%	-	-	-	88.00%	-	100.00%	-
2013 – 2014	28	0	100.00%	-	100.00%	-	-	-	96.00%	-	100.00%	-
2014 – 2015	28	0	100.00%	-	100.00%	-	-	-	90.00%	-	100.00%	-
2015 – 2016	28	0	93.00%	-	93.00%	-	-	-	88.00%	-	100.00%	-
2016 – 2017	27	0	100.00%	-	100.00%	-	-	-	89.00%	-	100.00%	-
2017 – 2018	28	0	100.00%	-	100.00%	-	-	-	92.00%	-	100.00%	-
2018 – 2019	26	0	100.00%	-	100.00%	-	-	-	89.00%	-	NA	-
2019 – 2020	27	0	93.00%	-	100.0%	-	-	-	90.00%	-	NA	-
2020 – 2021	30	0	96.00%	-	100.00%	-	-	-	NA	-	NA	-
2021 – 2022	30	0	96.00%	-	NA	-	-	-	NA	-	NA	-

FT=Full-time PT=Part-time

*Minimum length of time is the shortest time possible that a student could complete the program (i.e., a student doubled up on coursework one semester and was able to graduate early). Advertised length of time is how long the program is designed to complete as written. Maximum length of time is the maximum allowable time in which a student could finish the program (i.e., if a student needed to take time off due to illness, family responsibilities, etc.).

**Programs are only required to provide data on the past 10 years/cohort, or since the program was initially accredited, whichever is shorter.

***This is defined as the percentage of graduates from the cohort year listed that are employed within 3 years of their graduation, utilizing skills learned in the COAMFTE accredited program. Masters and Doctoral programs are required to provide this information. Post-Degree programs are encouraged to share this with the public.

****Master programs are required to provide this information. Doctoral and Post-Degree programs are encouraged to share this with the public. For Master's programs only, COAMFTE has established a benchmark of 70% pass rate for each cohort.

The Master of Science in Marriage and Family Therapy Program

ACADEMIC POLICIES

Academic Integrity

The MSMFT Program is one of the Programs in the Graduate School (TGS) of Northwestern University. We adhere to the strictest standards regarding academic integrity and follow the policy set down by TGS as quoted below.

“Academic integrity is fundamental to every facet of the scholarly process and is expected of every student in The Graduate School in all academic undertakings. Integrity involves firm adherence to academic honesty and to ethical conduct consistent with values based on standards that respect the intellectual efforts of both one-self and others.

Ensuring integrity in academic work is a joint enterprise involving both faculty and students. Among the most important goals of graduate education are maintaining an environment of academic integrity and instilling in students a lifelong commitment to the academic honesty that is fundamental to good scholarship. These goals are best achieved as a result of effective dialogue between students and faculty mentors regarding academic integrity and by the examples of members of the academic community whose intellectual accomplishments demonstrate sensitivity to the nuances of ethical conduct in scholarly work.

Standards of academic honesty are violated whenever a student engages in any action that jeopardizes the integrity of scholarly work. Such actions include cheating in the classroom or on examinations, including master's final examinations and Ph.D. qualifying examinations; the intentional and deliberate misuse of data in order to draw conclusions that may not be warranted by the evidence; fabrication of data; omission or concealment of conflicting data for the purpose of misleading other scholars; use of another's words, ideas, or creative productions without citation in either the text or in footnotes; paraphrasing or summarizing another's material in such a way as to misrepresent the author's intentions; and use of privileged material or unpublished work without permission. Academic dishonesty is a serious matter for graduate students committed to intellectual pursuits, and it will be adjudicated in accordance with procedures approved by the Graduate Faculty.” The full university policy, procedures, student rights and sanctions can be found here: [Northwestern Provost Academic Integrity](#)

Resolving Student Disputes with a Faculty Member

If a student has a dispute with a faculty member, advisor, supervisor, or instructor, the student should first approach that individual and attempt to resolve the difficulty. If the conflict is *not* resolved, the student should discuss the matter with their advisor (or Department Chair if the dispute is with the advisor). If a solution is not forthcoming from this discussion, the advisor will discuss the dispute with the core faculty who may suggest a solution, or the core faculty may recommend that the student speak to the Department Chair. If unsatisfied with the input of the advisor, the student also has the right to request a meeting with the Department Chair. Once the Department Chair is directly involved, they may suggest a solution or request a meeting with the student and the faculty member. When all other attempts have failed, the Department Chair will determine how to resolve the conflict. If the student is unsatisfied with the solution, they have the right to pursue the grievance process (See [Grievances](#)).

Academic Credit

To graduate from the Program, students must successfully complete twenty-four courses. These include 17 academic courses and 6 internship courses. Of the academic courses, academic credit of one (1) unit is given for 17 of these courses and two courses, Group Therapy and Professional Identity Seminar, are offered at zero (0) credit. Fifteen academic courses are taken in the first year (including 3 courses in the summer between the first and second year). Nine, with the possibility of a tenth, are taken in the second year. In addition, academic credit (1 unit) is given for each of the six internships that students complete during the Program (see below). Students who successfully complete the program receive 23 units of academic credit in addition to completing one zero credit course.

Attendance and Participation

Every course and each class are designed to contribute to students' development to practice systemic and relational

therapy. To maintain the most productive learning environment for students and the instructor, it is imperative that students adhere to the attendance policies of the program.

1. ***Class attendance is mandatory.*** Students are expected to be present in all classes, except under certain circumstances (described below). Students are required to communicate with the instructor prior to the class if they are unable to attend a particular class.
 - a. One absence per course per quarter is permitted without penalty. A second absence will reduce the overall grade by 10% unless an additional assignment is completed as provided by the instructor.
 - b. Instructors may require students to complete an additional assignment for any absence. This is particularly relevant during summer courses. Students are responsible for seeking out and making up the work that they missed.
 - c. If a student is absent for more than 20% of the classes for any reason (the actual number of classes depends on the quarter and course), the program may require the student to retake the course.
 - d. These policies apply over the duration of each course (quarter or academic year).
2. ***Promptness is expected.*** Promptness is a professional responsibility to students and instructors and is necessary for all students to benefit from the class. Arriving late or leaving class early can cause a disruption of learning. Students should inform the instructor as soon as possible about needing to arrive late or leave early for any reason.
 - a. If a student misses more than 30 minutes of a class, they will be marked as absent for the class.

Students are expected to be present in all classes, to read assignments before class, and to be prepared to participate in discussion as well as apply the readings to information presented in class. Class participation will be graded based in large part, on attendance and punctuality. For summer courses, which have fewer weeks, the requirement of an additional assignment or grade reduction will be in effect with the first absence. Consistent with NU policy, if a student is not present for at least 80% of course time, the program may require the student to re-take the course or, if there are documented, extenuating circumstances, complete additional assignments and/or take a reduction in grade.

On rare occasion a class may be re-scheduled by the program or the instructor, for health or other unavoidable reasons. If this happens, all efforts will be made to announce the changes well in advance of the class. Students are expected to prioritize and attend class as per the altered schedule and should discuss any concerns directly with the instructor.

Receiving Course Content for Class Absence

At the discretion of the course instructor the following options may be available for an absence. Student will be marked as Absent; however, it may be possible for them to receive content as decided by the instructor. Student request to receive content must be made in writing, along with the stated reason that constitutes the absence. Such a request may be made once a quarter.

- **As described by Northwestern University a recording of the course, if a course is recorded, it may be provided to student with absence for a 7-day period through Canvas.** Class recordings provide students the opportunity to review material that they have missed.
 - Instructors may choose to turn off the recording at certain points during class to protect student privacy and eliminate the possibility that recording might stifle discussion, particularly if sensitive content is being discussed. If there is any concern that class content may be inappropriate or complicated to record, please see the Live option below.
- **The instructor may allow a student to view lecture live via zoom.** Student will make this request of the instructor in advance of the class and in the request will name the classmate who is willing to stream the course live, via Zoom.
 - Course content cannot be recorded by classmate providing livestream.

- Student recording is prohibited. *Unauthorized recording is unethical and may also be a violation of university policy and state law.*

Important note: Instructors may require students who miss an in-class discussion to submit a personalized summary or critical reflection of the course content, readings, noting key ideas, questions or etc., within one week of the missed class. Such critical reflections need not be graded but could count toward a participation grade. See the attendance policy in this manual for understand the implications of missing a class session

Conference Attendance Policy

As Marriage and Family Therapists in training, there are many opportunities to advance your learning experience by engaging in scholarly settings and work. Attending conferences is a great way to learn about current events, participate in research and hear from some of the founding and front running figures in the field. Conferences are also an inviting environment to connect with other students and therapists as well. Here at TFI, we encourage students to further their clinical and academic training by attending conferences.

IAMFT and AAMFT are our local and national premier conferences to attend. Should attendance to either of these two conferences conflict with course meeting time, please contact the appropriate course faculty member in advance to arrange for the date(s) you will be missing class. These conference absence(s) do not compete with your quarterly course excused absence option. Once your excused conference absence(s) are confirmed, you will be asked to complete a writing/presenting assignment integrating a conference topic and the missed course content. This assignment is due the week after the conference and the missed course date. Note: If you are attending both conferences you will have two assignments due.

Upcoming are two major conferences to consider: No cost for student members.

Illinois Association of Marriage and Family Therapy Conference (IAMFT)

November 3 - 5, 2022

Naperville, IL, <https://www.iamft.org/conference.php>

American Association of Marriage and Family Therapy Conference (AAMFT) Systemic Family Therapy Conference

November 9 – 11, 2022

Virtual, <https://networks.aamft.org/conference/home>

Creating a Classroom Community

We strive to be a community of learners in which a spirit of collaboration guides the exchange of ideas between the teacher and the students. To maximize this environment, the following classroom etiquette is expected: 1. Cell phones should be on silent and put away during class; 2. Computers will be used only for taking notes during class, although the technology policies are at the discretion of the classroom instructor; 3. Activities unrelated to that particular class will be avoided; 4. No food should be consumed during class; all beverages must have lids. 5. Please clean and sanitized your space after use.

Evaluation of the Program

Throughout the year and the course of the program, students are expected to evaluate their experience with their classes, instructors, curriculum, clinical internship, supervisors, program procedures and themselves. This is an opportunity to give feedback and influence a program and career that you have vested in. In the course of your professional development, we expect you to take advantage of these opportunities to provide feedback. Completing formal evaluations is part of your grade in the internship courses (i.e., group supervision).

Assignments

Professors (instructors) are responsible for determining the nature and extent of assignments for each course as described in the course syllabi.

Late Work: All late work will be penalized if it is submitted any time after the stated deadline. Students who anticipate being unable to submit the assignment at the time it is due should prepare to submit the assignment early. Students should be in contact with their instructor regarding late assignments *as soon as possible*. Prior to the deadline, instructors may provide arrangements for turning in late work; otherwise, there may be a 10% reduction of points on the assignment for each day the assignment is late.

All assignments must involve original work. The use of published work must be cited using current APA formatting. An assignment can be submitted for grading in only one course. Students may work within one topical area (e.g., eating disorders) in more than one course; however, each assignment must focus on a different aspect of the area of interest. If a student is unclear about this distinction, they should check with the professor prior to beginning the project.

If an assignment is submitted in a course that appears to be similar to an assignment in a prior course, the professors of both courses will discuss the similarity of the assignments. If the assignment is determined to be essentially a duplicate of an earlier assignment, it will be treated as an instance of academic dishonesty and subject to the program's policies on academic dishonesty (see Academic Integrity). If the assignments are distinct enough, the professor of the current course will meet with the student to discuss the problem and decide whether to allow the student to modify and resubmit the assignment.

Grading

Letter grades will be given for all courses taken for one (1) credit unit. A S/U -satisfactory/unsatisfactory grade is given for the required zero (0) credit courses, Professional Identity Seminar and Group Therapy.

Grades given for completed, credit-bearing courses are A, A-, B+, B, B-, C+, C, C-, and F (for failing work).

Per the Graduate School policy regarding incomplete grades, a student may consider receiving an incomplete grade (a Y) when experiencing "extraordinary, catastrophic events beyond their control." Incomplete grades are assigned only in "extreme and unusual cases." If these conditions apply, the initiation of the process to receive an incomplete grade can come from the student, the instructor, the advisor, or the Department Chair. The student would then petition for an incomplete grade for the course through completing the required document and submitted it to the instructor, advisor, and Department Chair. The petition would be discussed between the instructor, advisor, and Department Chair. The entire MSMFT Core Faculty can be brought in to discuss if the Department Chair deems necessary. Y grades must be made up within one calendar year of the date the grade is incurred or will automatically turn into an F. An incomplete grade of X is given when a student has negotiated with the professor to not take a final exam at the designated time. Unless there are extenuating circumstances, a student who receives an X for a grade must take the final examination within 2 weeks of the completion of the course. For grades of X and Y, the program's policy regarding late work applies.

It is the expectation of the program that all graduate students will earn an A or B for their courses. To maintain satisfactory academic status, a grade of C will be allowed for no more than two (2) courses. A student who receives a third C will be placed on academic probation and required to retake the course for which they received a 3rd C. Additionally, students are expected to carry a minimum cumulative grade point average of 3.0 (B). **If a student receives an F in a course, they will be required to retake that course.**

Additional grading requirement regarding the Internship course can be found on page XXX.

<u>Grading Scale</u>		
A 93 – 100%	B+ 87 – 89%	C+ 77 – 79%
A- 90 – 92%	B 83 – 86%	C 73 – 76%
	B- 80 – 82%	C- 70 – 72%

Northwestern

The Center for Applied
Psychological and Family Studies

Master of Science in Marriage and Family Therapy Program

Petition for Incomplete (Y) Grade

Name: _____ Student ID _____

Advisor: _____ Phone: _____

Program/Year: _____

Email: _____

Reason for Incomplete and Timeline for Completion:

Course for which an Incomplete (Y) is requested: *(Include both the course title and the quarter and year)*

State the reason for the Incomplete (Y) and your intention to resolve it:

Deadline for resolving the incomplete: _____

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Department Chair: _____ Date: _____

Department Chair / Faculty Comments:

Decision:

Approved ☐

Denied ☐

Other ☐

Electives

Students have the option of choosing to take an elective course during the program. Electives may be taken within the Counseling Program (COUN) or with other departments of Northwestern University (i.e., Psychology, Sociology, Communication Sciences, etc.). The elective needs to be taken during a quarter in which the student is enrolled in no more than 4 courses. The procedure for selecting an elective is the following: The student must submit a formal email request to register for the course to their Advisor and the Professor of the course. The Advisor will then review the request with the MSMFT Department Chair and MSMFT Core Faculty and will notify the student of their approval status.

Research in Marriage and Family Therapy

Our clinically focused program is rooted in research. A research-informed approach to therapy is woven throughout all coursework and clinical training. All students take a course in marriage and family therapy research which covers both how to conduct research and how apply research in clinical practice. Some students may have a strong interest in obtaining more research experience, either to be competitive for doctoral programs or research careers. These students can take an additional seminar in marriage and family therapy research and may be able to work in a research lab and complete a research thesis project.

Students in the on-ground branch who are interested in working in a research lab will be introduced to the available lab opportunities early in the program. Research labs can be with faculty or staff at The Family Institute or throughout other departments at Northwestern University. Students will apply to be interviewed for a research lab within the first month of starting the program. Not all students who are interested in working in a research lab will have the opportunity to do so. Students in research labs commit to working three to six hours a week in their lab. Many of them complete a research thesis project using data from the research lab to which they were assigned.

All students utilize "progress research" through the use of the STIC® (Systemic Therapy Inventory of Change). This online instrument completed by clients enables you to track your clients' therapy progress and monitor the therapeutic alliance.

Capstone Project

The Capstone Project satisfies a key requirement of our accrediting body, the Commission on Accreditation of Marriage and Family Therapy Education (COAMFTE). A Capstone Project demonstrates that students have integrated and consolidated their learning in a manner consistent with the program's mission, goals and outcomes. The MSMFT Capstone involves the completion of a case study process, a case presentation, and a paper that demonstrate the student's acquisition of clinical competence, as well as the ability to integrate relevant knowledge and skill within the framework of Integrative Systemic Therapy (IST) and apply this integration to their clinical work. The project demonstrates the student's ability to accomplish systemic integration in their practice and, thereby, their readiness to continue their professional growth.

Waiving Courses Policy

An MSMFT course may be waived if a graduate level course was taken within the past 5 years and documented through official transcript as equivalent to a course required in the MSMFT curriculum. A student may also request the waiver of an elective course if the student has recently taken a graduate course equivalent to an elective acceptable in the MSMFT curriculum. A course description from the previous school's graduate catalogue and/or the course syllabus must be submitted at the time of request. Up to three credit units may be counted toward the required units needed for graduation. The Department Chair, in conjunction with the MSMFT core faculty, will review and take appropriate action on waiver requests.

Program Class Waiver Process:

- Please complete the student section of the course waiver form and return it with a copy of the transcript course syllabus, and pertinent supporting documents to Yadira Wardlow at ywardlow@family-institute.org

- The form will be verified by the program coordinator and if all sections are completed correctly, it will be passed to the faculty who is currently teaching the course
- Upon reviewing the requested material, the faculty will either ask for additional material, deny, or accept the course waiver request.
- If the course waiver request is accepted by the course faculty, a second program core faculty member will review all materials and make the final decision about granting or denying the course waiver application.
- In the final step the form is returned to the program coordinator who will add the waiver, if accepted, to the student file and notify the student about the outcome. Please note that this process can take 2-3 weeks for review.

Academic Distinction

Academic Distinction is a prestigious honor conferred on those students with the best academic records. Academic Distinction will be awarded to the students with the top 3 GPAs in their cohort at the time of graduation.

Academic Probation

A student will be placed on academic probation when any of the following conditions exist.

- Having a cumulative GPA lower than 3.00
- Receiving a third C grade in the program
- Receiving a 4th incomplete grade in the program
- Being put on clinical probation.

When a student meets the criteria for probation, they will meet with their advisor to create a plan and a timetable for the student to re-establish satisfactory academic standing. The student will then meet with the Department Chair who will confirm the student status and review the plan. The Director will then put the probationary status in writing and this document will be signed by the Director, the advisor and the student before being placed in the student's academic file.

Failure to comply with the plan will result in a review of the student's progress in the program by the core faculty. The core faculty can recommend a revision to the plan and extend the probation or request that the student withdraw from the program. If a student declines the request to withdraw from the program, they will be dismissed from the program. A student has the right to file a grievance if they believe that the dismissal is unjustified.

Northwestern University Tuition

Tuition for the MSMFT program is set by The Graduate School at Northwestern University. Tuition for the 2020-2021 Academic Year has been set as by Northwestern University as:

Full Time (3 or 4 courses) -	\$20,721/quarter**
Part Time -	\$7,372/course
Application Fee-	\$95
The Family Institute Fee Tech Fee -	\$195
Student Activity Fee -	\$125 (per term)
Annual Health Fee -	\$4,698/year

Students who register for three or four tuition units per quarter are enrolled full-time and pay one "package tuition rate" for that quarter regardless of whether they register for three or four tuition units. The full-time "package rate" listed on TGS web site offers a lower price per course than the "per course" tuition rate.

Time Limits for Completion of Degree

Students must complete all the requirements for the master's degree within five years of the date of their initial registration in The Graduate School, which falls on the last day of the 20th quarter. Students who do not complete their degree within five years will not be considered in good academic standing and will be placed on academic probation.

Sequence of Courses

The sequencing of courses in the curriculum is based on six developmental principles that are roughly sequential and progressive in nature:

- Providing a foundational knowledge base and an orientation to a systemic, integrative and empirically informed approach to MFT practice.
- Preparing to begin therapy early in your training (learning while doing).
- Expanding knowledge of methods, models and modalities while increasing cultural sensitivity and integrating diversity in one's understanding and practice of systemic family therapy.
- Expanding caseloads as you deepen your understanding of the role of research in a scientist-practitioner's work.
- Increasing understanding of human development and psychodynamic issues in clinical practice.
- Learning more about working with a variety of presenting concerns and exploring particular clinical interests.
- Presenting your Capstone Project. In Winter and Spring of your second year, you will work intensively on your capstone, which involves synthesizing and applying what you have learned in the program. This project requires integration and consolidation of students' learning with the program's mission, goals and outcomes

Program Requirements

Students must complete a minimum of 23 Units / 61 semester hours in the program for graduation.

- First year courses are held on Wednesdays and Thursdays. First year students are advised to keep these days open for classes.
- Second year courses are held on Wednesdays and Thursdays. Second year students are advised to keep these days open for classes.
- Group supervision takes place on Wednesday afternoons for both years; individual supervision is arranged between supervisor and student.
- Students also are required to schedule time to see their clinical cases and keep appropriate records of their sessions.
- Please note that the coursework, clinical practice, supervision and various program meetings comprise a full-time commitment. On rare occasion, classes may be re-scheduled for unavoidable reasons and students are expected to prioritize classes over their other commitments.

The Family Institute at Northwestern University
Master of Science in Marriage and Family Therapy Course Descriptions

MS_FT 400-0: Professional Identity Seminar (1) – SPRING 1, SUMMER 1, FALL 2, WINTER 2, SPRING 2

This seminar is designed to introduce students to the personal and professional issues in becoming and developing marriage and family therapist, both during graduate training and beyond. This will include a focus on the development of self-awareness to define and differentiate themselves and their practice effectively. An optional research seminar is geared towards those interested in pursuing a PhD. The focus is on finding the right PhD Program how to make yourself competitive for PhD work.

MS_FT 401-0: Basic Concepts (1) – FALL 1

This course is an introduction to the central theoretical underpinnings of systemic family therapy, providing a basic framework for assessment of and intervention in the problems clients bring to therapy. Particular attention is paid to the assumptions, concepts, frameworks, and clinical guidelines of the Integrative Systemic Therapy (IST) perspective. The course provides a set of constructs for planning and conducting therapy, a structure for organizing bodies of knowledge associated with the field of marriage and family therapy, and a foundation for lifelong, professional learning and growth.

MS_FT 402-0: Methods in Systems Therapy (1) – WINTER 1

This course introduces students to a range of methods used in systems therapy. The methods will be drawn from the integrative traditions emphasized in The Family Institute Model and will prepare students to engage, work with and terminate cases.

MS_FT 403-0: Self and Other Systems (1) – SPRING 1

This course's purpose is to deepen students' understanding of self and systems. Particular emphasis will be given to aspects of self-development and the therapist's understanding of self when working with systems.

MS_FT 410-0: Human Development (1) – WINTER 1

This course utilizes the development metaframework to understand individual, relational and family development across the life span and the dynamic interactions within families. Physical, cognitive, emotional, and social development will be presented at each age level, including issues regarding culture, gender and sexual orientation. Commonly presented problems and therapeutic interventions will be discussed for each age group.

MS_FT 411-0: Intimate Relations I (1) – SPRING 1

This course will elaborate on the Integrative Systemic Therapy (IST) approach for working with couples, which involves a focus on sequences of interaction, affective intensity and subtlety of communication. The most common problems that couple present, including communication issues, intense conflict, trust and attachment, sexual difficulties, and lifespan changes, will be addressed. Theoretical models, case conceptualization, and intervention will be taught from a cultural perspective, considering the social positioning of both the client(s) and the therapist.

MS_FT 412-0: Special Problems & Populations (1) – SPRING 2

The purpose of this course is to provide the concepts and develop the skills necessary for working with particular client-lived experiences and problems. The course will address unique considerations presented in working with populations such as BIPOC community; chosen, divorced and blended families; LGBTQIA clients/families; client and families living with severe mental and/or physical disorders; and more. This course raises awareness of issues related to the systemic treatment of families navigating complex constraints. Participants will be challenged to integrate knowledge of these topics with the Integrative Systemic Therapy (IST) approach and with

their own clinical experiences to develop an understanding of how to work systemically with these problems and populations.

MS_FT 413-0: Intimate Relations II (1) – FALL 2

In this second course on intimate relations, students will increase their skill set for working with couples in therapy, building on what they have learned throughout first year courses, and most particularly in Intimate Relations I (MS_FT 411-0). This advanced course will provide the techniques and skill building derived from evidence-based models of couples therapy and focus on some of the more challenging kinds of couple problems including sexual issues, infidelity, individual problems, and cultural issues impacting therapy.

MS_FT 421-0: Systemic Assessment (1) – FALL 1

Students will learn how to define the parameters of systemic assessment and how it differs from, and can be integrated with, individual assessment. Students will learn how systemic assessment operates within the current legal and medical context. Students will learn the DSM-5-TR diagnostic system and how to apply it systematically. Students will learn specific biopsychosocial systemic assessment guidelines, treatment planning that draws from their assessment, and the means to navigate, utilize and critique the research available to address diagnostic criterion.

MS_FT 422-0: Family Research (1) – FALL 2

Students completing the course will develop skills to understand common MFT research methods, how research methods are applied, and how to critique research in the field of marriage and family therapy and mental health. Students will also be introduced to empirically based practices in MFT.

MS_FT 424-0: Group Therapy Internship (0) – SUMMER 1

In this course, trainees learn the theoretical basis of group therapy and develop a framework for group work. The course includes didactic, experiential, and clinical elements. Students will learn the fundamentals of group dynamics through lectures/readings, by participation as a member of a group, and by co-facilitating a group. The course also addresses the business aspects of setting up and marketing a group.

MS_FT 427-0: Family of Origin (1) – WINTER 2

This course offers an in depth understanding of transgenerational models including a systemic perspective on the development of intrapsychic structure and function. Students will learn the utilization and application of each model with cases and apply the transgenerational framework to strengthen their conceptualization of the self-of-the-therapist.

MS_FT 428-0: Legal, Ethical, and Professional Issues (1) – FALL 1

This course will explore legal issues and areas of family law in the practice of Marriage and Family Therapy (MFT). The course objectives include the demonstration of competence in handling legal issues such as confidentiality, duty to protect, malpractice, and expert testimony, and the understanding of the AAMFT Code of Ethics and state requirements regarding ethical practice. Additionally, students will learn how personal values and the “self of the therapist” impact clinical work, and will develop a professional identity as an MFT, and understand how to keep it current. Lastly, the course will pay special attention to underrepresented groups, and how this links to the topics of social justice, diversity, equity, and inclusion in MFT practice.

MS_FT 429: Sex Therapy (1) – SPRING 2

A multidimensional, biophysical approach to the diagnosis and treatment of sexual difficulty in individuals and couples. Sexual problems discussed include disorders of desire, aversion, arousal, orgasm, and pain.

MS_FT 430-0: Power, Privilege, & Difference (1) – WINTER 1

The purpose of this course is to sensitize students to the influence of race, class, culture, ethnicity, gender, gender identity, sexual orientation, religion, nationality, and ability on lived experience (generally) and on the practice of marriage and family therapy (specifically). This course will provide students with a theoretical knowledge base and an experiential learning experience to increase cultural humility, develop awareness of personal and institutional bias, and gain insight into the assumptions, values, and beliefs about both themselves and others as a means of working more effectively with diverse populations in the therapeutic process.

MS_FT 436-0: Family Therapy Treatment Models (1) – SPRING 1

This course is an examination of the major treatment models that have emerged through the development and history of systemic therapy, including the respective philosophies, theories, assessments, and interventions nested within them. This course is designed to provide an overview of the major models of systemic therapy that have been developed and critiqued over time. Course content focuses on discussions of traditional and contemporary systemic therapy models, including these models' respective theoretical underpinnings, assumptions of systemic health versus pathology, goals, role of the therapist, and means of intervention. In addition, the course will explore how to use models to navigate the matrix of IST.

MS_FT 437-0: Family Therapy with Children and Adolescents (1) – SUMMER 1

This course will provide the theoretical background and practical skills for working with families that present with children and adolescents. A systemic framework will be employed as the basis for understanding and intervening with families, children, and adolescents. Special consideration will be given to intersections of the development and sociocultural systems, with a focus on assessment and intervention.

MS_FT 440-0 Systemic Perspective in the Treatment of Substance Use/Misuse & Addiction (1 Unit) – WINTER 2

This course reviews distinctions of disease model vs. systemic views of addiction and treatment, discusses the markers of abuse and dependence, illuminates various therapeutic approaches, and explores the efficacy of family therapy approaches. Students develop working theoretical and clinical knowledge of addiction treatment. Issues of substance use, and addiction will be explored through a social justice lens, integrating knowledge of broad cultural systems that impact the prevalence, nature, and treatment of substance use.

MS_FT 480-0 Pre-Practicum in Marriage and Family Therapy (1 Unit) – FALL 1

The purpose of this course is to introduce the basic administrative and clinical aspects of conducting systemic therapy, using the Integrative Systemic Therapy (IST) perspective. The course presumes no background as a therapist and aims to provide students with the essential skills needed to conduct the first phone call and the initial sessions with individuals, couples and families. In addition, the course will focus on the role of personal values, beliefs, and interpersonal style in the work of psychotherapy. Students will be encouraged to examine the ways in which their own culture and family background has shaped their perspective, and how to make use of personal experience as a professional marriage and family therapist through the ongoing reflection and development of the self of the therapist.

MS_FT 481-0 Internship in Marriage and Family Therapy (1) WINTER 1, SPRING 1, SUMMER 1

Students begin the clinical internship in the winter quarter of the first year in the program. They do 10-15 hours/week under the supervision of clinical supervising faculty. Clinical faculty provide group and individual supervision on a weekly basis through case discussion as well as direct observation and videotape/audiotape

recordings of students' therapy sessions. University regulations require that all students doing an internship be registered. Students earn a total of three (3) units of credit for this series

MS_FT 482-0 Advanced Internship in Marriage and Family Therapy (1) FALL 2, WINTER 2, SPRING 2

In their second year, students continue their supervised clinical training in the Advanced Internship with a deeper emphasis on the model in couple and family work, as well as developmental self-of-the-therapist issues. Newly assigned clinical faculty provide group and individual supervision on a weekly basis. Focus remains on clinical cases, direct observation, and videotape/audiotape recordings of students' therapy sessions. University regulations require that all students doing an internship be registered. Students earn a total of three (3) units of credit for this series of Advanced Internship in MFT. Additional units may be required to meet the program's clinical requirements and to comply with clinical competency standards

MS_FT 495-0 Master of Science in Marriage and Family Therapy Capstone Project (1 Unit) - SPRING 2

The MSMFT Capstone involves the completion of a case study process, a case presentation and a paper that demonstrate the student's acquisition of clinical competence, as well as the ability to integrate relevant knowledge and skill within the framework of Integrative Systemic Therapy and apply this integration to their clinical work. The project demonstrates the student's ability to accomplish systemic integration in their practice and, thereby, their readiness to continue their professional growth through the integration of new learnings.

The Master of Science in Marriage and Family Therapy Program

STUDENT PROTECTION AND RIGHTS

Privacy

All personal student and applicant information is handled with confidentiality. Application information and essays are contained in the education office in a secured cabinet and stored electronically in password protected folders. The information that applicants disclose in their essays is reviewed by core faculty (including the Department Chair) and administrative personnel only. The transcript contents may be discussed with the Graduate School in order to consult on appropriateness. Applications are submitted to and stored by the Graduate School Admissions Office. The materials are not released to anyone without the applicant's permission unless mandated by a court order.

Application files of applicants who were accepted or denied admission are kept on file for two years. The application files of applicants who are accepted, and matriculate into the program are converted into student files upon their matriculation. The student file includes a transcript, documentation of the basis for admission and documentation of the student's progress (including the number of client contact and supervision hours accrued). This file is securely stored in the Education Office and electronically in folders that are secured with passwords. The student is allowed access to this file at any time. No information from this file is released without the student's permission unless mandated by a court order.

Student's grades are submitted to and stored by the Office of the Registrar. Grades and transcripts are confidential and can only be released with the student's permission.

Equal Opportunity and Anti-Harassment Policy

The MSMFPT Program and The Family Institute provides equal opportunity for all students to have access to staff, services and learning opportunities at the Institute regardless of gender, race, religion, age, handicapping condition, ethnic background or sexual orientation. If a student believes that the program is in violation of Equal Opportunity and/or if a student believes that he or she is a victim of harassment, we request that he or she utilizes our departmental grievance procedures (see Grievances). If a student is not satisfied with the outcomes of our departmental grievance procedures, Northwestern University provides the following resources & procedures:

1. Discrimination Complaint Procedures:

<http://www.northwestern.edu/hr/eeo/discrimgrievance.html>

2. Disability Grievances for Students:

<http://www.northwestern.edu/hr/eeo/studgrievance.html>

3. Sexual Harassment Prevention:

<http://www.northwestern.edu/sexual-harassment/guidelines/index.html>

The President of Northwestern University states: "Northwestern University is committed to maintaining a campus environment free from all forms of coercion and harassment that impede the academic process and adversely affect the lives of those who work, study, and live here. This commitment includes the prevention and, where it occurs, the punishment of sexual harassment, as well as harassment on the basis of sexual orientation, gender identity, and gender expression.

Our policy on sexual harassment is clear and explicit; sexual harassment in any form is unacceptable, and it will not be tolerated at Northwestern. Further, the University prohibits retaliation against any individual who makes a good-faith complaint of sexual harassment or who participates in a sexual harassment investigation.

The University is committed legally and philosophically not only to dealing firmly with all instances of sexual harassment brought to its attention, but also to developing awareness and an environment that discourages such behavior. The

University has a long history of taking measures to prevent sexual harassment indeed, the University's sexual harassment policy has been in place for more than twenty years. In addition, the University Sexual Harassment Prevention Office, the Office of Equal Opportunity and Access, the Women's Center, the Sexual Assault Education and Prevention Program, the Division of Student Affairs, the LGBT Resource Center, and the Campus Coalition on Sexual Violence devote considerable attention to educating the campus community about the destructive consequences of gender-based misconduct. The University also offers counseling and other support services through its faculty and staff assistance program and through Counseling and Psychological Services for students. We are committed not only to broad-based educational efforts to address the issue of sexual harassment on campus but also to pursuing disciplinary action against those who choose to violate the rights of others.

Eradicating sexual harassment and fostering a respectful environment requires a continuing commitment from all members of the University community. Additionally, supervisors, managers, academic administrators, teaching assistants, and all members of the faculty share a special responsibility for taking prompt action, including notifying the appropriate resource people, if they become aware of conduct that they reasonably believe may violate the University's sexual harassment policy.

We encourage you to review the University's policies and to take advantage of the numerous resources on campus to prevent and address sexual harassment. Through these efforts, we can achieve our goal of fostering a respectful, harassment-free environment that furthers the educational and professional endeavors of all members of the Northwestern community.” Further information can be found here: [Northwestern Harassment Policies](#)

Disputes Between and/or Among Students

If conflicts arise between students in the program, it is the responsibility of the aggrieved student(s) to initiate communication with the other students(s) and use conflict management and problem-solving skills to resolve the conflict to the satisfaction of all involved. This means that aggrieved students, along with their fellow students, are first expected to resolve problems directly and not to solicit involvement of faculty.

If a resolution appears to have been reached as a result of this initial contact and subsequently the aggrieved student(s) perceives the trigger situation to continue, then the aggrieved student(s) should initiate a second contact with the other student(s) of their concern and seek further resolution to the issue. That is, aggrieved students are expected to persist in resolving problems with other students directly through a second effort, if at all possible.

Should this second effort fail to satisfy the aggrieved student(s) or if the other student(s) refuses to acknowledge the need to work toward resolution of the problem, then the aggrieved student(s) should speak with their respective advisors about the situation. The advisor(s) will bring the dispute to core faculty and a plan will be formulated to mediate the dispute. The core faculty may also assume an advisory role if, it is clear that there has been a violation of MFT policies or procedures, or breach of ethical standards.

If the mediation fails to resolve the dispute, all parties shall agree to arbitration, and also agree to abide by the ruling of the arbitrator or Program Ombudsman.

The Program Ombudsman of the Master of Science in Marriage and Family Therapy Program focuses on building a collaborative working relationship between faculty and the student body in facilitating a climate of empowerment and balance in the Program. The Ombudsman position has been established to enhance the direct communication between students and the Program to increase the likelihood student needs are met in the best interest of the program's goals and objectives. The Ombudsman will attend student group meetings, maintain contact with the student representatives of both cohorts as well as attend core faculty meetings to encourage direct and expedient problem resolution. The Ombudsman will serve to facilitate communication and problem resolution across the various domains within the education department.

Leave of Absence

The policies of The Graduate School at Northwestern University state: "Absence from study in a Graduate School program has varying implications for readmission procedure, deadlines for attaining candidacy and earning the degree, depending on the student's status. In addition, regulations for domestic students may vary from those for international students. Current Students: Official Leave of Absence When special circumstances arise, a student may request an official leave of absence. The student must set forth why a leave is necessary. Students must apply for a leave of absence via TGS Forms in CAESAR using the "Petition for Absence" form. Leaves of absence are not granted automatically, and no leave is granted for less than one quarter or more than one calendar year. If a student requests renewal of a leave of absence beyond one year, the student's record and future plans will be reviewed to determine whether an extension of the leave is in the best interests of the student, the department, and The Graduate School. Any student who is granted a leave of absence must register for TGS 512 Continuous Registration for each quarter the student is absent. Students who register for TGS 512 do not have to reapply for admission or submit an application for readmission. A leave of absence does not alter the deadline for the removal of incomplete grades, the deadline for admission to doctoral candidacy, or the degree deadline (except for Family Leave)." For additional information on the Leaves of Absence procedure, refer to The Graduate School Policy Guide.

To determine whether a leave of absence from the MFT Program is warranted, a student should meet with their Faculty Advisor and the MFT Department Chair. Due to the nature of an integrated clinical and academic learning experience, leaves of absences are strongly discouraged, unless the leave is necessitated by a medical and/or family matter. For more detailed information regarding leaves of absence, please see the handbook of The Graduate School: <https://www.tgs.northwestern.edu/academic-policies-procedures/policies/leaves-of-absence.html>

Retention and Remediation

Most students who enter a graduate program believe they are embarking on their chosen profession. Some discover that this is not what they desire, or that they lack the aptitude to perform effectively in the field of marriage and family therapy and drop out of the program. A few students, although lacking the skills to be effective, continue with their degree program. Because marriage and family therapists intervene in the lives of others, it is important that only competent beginning-level clinicians be permitted to graduate. Therefore, it is the responsibility of the MSMFT faculty to identify those students who are severely lacking in clinical, interpersonal, personal, or intellectual skills and counsel them out of the program.

Core Clinical and Professional Skills

Students enrolled in the MSMFT program must demonstrate a basic set of core clinical and professional skills, including attitudes and values, which represent the baseline competencies within the profession – See [COMFTE Marriage and Family Therapy Core Competencies](#). It is expected that students will further develop these competencies as they progress through the program by integrating all feedback they receive.

These core skills and attitudes are as follows:

1. Clinical Skills:

- a) Students are expected to develop skills and knowledge in the MFT Core Competencies and demonstrate in their capstone that they have acquired basic skills associated with Integrative Systemic Therapy
- b) Students must make satisfactory progress toward the accumulation of required clinical hours
- c) Students complete their requirements within the Betty D. Harris Child and Family Clinic (The Clinic). To be in good standing in the program, a student must follow clinic policy and remain in good standing with The Clinic. Permanent revocation of clinic privileges will result in dismissal from the program. See The Clinical Policies and Procedures Manual.
- d) Students are expected to adhere to the Ethical Code of AAMFT and the laws of the State of Illinois and the United States

e) Students are expected to maintain ethical and legal obligations to clients as outlined in Illinois law and the AAMFT code of ethics. Especially important is the need to preserve confidentiality, including the client's identity. Confidentiality can be broken in many ways including careless talk in public places, leaving confidential notes in inappropriate places (such as observation rooms, offices, hallways, supervision room or the administrative assistant's office), and thoughtless conversation.

This ethic is so important that the program has special consequences for violating it. For the first offense, the student will be asked to write a 3-page paper (double spaced, APA format) on confidentiality with at least 10 references. The second offense will result in the loss of one letter grade, regardless other grade reductions that result from other issues in the internship. The third offense will result in the development of a remediation plan, including probationary status in The Program

f) Students are expected to demonstrate enough emotional strength and stability to avoid negative effects on their clients or fellow students as judged by faculty or clinic/community supervisors

g) Students are expected to manage personal problems so that they do not interfere with their studies or clinical training. Students are encouraged to engage in their own psychotherapy in order to manage such issues

2. Professional Skills:

a) *Interpersonal skills*: The student demonstrates the ability to listen to and to be empathic with others, to form healthy relationships, and to interact respectfully with others in spite of differing experiences, values, backgrounds, or points of view.

b) *Expressive skills*: The student demonstrates the ability to appropriately communicate ideas and feelings in oral, non-verbal, and written forms.

c) *Cognitive skills*: The student demonstrates appropriate problem-solving ability, critical thinking skills, organized reasoning, intellectual curiosity, and flexibility.

d) *Affective skills*: The student demonstrates an ability to tolerate and manage internal states, uncertainty, and interpersonal conflict.

e) *Reflective skills*: The student demonstrates the ability to examine and consider personal motives, attitudes, behaviors, and their effect on others. A reflective skill of special relevance is the ability to be open to and to integrate feedback.

f) *Personal skills*: The student demonstrates a strong work ethic, motivation to learn, personal organization, punctuality, and appropriate self-presentation.

g) *Attitudes*: The student demonstrates the desire to help and advocate for others, to be open to new ideas, and to act with honesty and concern for ethics.

Remediation

The following are the procedures used in advisement and remediation for a student in the Marriage and Family Therapy Master's Program:

Step 1: Strengths and deficient areas are discussed directly with students as part of their regular academic and clinical advisement and internship evaluations. Students' strengths and developmental tasks may also be discussed among the core and other faculty as a part of students' ongoing evaluation, supervision, and advisement. When an area of concern is identified, specific goals and strategies are implemented. It is the responsibility of the faculty, supervisors, and administrators within the MSMFT program to assess and determine the readiness of each student

based on all interactions to advance. Feedback about concerning performance or behavior will be provided to the student directly by the individual/s that observed the concern. If the feedback is dismissed by the student and/or a pattern of the behavior is identified by the faculty, the student's academic advisor will be notified for further discussions as needed and the feedback will be formally documented on the MSMFT Program Student Incident Report form and will be placed in the student's academic file. If the faculty/supervisor/administrator or advisor observes that the problem fits within the category of a serious concern and it is not alleviated through initial direct dialog, goal setting, and guidance, step two of the process will be implemented.

Some examples of unprofessional behavior include but are not limited to the following: failing to maintain confidentiality, students being habitually late for class or sessions, dismissing feedback or discussing it as a problem with other students or faculty, bullying behaviors and harassment etc.

Step 2: Any faculty member who observes a student displaying inappropriate or unprofessional behavior, or exhibiting a serious concern, gap, or challenge, and does not think it is successfully resolved through the above procedures will discuss the concern with the Department Chair or core faculty. The core faculty will decide whether the problem is enough to warrant the label "serious concern, gap, or challenge." If the problem is termed a serious concern gap, or challenge, the core faculty will move to step three. If not, the problem will remain as another concern area for the student to work on with the help of the student's academic advisor. The faculty will discuss alternate strategies to use with the student to facilitate growth, including but not limited to referrals to NU student resources, recommending use of other student services, and possibly seeking medical or psychotherapy interventions.

Step 3: Students will be notified of serious concerns, gaps, and challenges by their academic advisor. The student and advisor will strategize and contract for specific steps the student can take to resolve this challenge and decide on a time schedule for accomplishing this. Please refer to the MSMFT Program Student Strategy Contract for details. The contract includes tasks and goals as well as strategies and activities, with identified timelines, written by the student based on collaborative discussions with the student's advisor. A finalized and signed copy of the Student Strategy Contract is provided to the student, as well as placed in the student's file by the academic advisor. If the student satisfactorily resolves the serious concerns, gaps, or challenges, they will receive a letter notifying them of such with a copy placed in their file and copies for all members of the faculty involved.

Step 4: Students who do not satisfactorily resolve their deficiencies prior to the agreed upon date will be referred to the Student Development Committee for initial remediation with their advisor. The initial request for a remediation meeting with the student will outline the specific concern, the professional behavior expectation/MFT Core Competency not being met, the behavioral change expected from student (and from Faculty, Supervisor, or Program Administrator, if applicable), and a timeframe for reparation of behavior. A new contract will be drawn, stating the agreed upon plans for remediation and dates of completion. At this time the student is placed on academic probation.

Step 5: Students who do not resolve serious concerns, gaps or challenges will be asked to attend a meeting with their advisor to review their progress on the remedial plan and will be given the following options: take a leave of absence from the program if it is agreed that temporary absence from the program will contribute to resolving the serious concern, voluntarily withdraw from the program, or be dismissed from the program. Under the most serious circumstances, such as ethical violations, or ongoing lack of progress, based on a preponderance of the evidence available, the student will only have the option of withdrawing from the program. If the student does not withdraw from the program, they will receive a letter from the Department Chair notifying them of their dismissal from the program. Copies of the letter will also be sent to all core faculty members, the training clinic, supervisors (if applicable), the Senior Vice President for Academic Affairs, and the Dean of the Graduate School, with one copy placed in the student's permanent university file. For further, please visit TGS university policies. A student has the right to appeal for exclusion decisions by the program if they feel that the dismissal decision is unjust.

Under extreme circumstances, such as serious unethical behavior, severe safety concerns, or clear lack of fit with the program's mission and requirements, TFI reserves the right to move to immediate dismissal of a student.

Student Concerns

If a student has a concern or dispute with a faculty member, advisor, supervisor, or instructor, the student should first approach that individual and attempt to resolve the difficulty. If the concern or conflict is not resolved, the student may discuss the matter with their advisor (or Department Chair if the concern or dispute is with the advisor). If a solution is not forthcoming from this discussion, the advisor will discuss the dispute with the core faculty who may suggest a solution, or the core faculty may recommend that the student speak to the Department Chair. If unsatisfied with the input of the advisor, the student also has the right to request a meeting with the Department Chair.

Once the Department Chair is directly involved, they may suggest a solution or request a meeting with the student and the faculty member. When all other attempts have failed, the Department Chair will determine how to resolve the conflict. If the student is unsatisfied with the solution, they have the right to pursue the grievance process (See [Grievances](#)).

MSMFT PROGRAM STUDENT PROGRESS REPORT

Student Name _____ Date of Incident _____

Your Name _____ Date of Report _____

Please identify your Relationship to the Student (Advisor, Supervisor, Bystander, etc.) _____

Please check the appropriate box below and provide any brief comments about the areas of competencies and concern related to student's conduct:

Clinical Skills:

☐ **Application of theoretical material:** The student did not demonstrate the ability to listen to select and apply suitable family therapy theories.

Comment: _____

☐ **Clinical Hours:** The student did not make suitable progress towards the accumulation of clinical hours.

Comment: _____

☐ **Betty D. Harris Clinic:** The student has failed to follow clinic policies, procedures or expectations and has endangered or lost their good Standing.

Comment: _____

☐ **Ethical Code:** The student has violated the Ethical Code of AAMFT or the laws of the State of Illinois and the United States or demonstrated behavior that suggests a lack of respect for these codes and laws.

Comment: _____

☐ **Confidentiality:** The student demonstrated a lack of proper care to ensure the confidentiality of their clients.

Comment: _____

☐ **Awareness and treatment of personal issues:** The student did not demonstrate efforts to maintain emotional strength and stability or to seek treatment for personal problems leading to negative effects on clients or fellow students.

Comment: _____

Professional Skills:

- ☐ **Interpersonal skills:** The student did not demonstrate the ability to listen to and to be empathic with others, to form relationships, and to interact respectfully with others in spite of differing experiences, values, backgrounds, or points of view.

Comment: _____

- ☐ **Expressive skills:** The student did not demonstrate the ability to appropriately communicate ideas and feelings in oral, non-verbal, and written forms.

Comment: _____

- ☐ **Cognitive skills:** The student did not demonstrate appropriate problem-solving ability, critical thinking skills, organized reasoning, intellectual curiosity, and flexibility.

Comment: _____

- ☐ **Affective skills:** The student did not demonstrate an ability to tolerate and manage internal states, uncertainty, and interpersonal conflict.

Comment: _____

- ☐ **Reflective skills:** The student did not demonstrate the ability to examine and consider personal motives, attitudes, behaviors, and their effect on others. A reflective skill of special relevance is the ability to be open to and to integrate feedback.

Comment: _____

- ☐ **Personal skills:** The student did not demonstrate a strong work ethic, motivation to learn, personal organization, punctuality, and appropriate self-presentation.

Comment: _____

- ☐ **Attitudes:** The student did not demonstrate the desire to help and advocate for others, to be open to new ideas, and to act with honesty and concern for ethics.

Comment: _____

Signature _____ **Date** _____

Grievances and Appeals

If a student experiences a dispute with someone in the program, that student should first try to resolve it directly with the person or persons involved. If no resolution can be found, the matter is referred to the Department Chair who will meet with the interested parties in an effort to find a resolution.

If a resolution is still not found, the student has the right to initiate a grievance process. The grievance process is designed to assure that at all times the student is treated fairly and that alternative resolutions can be formulated to resolve the dispute. The grievance process outlined below has procedures for academic and clinical/supervisory disputes as follows.

For academic disputes, the student should prepare a brief written statement of their position regarding the dispute and submit this statement to the Chief Academic Officer (CAO) of The Family Institute at Northwestern University. The matter will be reviewed by the CAO who will then meet with the student, Program staff/faculty members and/or other students involved, and the MSMFT Department Chair to attempt to resolve the grievance. If this resolution is accepted, the matter is solved. The CAO also has the discretion to form a faculty committee to study the matter further in order to create alternative solutions.

If this process fails, the student has the right to grieve the process through the University grievance process which is: "Students wishing to appeal a program's exclusion decision may appeal the final program exclusion decision to The Graduate School. To appeal a program decision, students should submit a request in writing to the attention of the Director of Student Services within ten days of the date of the program's final written determination of exclusion to the student and include any supporting materials at that time. If no appeal is filed within the ten-day appeal period, the program's decision becomes final and not subject to appeal.

Exclusion appeals are reviewed by the Dean of The Graduate School (or his designate) who may request additional information from, or a meeting with, the student and/or program before making a final decision. The Dean's decision will be made within 30 days of the submission and will be communicated in writing to both the student and the program. When resolution cannot be achieved within 30 days, students and programs will be informed in writing of the delay and the final disposition will be achieved as quickly as possible." [Appeal Process for Exclusion by Program](#)

The Dean's decision is final in both program and Graduate School exclusions proceedings related to academic progress.

Disputes pertaining to clinical training involve either a relationship dispute with a supervisor or a dispute with a supervisor regarding the handling of a clinical situation. In either instance, the student should prepare a brief written statement of his or her position regarding the dispute and submit this statement to the Chief Academic Officer (CAO) of the Family Institute at Northwestern University. The matter will be carefully reviewed, and the CAO will meet with the student, Program staff/faculty members involved, the Director of Clinical Training, and the MSMFT Department Chair to attempt to resolve the grievance. If the resolution is accepted, the matter is solved. The CAO also has the discretion to form a faculty committee to study the matter further and to render suggestions for a resolution. If the dispute cannot be resolved, the Chief Clinical Officer (CCO) will be asked to consult with the CAO and Department Chair to craft a resolution.

The Master of Science in Marriage and Family Therapy Program

SOURCES OF SUPPORT FOR STUDENTS

Advising

Early in the program, each student is assigned an Advisor from the Core MFT Faculty who will serve as the student's advisor throughout the two-year program. In the event that we make changes to the advising assignment, the student will be contacted by email. Students are encouraged to meet with their advisors at least once each quarter. The purpose of those meetings is to review the student's progress and experience in the program and to support planning for goals after graduation. The Advisor will be a resource, provide support, and guidance for the student in their academic and clinical training, as well as their overall professional development. The Advisor will coordinate with the student's Group and Individual Supervisors, as well as teaching faculty, when appropriate or necessary. While advisors will respect student privacy, absolute confidentiality does not apply within the advising relationship. Advisors, as needed, may share information or concerns about student progress with the Department Chair and/or select faculty or supervisors (those who are needed to coordinate problem solving or student support). When that sharing of information occurs, it will be respectful and constructive. As a reminder, the first route for the resolution of an issue or dispute between a student and a supervisor and/or faculty member should be for the parties to speak directly to each other (please refer to your Education Manual for additional information).

Personal Therapy for Students

Students are strongly encouraged to be in therapy during the time of their graduate studies. Northwestern University offers mental health clinics on both the Chicago and Evanston Campuses. Counseling and Psychology Services (CAPS) serves as the primary mental health care service for faculty, staff, students, and parents. To learn more about their clinical services, educational workshops or to schedule a consultation, please visit the CAPS website at <http://www.northwestern.edu/counseling/>. The Coordinator of Student Life has a list of therapists in the community who offer a sliding-fee scale to students. Students will not be clients at The Family Institute's clinic or staff practice during the period of their training at The Family Institute. **Students may NOT seek therapy with a current or recent Core, teaching or supervising faculty member, or clinician employed by the Family Institute in order to avoid a dual relationship.** If they were clients prior to admission, they should speak to their therapist about an appropriate outside referral. They are required to terminate their therapy at The Family Institute prior to entering the program.

Professional workshops or conferences

Students are strongly encouraged to attend and volunteer at professional development workshops and conferences. Students are encouraged to volunteer at The Family Institute (TFI) sponsored workshop events. Depending on availability of funds in the current program budget, students may apply for financial assistance to attend the annual Illinois Association for Marriage and Family Therapy (IAMFT) and/or the American Association for Marriage and Family Therapy (AAMFT) conference. Students who are presenting at a state or national conference may be eligible for reimbursement for their conference registration fee and up to \$300 toward travel expenses.

AccessibleNU/Students with Disabilities

Northwestern University and AccessibleNU are committed to providing a supportive and challenging environment for all undergraduate, graduate, professional school, and continuing studies students with disabilities who attend the University. Additionally, the University and AccessibleNU work to provide students with disabilities and other conditions requiring accommodation a learning and community environment that affords them full participation, equal access, and reasonable accommodation. The majority of accommodations, services, and auxiliary aids provided to eligible students are coordinated by AccessibleNU, which is part of the Dean of Students Office.

Since each student has different needs for accommodations, Northwestern University requires that each student provides documentation that includes a diagnosis of their disability, defines the functional limitations they will experience in an academic environment, and describes appropriate academic accommodations. For decisions to be made regarding the appropriate accommodations for each student, documentation of the disability by a licensed

professional unrelated to the student that includes resulting limitations and recommended accommodations will be required. The documentation provided by the professional will not become part of the student's educational records and will be kept in the student's confidential file.

It is the responsibility of a student desiring accommodations to register with SSD and request those accommodations. The student must do so well prior to the start of class so that appropriate arrangements can be made for accommodations. A Northwestern student who has a disability but has not registered with SSD is not entitled to services or accommodations. If you think you may have a disability and qualify for services, please contact their office at 847-467-5530 or at <http://www.northwestern.edu/accessiblenu/>.

The information pertaining to a student's disability is confidential. The records in ANU files are housed only in the ANU office and are not part of a student's academic file. SSD's confidentiality policy can be found at www.northwestern.edu/disability/about/confidentiality.html.

TGS Commons

The Graduate School (TGS) has a space for general use by TGS graduate students and postdocs to study, to host small group gatherings, to reserve for formal academic presentations, etc., called TGS Commons. Graduate students must be enrolled in TGS and have a valid WildCARD to access the Commons.

Evanston Campus TGS Commons- 2122 Sheridan Road Evanston, IL 60201

The Writing Place

The Writing Place located at **555 Clark Street; Room 2-206** is Northwestern's center for peer writing consultations. Whether you are writing a paper for a class, composing application letters and essays, or working on some other writing project, a Writing Place consultant can help you at any stage of the writing process, from talking about ideas to developing a plan to revising and editing a draft. Writing Place consultants are not graders or ghostwriters, but attentive readers who are trained to engage you in a conversation about your writing and help you plan and revise it. They offer dialogue-based peer tutoring at every stage of the writing process, helping students work on outlines, papers, presentations, applications, reports, and more. **This academic year, they are operating exclusively on Zoom, and students are encouraged to utilize this university resource.**

Consultations are free and available to anyone in the Northwestern community: undergraduates, graduate students, faculty, or staff. Before making an appointment, you must register online, using your Northwestern e-mail address. That will become your Writing Place log-in. Please visit <http://www.writing.northwestern.edu/> to register and for more information.

Additional Resources for Students

Northwestern University has many resources to assist students in academic and community living. Among them are: To access pages below, please hold down Ctrl and click on link.

Academic Information

- [Academic Calendar](#)
- [Master's Degree Requirements, PhD Degree Requirements](#)
- [Northwestern University Student Handbook](#)

Important Campus Resources and Offices

- [AccessibleNU](#)
- [Canvas](#) - Learning Management System at Northwestern
- [Center for Civic Engagement](#)
- [Counseling and Psychological Services \(CAPS\)](#)
- [Fitness and Recreation](#)
- [Health Services](#)
- [Health Insurance](#)

- [International Office](#)
- [Libraries](#)
- [Northwestern Career Advancement](#)
- [Northwestern University Information Technology](#)
- [Office of Diversity and Inclusion](#)
- [Office of Equity](#)
- [Office of Fellowships](#)
- [Office of Human Resources, Parent and Family Resources](#)
- [Office of the Registrar](#)
- [Searle Center for Advancing Learning and Teaching](#)
- [Child and Family Resources](#)
- [University Shuttles](#)
- [WildCARD \(University ID\)](#)
- [Women's Center](#)

Graduate Life and Services

- [Chicago Transit Authority U-Pass](#)
- [Parental Accommodation Policy](#)
- [Community Building Grants](#)
- [Graduate Student Associations and Graduate Leadership Council](#)
- [Graduate Student English as a Second Language Program](#)
- [Graduate Student Commons](#)
- [Legal Services for Graduate Students](#)
- [Professional Development Programming for Graduate Students](#)
- [TGS Latest News](#)

Other Resources

- [Gender and Sexuality Resource Center](#)
- [Parking and Safety](#)
- [The Women's Center](#)
- [The International Office](#)
- [Shuttle Schedules](#)
- [Violence Prevention at Northwestern](#)
- [Northwestern's policy on Discrimination and Harassment](#)

Student Representative

The Student Representative (SR) and Co- student representative (CSR) are both liaisons between the graduate student cohort and the core faculty. The CSR is a new position, designed to support to the SR in all efforts to advocate for the cohort and develop cohesive monthly reports to be communicated to core faculty. Duties of the SR include attending monthly Student Life Committee Meetings with members of the core faculty. Prior to that meeting the SR and CSR will solicit concerns, questions, and ideas of the cohort members. The SR should email the identified core faculty members on the Student Life Committee any agenda items in preparation for the monthly meetings. The agenda will be discussed among the designated core faculty and the SR during this meeting. The SR will note outcomes of this discussion, including decisions and work scheduled. The SR and CSR will communicate these outcomes to the cohort via email sent out after the meeting. **Additionally, the SR and CSR are required to contribute to program events such as open house, admission interviews, and other program events.** The SR and CSR will also meet with the Department Chair as needed. The term of the SR and CSR shall be for two years.

1. Selection Process

The selection process for the student representative is as follows. During the end of your first quarter of the first year, students will be asked to nominate students for the position of SR and CSR. Students may nominate themselves. The two candidates with the most votes will then be elected to office. The SR will be the student with the most votes. The CSR will be the student with the second most votes. In the event of a tie, voting will be repeated.

2. Qualifications

The SR and CSR must be capable of mature and diplomatic communication that includes aspects of cohort advocacy and inclusive representation, negotiation, boundary implementation, and mediation both with the student cohort and with the core faculty. They must hold a high standard of professionalism and leadership.

American Association for Marriage and Family Therapy Student Membership

Students are required to hold student membership in our national organization, the American Association for Marriage and Family Therapy (AAMFT). This requirement is part of each program's Professional Identity Seminar MSFT 400-0 and the MFT Practicum Course MSFT 480-0. **All students must submit verification of their membership via email to the Education Coordinator. Students are required to maintain the student membership throughout their entire program, continued membership in AAMFT is verified in the student's practicum seminar at the start of their second year with email submission. Proof of renewal will be maintained in each student's digital file.**

Being affiliated with these professional organizations provides students the foundational connections with professionals in the field who are on the leading edge of research and clinical work. These organizations afford students the ability to make lifelong connections with other clinicians who share the same systemic perspective of care. The application to join AAMFT can be found on their website (aamft.org) by selecting "Membership". <https://www.aamft.org/AAMFT/Membership/>

Students may also consider membership with the Illinois Affiliation of Marriage and Family Therapists IAMFT – www.iamft.org.

The Master of Science in Marriage and Family Therapy Program IT and TFI Office Equipment

Appropriate Use Policy

Access to electronic mail, the Internet, databases, computers and other information technology (IT) resources is essential to the mission of the TFI (to create, integrate, transfer and apply knowledge), and the achievement of excellence requires their effective use by all members of the Institute's community. Use of information technology must be consistent with the Institute's mission and with its role as a public agency. Each member of the Institute's community is expected to protect the integrity of these resources and to know and adhere to Institute's rules, regulations and guidelines for their appropriate use. Regulations that govern personal conduct and use of Institute facilities also apply to the use of IT resources. In addition, and as stated in the "[Creating a Classroom Community](#)" policy above, cell phones should be silenced and put away during class. Computers, notepads and iPads will be used only for taking notes during class, there will be no shopping, internet surfing, social media browsing/posting, texting, or music listening.

E-mail

All students are required to use TFI E-mail for TFI correspondence. This is so The Family Institute complies with HIPAA and confidentiality regulations.

All emails sent through any family-institute.org email address are stamped with the following statement: "This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this email. Please notify the sender immediately by email if you have received this email by mistake and delete this email from your system. Email transmission cannot be guaranteed to be secure as information can be intercepted, lost, arrive late or incomplete. The sender therefore does not recommend total dependence on email for secure and timely communication."

When communicating with clients via email, trainees should use their family-institute.org account and not a personal email account. The above disclaimer should be added as an automatic signature of all emails sent to clients. Because email is not a secure form of communication, it should be primarily used for discussion of schedule or other superficial

A student's NU Email is for academic and university matters. Such as emailing your professors and Northwestern administration. As well as signing up for student organizations and events.

Voicemail

Each trainee will have a voicemail box made available that can be reached on a 24-hour basis. It is the trainee's responsibility to call in at least daily for messages and more frequently if you think a client may be trying to reach you or is going through a particularly difficult period. It is vital that the trainee maintain and update the accuracy of telephone numbers where they can be reached. The trainee needs to inform their clients that in the case of an emergency they should dial the receptionist and indicate that they need you to be contacted immediately.

It is the Institute's policy that no therapist's phone number will be given to clients under any circumstances by the Institute. Individual therapists can give clients their home telephone numbers at their discretion. Trainees should only do so if they have first consulted with their group supervisor or triadic supervisor.

Advance MD - Electronic Medical Records System

Clinical records shall be created and maintained in Advanced MD in a timely fashion for each clinical case in accordance with good clinical practice. The record should provide a means to document treatment planning and the course of treatment and to facilitate continuity and evaluation of treatment. It should protect the legal rights of the client, facility, and staff and provide a historical reference for subsequent transmittal of information to appropriate and approved persons and agencies. All trainees and supervisors will receive a comprehensive training on the DASH Advanced MD System prior to being assigned and seeing clients

Use of Computers, Printers, Fax Machines

TFI has a wide range of office equipment, including desktop computers, office copiers and printers, scanners and fax machines. Clinic rooms are equipped with desktop computers with the programs and software necessary to complete all necessary clinical documentation. While they may not be used for personal business, they are available for clinical and academic use as needed. Please be mindful of time spent on computers in the student lounge, the printer/copier in the student lounge should not be used to print lengthy term papers or articles, there are numerous student computer labs on campus as well as Quartet Copies located at 825 Clark Street in which you should use for your larger printing needs.

Student Lounge

The lounge located in the lower level (LL) of the building is for student use. This is a shared space with students from the Counseling Program, please keep the room tidy, cleaning up after self and dishes left in the sink, do not leave valuables unattended, and be mindful of others. The lounge on the 3rd floor is intended for use of faculty and staff, you may use it to grab coffee and water, but please refrain from congregating.

Coffee Makers and Microwaves

Coffee makers in the Student Lounge are for your use, coffee and tea is supplied by TFI, however you are welcome to bring your own supplies for sharing if you choose. Please be considerate and mindful when using the coffee makers, cleaning and wiping up spills, rinsing out pots, turning machines off when not in use.

Refrigerators

The refrigerator in the Student Lounge is for your use, with two large programs, please be considerate of what you store. Please mark your items, do not store more than you need for the day, remove your items at the end of the day, and wipe up any spills.

The Master of Science in Marriage and Family Therapy Program

CLINICAL TRAINING

All MSMFT students receive their clinical training through the Bette D. Harris Child and Family Clinic (The Clinic). The Clinic is designed as a facility of the Family Institute that offers therapy to clients on a sliding-fee-scale basis. The Clinic is staffed with trainees of the Institute. Policies and procedures which, when followed, ensure high quality therapy services to clients, and an optimal practicum experience for students. Important policies and procedures will be outlined here as well as in the Fall Clinical Orientation Meeting, where you will also receive a clinical policy manual.

The Clinic operates in four sites and a community program. The four sites are Evanston, Millennium Park, Westchester, and Northbrook. The community program operates in Evanston and services two regions (north and south) through on-site services at schools and home visits. Students are assigned to sites by the Clinic Manager in consultation with the core faculty. Student's preference for site placements is considered when feasible, but it is not always possible to grant requests.

Students with Harris scholarships automatically receive placements in the community program. Additional students may be accepted pending the current scope of the program. The day-to-day operations of the Clinic are overseen by the Clinic Manager. Clinical training function, itself, is overseen by the Director of Clinical & Community Programs Training, currently Adia Gooden. The policies and procedures of the Clinic are contained in "The Clinical Policies and Procedures Manual." Oversight and enforcement of those procedures is ultimately the responsibility of the Director of Clinical Training. Students are required to comply with the policies and procedures of The Clinic in order to be in good standing in the MSMFT Program.

Clinical Training Requirements

First year students begin seeing cases in the second half of their Pre-Practicum course taken in the fall quarter of their first year. Because the Clinic is in operation year-round, students conduct therapy through the summer of their first year and throughout their second year. Students are allowed to take a maximum of three weeks of vacation in each of the two years of the program.

During the course of clinical training, students must fulfill the following requirements: they must have accumulated five hundred (500) hours of practice; one hundred (100) hours of this total may be accumulated through "team cases/case conference" as defined below; two hundred (200) of the remaining four hundred (400) hours must be with "relational cases" defined as having two or more clients in the room at the same time. Students are expected not to significantly exceed these requirements because excessive attention to clinical duties compromises other aspect of learning.

The Family Institute agrees to provide sufficient referrals for 500 client contact hours within the course of the two-year program. A student's availability and ability to engage clients will be evaluated twice yearly, and more often, if indicated, by the student's supervisors. If it is determined that the student has been given sufficient referrals, but has not been able to engage cases, and therefore cannot accumulate the expected number of clinical hours, the group supervisor will discuss the length of the time that the student may require to fulfill the clinical requirement with the Program Director. If approved by the Program Director, the student may extend the time in the program for one additional quarter by registering for one unit of internship at regular University fees.

Readiness for Clinical Training

Readiness for Clinical Training is determined by the instructor(s) of the Pre-Practicum course. These criteria are reviewed in the Pre-Practicum and first half of the Systemic Assessment course.

- Students will be able to conduct an initial session with an understanding of both the administrative and clinical issues.

- Students will learn fundamental session management skills and administrative tasks involved in managing a clinical practice at TFI. Establish initial contact, begin to form an alliance and conduct an intake interview with a couple, family or individual.
- Students will develop a basic understanding of how to conduct an initial assessment using the IST framework.
- Students will learn to begin case conceptualization using the IST Framework.
- Students will learn essential therapeutic skills and interventions.
- Students will be introduced to the concepts of self-of-the-therapist and the therapist's role in the process of psychotherapy.
- Students will learn how to utilize self-care and supervision to enhance their growth and development.
- Students will learn basic risk management assessment and crisis intervention procedures.
- Students will gain practice in completing genograms.
- Students will learn to attend to issues of culture of diversity.
- Students will learn basic assessment skills, especially relating to the clinical disorders of depression and anxiety, and in relation to interactional patterns with couples and families.

If a student is deemed not ready to begin seeing clients, the Pre-Practicum instructors will prepare a statement to this effect. This document will be reviewed by the core faculty and a plan for remediation, when feasible, will be developed. The plan may include assignment to additional supervision and a period of observation and continued learning to bring the student to readiness. If the lack of readiness appears related to the student's psychological state, therapy may be recommended. If the core faculty determines that the student is unlikely to be able to manage the demands of clinical practice, the student may be counseled out of the program (see below for dismissal procedures).

Clinical Supervision

Students receive two forms of supervision: group supervision and individual supervision. **Group supervision** is composed of; a group supervisor and three to four students and occurs weekly for three hours. **Individual supervision** occurs with a supervisor, generally for one hour per week. Group supervision begins as part of the Pre-Practicum course and continues through the spring quarter of the second year.

Students are assigned to a group supervisor on the recommendation of the Pre-Practicum instructors. Issues of fit with a supervisor and compatibility of group members are considerations given to the selection process. First year supervision groups run until the second week of August. There is a two-week hiatus from supervision after that (first year supervisors remain clinically responsible for cases during this time). At the completion of this hiatus, students begin supervision with their second-year group supervisor. Second year supervision groups are created through a discussion among first- and second-year supervisors and, again, placements of students into group does consider fit between students and supervisor and among students.

Students who complete all hour requirements prior to the end of the spring quarter of the second year must continue in clinical work and group supervision through the end of the final spring quarter. Students may, however, make arrangements with their supervisor to reduce their caseload through the natural process of termination. Students who have already met their clinical hours may accept new cases if their supervisor believes it will be in the best interest of their training. To participate in group supervision, students must carry a minimum number of cases as determined by their group supervisor.

Each quarter of clinical work and group supervision (a total of six quarters: two first year, one summer and three second year) is classified as the Internship (MSFT 481-0 and 482-0). Accordingly, students receive a grade and one unit of credit for each quarter of internship. At the end of each quarter of Internship supervisors will complete an evaluation of each student's progress toward clinical competence and professional role function. While clinical competence is the sine qua non for successfully completing this program, students' professional dispositions (see below pg. 14) are critically important and considered in tandem. Thus, both aspects, clinical competence and professional dispositions - are viewed as complementary learning goals in this program and will be evaluated

together. If a student is deficient in the administrative duties of their clinical practice (maintaining clinical files, submitting necessary paperwork, etc.), his or her internship grade will be dropped one full grade.

Over the course of the two years of group supervision, each student will accumulate at least 250 hours of supervision, including roughly 200 hours of group supervision and at least 50 hours of individual supervision.

Group Supervision Etiquette Policy

As students become involved in clinical work, they also become engaged in ongoing weekly group supervision. The Program strives to create an atmosphere that fosters collaboration, exchanges of ideas and hypotheses between supervisor and supervisee, and the development of clinical competence and professional disposition. To maximize this environment, the following group supervision etiquette is expected: 1. Cell phones will be turned off during supervision. 2. Computers may only be used for the purpose of supervision (e.g., STIC, Notes, BHIS, etc.). 3. Any activity unrelated to supervision will be avoided. 4. Constructive and/or supportive feedback to peers and supervisor is expected during supervision. 5. Regular attendance and punctuality are a requirement for supervision (see Policy on attendance and participation). By following these guidelines, the group supervision process will reward you with a rich clinical experience.

Community Supervision (Community Placement ONLY)

Due to special circumstances and requirements of service provision within the Community Program, cases seen in that context are supervised exclusively by the Community Program Supervisors. Accordingly, students should direct all of their questions and concerns about these cases to their community supervisors. Program Group and Individual Supervisors will reinforce this boundary by referring students back to their Community Supervisor when issues regarding community cases emerge in supervision.

If there is a clinical emergency involving a community case and the student is unable to reach their supervisor, the student should reach out to other community supervisors (as specified by a community program protocol). If the student is unable to reach any of those supervisors, then they should contact the Director of Community Programs.

Individual Supervision

Students are assigned individual supervisors at the start of the winter quarter in their first year. Supervision assignments are made by the Coordinator of Supervisors, in consultation with the core faculty. Issues of fit and compatibility between an individual supervisor and a particular student (e.g., gender, age, interest, etc.) are considered; however, because the student travels to the work or home location of the individual supervisor, pragmatic issues often dictate assignments. Individual supervision is scheduled on a weekly basis and every student must accumulate at least fifty (50) hours of individual supervision over the course of training.

Resolving Supervisory Difficulties

The group supervisor is clinically responsible for the students' cases under their license. The role of the individual supervisor is to enhance the learning of the student and support the efforts of group supervision. If there is a dispute between the group and individual supervisor over the conduct of a case, the dictates of the group supervisor take precedence.

If a student has a conflict with a group, individual or community supervisor, the student should approach that supervisor and attempt to resolve the difficulty. If the conflict is not resolved, the student should speak to the Coordinator of Supervisors or, in the case of community supervisors, the Coordinator of Community Programs. The relevant coordinator may meet with the student and also call a meeting with the student and supervisor. If the difficulty remains unsolved, the student's advisor will be consulted and in the case of impasse, the advisor will consult the core faculty that includes the Program Director. When all other attempts have failed, the Program Director will determine how to resolve the conflict. If the student is unsatisfied with the approach taken, he or she has the right to grieve the process (see grievances below).

Guidelines for Team Cases/Case Conference

Up to 100 hours of the 500-hour requirement may consist of alternative therapeutic contact. Alternative hours are defined as clinical practice in which all students on a team jointly and actively participate in the therapy on an ongoing basis. Team members have joint responsibility and authority (with supervisory input) for treatment decisions on the designated team case. The role of the team members could include bringing in relevant reading to add to the supervision of the case, note taking or other participation during lives or during discussion, bringing additional information or resources to the discussion, and certainly being present and active during the discussion of the hour of therapy that is being counted as a team case/case conference. Each case will be videotaped or supervised live and should be presented by the trainee to the team every week that the case is seen. "All members of the team will receive an alternative clinical hour for each hour the therapist meets with the client during the time the case is designated as a team case. For example, if a therapist meets with a family for two hours in one week, the team will receive two alternative hours for that team case. On the other hand, if the therapist meets with a family for 30 minutes in one week, the team will receive .5 hour for that team case. The credit given is connected to the therapy hour, not the supervision hour."

The following are required for a case to be designated as a team practice case:

1. Raw data on the case is presented at least twice a month (live interviews or videos).
2. The case consistently generates significant interest in the group.
3. The case is typically discussed each week, and the supervision team actively participates in planning interventions and exploring feedback.
4. Only family and couple cases should be used for alternative hours.
5. Only cases that consistently come to therapy should be counted.

The following are recommended but not required:

1. When possible, the team has been actively contributing to the case from the point of intake.
2. The therapist utilizes STIC protocol with team cases.

Each team will designate the number of team cases in a given time period and a method for rotating cases among students in an equitable manner. Students should track team hours in Time2Track. **The MSMFT program has designated up to 50 hours per year for each student for a total of no more than 100 alternative hours over the two-year period.**

Termination and Transfer of Cases

During their time in The Program students do their clinical work in The Clinic of The Family Institute (TFI). The cases they see in The Clinic are cases of TFI and the student, under supervision, is responsible to work in the context of policies and procedures of The Clinic. In the spring of the second year, all cases treated by each second-year student will be transferred to another student, referred to an external provider or terminated. During the course of treatment with a student, the client(s) should be working on specific and well-defined goals such that the criteria for transfer or termination will be clear. At the time of transfer or termination the second-year students cease any and all contact with their TFI clients.

MSMFT Critical Incident Policy

A Critical Incident Policy is in place to ensure that MFT students and Group Supervisors follow appropriate guidelines in responding to students who have experienced a traumatic event associated with their clinical training. Critical incidents include such events as client suicide, assault during a therapy session, client injury due to domestic violence, and any client behavior or threat that indicates impending danger to self or others. Although such incidents are relatively rare, this policy is in place so that students and supervisors will know how to proceed in the event of such an incident. The Critical Incident Policy is required to be followed when such events occur. The purpose of this policy is to provide support to a student therapist who may have been affected or traumatized by a critical incident. It does not replace any procedures in the clinic that may be developed to deal with risk management or quality assurance.

If a critical incident occurs, the following criteria should be followed by the Group Supervisor and Student-in-Training.

1. When a critical incident occurs, the Student-in-Training needs to immediately notify the Group Supervisor. The Group Supervisor will notify the Individual Supervisor, the Director of Risk Management and the Faculty Advisor. Ideally this should be done within the first 24 hours. The role of the Individual Supervisor in coordination with the Group Supervisor shall be available to provide support to the Student-in-Training.
2. The Student-in-Training and Group Supervisor is required to fill-out the Clinic Critical Incident form as soon as possible. This form can be found on the P-Drive. The form should be sent to the Director of Risk Management.
3. The Group Supervisor shall immediately notify the Coordinator of MFT Supervision who will consult with the Group Supervisor on the handling of the critical incident. The Coordinator of MFT Supervision will inform the MSMFT Program Director at this time.
4. The Group Supervisor shall convene an initial meeting with the student-in-training within 24-hours to review the event and provide support information for the student who may be experiencing a traumatic response that may include shock, numbing, intrusive thoughts, or other reactions. The supervisor shall consider the systemic impact on the student-in-training and provide initial advice on how to process or manage the experience.
5. Within another 48-hours after the first meeting is completed, another meeting is required to review the final sessions conducted with the client and begin to carefully address any personal reactions: fear of negative judgement by peers or institution, fear about being sued, concern about the reaction of client system members, feelings of guilt or self-blame.
6. The Student-in-Training and Group Supervisor shall explore whether the student should communicate with the family system. If it is deemed appropriate for the student to make such contact, the Group Supervisor will guide the student in doing so.
7. The Student-in-Training can meet with the supervisor as often as needed to process this critical incident. The Group Supervisor and Student-in-Training shall explore and determine how this critical incident impacts the Student-in-Training's ability to continue to practice their clinical internship. It shall be a collaborative effort between the Group Supervisor and Student-in-Training to determine the amount of time needed to process this critical incident before resuming the internship practice.
8. The Coordinator of MFT Supervision is available if needed to process any personal reactions that the Group Supervisor and/or Individual Supervisor may experience.
9. If a Student-in-Training is not feeling comfortable with meeting with the Group Supervisor to process the event, the Coordinator of Supervision in consultation with the student and Group Supervisor has the option of assigning a different supervisor to help the student process this event and complete steps 4-7.
10. The Group Supervisor and Student-in-Training will, at an agreed upon time, share the traumatic event with the trainee's peers in group supervision. The focus of this conversation will be to provide a safe space in which to begin to normalize feelings about the critical incident.
11. The Coordinator of Supervision will be available for support and consultation to the student and Group Supervisor when needed or upon request.

12. The Group Supervisor will provide referrals for therapeutic services if it is determined student needs extended support.
13. The Group Supervisor will offer psycho-educational materials to assist the Student-in-Training with how to respond to a critical incident. Articles will be available upon request through the MFT administrative office.

MSMFT Program Policy on Student Participation in TFI Specialty Programs

Students applying to a specialty program should seek:

4. A brief written recommendation from their Group Supervisor, AND
5. The signature of their advisor

This ensures that the student recognizes the complete requirements and additional time commitments required.

Students may not accrue more than 50 of their 500 clinical hours in TFI specialty programs (e.g., DBT, Couple Therapy Research Lab, etc.). Clinical hours in specialty programs (to a maximum of 50) may only be credited to the 500-hour requirement if a student's direct supervisor in the specialty program is an AAMFT Approved Supervisor, a Supervisor Candidate or an Equivalent Supervisor. The 50-hour limit described in this policy does not suggest that participating students are allowed to terminate or reduce their commitments to such programs once they have accrued 50 hours. Rather, students who join a specialty program are required to maintain and fulfill the commitment specified by the specialty program at the time of their acceptance into it. The MSMFT program views these programs as valuable training opportunities the experience of which fully justifies their requirements.

Project Strengthen

MSMFT students can begin to see project strengthen cases on March 1st of their first year, if those cases are supervised by an MFT supervisor or an MFT on clinical staff at TFI. If the Project Strengthen case is supervised by a non-MFT, a first-year student may take the case on or after June 15th of their first year. The requirement of having at least two clinical cases and getting approval of the group supervisor would remain in place.

For co-therapy on Project Strengthen cases, the TFI staff therapist is the lead therapist and is primarily responsible for the case. The MSMFT student's contributions to the therapy are under the supervision of the staff therapist. See TFI clinic policy for further information on Project Strengthen cases.

Clinical work that is not directly controlled/managed by group supervisor or community supervisor is capped at 50 (for clinical hours credit).

Clinical hour recording of Project Strengthen cases are to be log in Tevera as clinical hour.

Additional distinctions concerning project strengthen are:

1. The Project Strengthen staff member (while working the case) owns/controls the case. If staff member exits, the ownership goes to the group supervisor.
2. If Project Strengthen staff member is an approved supervisor or candidate, the student need not talk about the case in MFT supervision group to receive credit for the clinical hours.
3. If the Project Strengthen staff member is not an approved supervisor or supervisor candidate, then the student must discuss the case in group somewhat in order to receive credit for the clinical hours.
4. A total of 50 hours can be earned toward clinical hours by participation in cases/programs that are not under their group supervisor and not under their community supervisor.

Practice Outside of the Institute

No student may provide treatment of clients other than those provided by The Clinic and supervised by TFI supervisors while a graduate student of the MSMFT Program.

MSMFT Student Involvement in Community Programs

MSMFT Students are encouraged to participate in the Family Institute Community Outreach Programs. This opportunity provides students with varied opportunities for learning. The Community Programs require that students make a commitment to the learning objectives, supervision requirements, and duration of placement which are outlined in the Learning Contract for Community Supervision. The number of students who can participate in The Community Program is set by the current capacity of the Program.

Clinical Records

Students must keep clinical records for each of the cases assigned to them. All records will be maintained on the electronic medical record system, AMD. The content of these records is specified in the Clinical Policies and Procedures Manual. Clinic records are audited regularly, and every student must pass these audits, failure to do so can lead to suspension of clinical privileges, **See policy on Failure to Comply with Administrative Requirements section below.** Becoming a competent therapist requires not just the acquisition of clinical skills and personal growth, but also developing the skills essential to thoroughly document your therapy (statistical reports and clinical records) and supervision you receive for that therapy.

Co-Therapy

Co-therapy is utilized at The Family Institute as an effective clinical and educational tool. The following guidelines provide a structure for Trainees and supervisors working in co-therapy. The key to effective co-therapy is open communication between therapists. The MSMFT student's contributions to the therapy are under the supervision of the staff therapist. See TFI clinic policy for further information on Project Strengthen cases.

Trainees in the same cohort:

- If the Trainees do not share a supervisor, the two supervisors should consult with each other and decide who will be legally responsible for the case. All clinical notes and charge slips will have only one supervisor's name and license on the form. If student A and student B are doing co-therapy together and student A's supervisor is legally responsible for the case, student A will document clinical notes in AM/DASH always use their charge slips forms to bill the client. Student B must attend student A's supervision group at least one time each month for ten or fifteen minutes to discuss the case with the team.

Trainees in different cohorts:

- **1st year Trainees** - Supervision will be handled by the first-year student's Primary Supervisor. Initial paperwork and charts are the first year's responsibility and should be submitted in Tevera. The student therapists should debrief after each co-therapy session to discuss the content of the case as well as the relationship with the other co-therapist.
- **2nd year Trainees** - Second year Trainees must go to the first-year student's supervision group at least once a month for a ten to fifteen-minute supervision of the co-therapy case. Students are required to document their hours in Tevera and take leadership in the initiation of discussion of the issues related to power/experience differential and how these issues will be handled by the co-therapists. Create a space in therapy which will enhance the 1st year student's experience and provide for expression of your experiences gained so far. Debrief after each co-therapy session to discuss the content of the case as well as the relationship with the other co-therapist.

In-Person Therapy Guidelines for All MSMFT Students

All MSMFT students are required to build a clinical caseload during their time in the program. Students need to meet 500 hours of relational and individual cases to gain the necessary clinical experience for graduation. 100 of the 500 hours may be team hours (please see the clinical hour requirement in the manual).

This clinical expectation requires that trainees meet with clients in a combination of in-person and teletherapy when clinically appropriate, which can be clarified through discussion with group supervisor and trainee. The MSMFT program has detailed the following guidelines which prioritizes the necessary training and clinical experience for all

students. The Core Faculty is committed to creating an environment where all students have a strong clinical foundation to continue their professional development post-graduation. Experience providing In-person clinical therapy is a step in this foundational process.

The MSMFT Core Faculty strongly recommends that each student meets in-person when clinically appropriate with at least one individual client and one relational client (Couple or Family) on a weekly basis. This guideline starts from the beginning of Winter quarter in the first year until graduation. If a student sees one individual and one relational case in-person beginning in winter quarter and continues forward, the student will accrue approximately 136 hours of in-person therapy (34% of caseload) over the course of 18 months.

The Core Faculty recommends that students work with their group supervisors and the registration department to schedule and prioritize meeting this guideline. All students need to keep track of in-person clinical hours in AMD.

Documentation of Clinical and Supervision Hours

In order to successfully complete and graduate from the Master of Science in Marriage and Family Therapy Program, all clinical trainees must not only complete the academic coursework required but must also complete the necessary clinical and supervisory requirements and hours. All student trainees must document their clinical and supervisory hours in a timely fashion.

Tevera

Each cohort will be charged a tech fee, attached to the Pre-Practicum course (MS_FT 480-0). This fee covers your lifetime subscription to Tevera, a web-based software tool that lets you easily track and manage clinical training hours, supervision hours, both as a graduate student or a professional. Tevera will also house other important assignments and documents related to practicum, including but not limited to internship evaluations.

Degree Completion Requirements

The following is a summary of the requirements for graduation in the MSMFT Program. It is the responsibility of each student to monitor the progress of completing the following requirements for graduation.

- Attend all classes, at least eighty percent (80%) attendance is required. Unusual circumstances must be discussed with the course instructor(s). Additional written work may be discussed as ways to make-up for excused absence. Maintain a **3.0 GPA**
- Participate in group and individual supervision. Students are required to complete a minimum of 250 hours of supervision in the program, at least 50 of which must be individual supervision hours.
- Accumulate 500 hours of direct client contact, up to 100 of which may be alternative team hours as defined by the policy on alternative hours given in this manual. Of the remaining 400 hours, 200 must be conducted with couples or families. The Family Institute agrees to provide sufficient referrals for 500 client contact hours within the course of the two-year program. A student's availability and ability to engage clients will be evaluated twice yearly, and more often, if indicated, by the student's supervisors. If it is determined that the student has been given sufficient referrals, but has not been able to engage cases, and therefore cannot accumulate the expected number of clinical hours, the group supervisor will discuss the length of the time that the student may require to fulfill the clinical requirement with the Program Director. If approved by the Program Director, the student may extend the time in the program for one additional quarter by registering for one unit of internship at regular University fees.
- Demonstrate ability as a marriage and family therapist to the satisfaction of the faculty. This requires each student to document supervised clinical practice monthly. Complete at least 3 live sessions per year for a total of 6 live interviews. In support of these sessions' students are required to do one formal live write-up and two brief live case write-ups each year. Students are required to video record their sessions regularly and are encouraged to bring cases frequently for live supervision. 50% of supervision is expected to be

based on raw data (live and video). Each student must accrue at least 125 hours of supervision based on live and video.

- Demonstrate facility with progress research instrument (STIC). This requires two formal STIC presentations (1 per year) in supervision group on cases that have at least 5 administrations of the STIC.
- Complete Capstone Project
- Complete all evaluations: CTEC's, Self-evaluations, Supervisor Evaluations, Program Evaluations.
- Complete Application for Degree Form and Master's Degree Completion Form on [CAESAR](#).

Graduation Term

Only students who finish all degree requirements during Spring Quarter or at the end of Spring Quarter will be invited to participate in Northwestern University spring commencement and the MSMFT Program convocation ceremonies.

Internship Expectations & Grading Policy

The following Internship expectations have been established for all supervision groups.

When students are deficient in their paperwork, supervisors are available to discuss the constraints and challenges and to collaboratively create a plan to be in full compliance with their required paperwork. If a student is beginning to fall behind, they are encouraged to talk with their supervisors as quickly as possible to find a reasonable solution.

- First meeting of the year: Review paperwork and clinical expectations with students including details listed here below; share all documents with them
- Weekly: The first 10 to 15 minutes of Group Supervision each week must be dedicated time to review required Educational and Clinical paperwork.
- Quarterly: Students must submit all paperwork requirements (Educational & Clinical Paperwork) in a timely fashion. Lack of timeliness is lack of compliance that may be addressed by supervisors, faculty, or staff at any time. Note that grading is impacted by this compliance. From a grading perspective, students will need to demonstrate compliance 10 days in advance of when grades are due.

Educational Policies:

- Learning Contract, Live Interviews, STIC Presentation, and Evaluations will be treated as student assignments for internship.
- Failure to complete assignments under normal circumstances will be reflected in the grade (B, C, F depending on student performance).
- If a student is not in full compliance with required educational paperwork at the end of a quarter, the student's grade will be dropped at least a **full grade** for the quarter. Further, the student will have 2 weeks to complete missing paperwork. If after two weeks, the student is unable to meet the educational paperwork requirements, the student holds will be suspended until all educational paperwork requirements are met. Failure to complete this paperwork by a subsequent deadline of two weeks after the hold was placed will result in the program initiating the remediation process. Educational paperwork will be tracked by supervisors in Time2Track (class of 2022) or Tevera (class of 2023 and beyond).

Clinical Paperwork:

- Progress notes, Charge slips, treatment plans and assessments are required to be up to date. If a student is more than 2 weeks behind (10 notes/charge slips or more), they will be dropped a full grade for their internship.

- There will be a 2-week threshold to complete outstanding clinical paperwork. Should a student experience a medical or personal situation requiring an extension to complete their paperwork, they will be asked to request a maximum of 2 weeks' extension in writing. In addition, **their holds will be suspended until paperwork is completed.**
- If a student remains deficient in their clinical paperwork at the end of each quarter, the student will be informed by the Group Supervisor that their Holds will be suspended, and they cannot receive new clients until their paperwork requirements are met. Students may continue to see their current clients. However, continuing deficiencies with clinical paperwork may result in the suspension of all clinical privileges until all required clinical paperwork is completed.

1st Year Exit Interviews

- All 1st year group supervisors will conduct an Exit Interview with each student at the end of the 1st year (in August) to ensure that the student is in compliance with their clinical and educational paperwork requirements. The supervisor will utilize the Supervisors checklist to confirm receipt of required documents.
- If students are not in compliance with both clinical and educational paperwork, their Holds will be suspended until they complete their paperwork requirements, and they will be dropped a full grade for the quarter.
- They can move into the 2nd year, but all holds will be suspended until 1st year Group Supervisor confirms that all paperwork is complete and signs off on documentation. If a student has a hold imposed but does not catch up on required documentation within two weeks of that hold being placed, the student will be required to meet with their Supervisor, MFT coordinator of supervision, Academic Advisor and program director. At this point the program may suspend clinical privileges and/or initiate the remediation process.

2nd Year Exit Interviews

- All 2nd year group supervisors will conduct an Exit Interview with each student at the end of the 2nd year (by May 20th) to ensure supervisee has met all program requirements and is in compliance with all of their clinical and educational paperwork.
- If a student fails to meet these requirements, the student will not graduate at the end of the second year and will be required to register for summer quarter and any additional quarters until all requirements have been met. It will be the student's responsibility to pay tuition and fees associated with additional quarters of training required to complete requirements.

Internship Grading Requirements

All students enrolled in the Internship Course will be evaluated on a quarterly basis and receive a grade for their performance. Internship grades are based on the Supervisor Evaluation of Internship form that is completed by the Group Supervisor and submitted to the Instructor of Record of the Internship. The Supervisor Evaluation of Internship form includes ratings of the following factors: case presentations, video presentations, active participation and collaboration with the Group Supervisor and peers, and live interviews and STIC presentations. In addition, grades will reflect the student's completion of all required clinical and MFT paperwork on a timely basis. This includes PAIR Notes, assessments, treatment plans, Live Interview and STIC rating forms, learning contracts, evaluations by Group and Individual Supervisors, and documentation of all hours required for graduation.

If the student has deficiencies in required paperwork, the Group Supervisor or the Instructor of Record (1st yr. Instructor of Record /2nd yr. Instructor of Record) will have the option of lowering the student's grade for that quarter by one full grade.

Clinical and Administrative Grading Requirements

All students enrolled in the Internship Course will be evaluated on a quarterly basis and receive a grade for their performance. Internship grades are based on the Supervisor Evaluation of Internship form that is completed by the Group Supervisor and submitted to the Instructor of Record of the Internship. The Supervisor Evaluation of

Internship form includes ratings of the following factors: case presentations, video presentations, active participation and collaboration with the Group Supervisor and peers, and live interviews and STIC presentations. In addition, grades will reflect the student's completion of all required clinical and MFT paperwork on a timely basis. This includes clinical notes in AdvancedMD, charge slips, assessments, treatment plans, Live Interview and STIC rating forms, learning contracts, evaluations by Group and Individual Supervisors, and documentation of all hours required for graduation.

Grades will reflect the student's completion of all required clinical and MFT paperwork on a timely basis. This includes PAIR notes, assessments, treatment plans, Live Interview and STIC rating forms including write-ups (1st year students are expected to have completed 3 live interviews with write-ups incorporating STIC data into their Formal Live Interview Presentation by the end of their summer quarter), learning contracts, evaluations by Group and Individual supervisors and documentation of all hours required for graduation and any accounts receivables that are outstanding and not addressed.

One month before each quarter ends, the Coordinator of the MFT education program will send to the student and their Group Supervisor a Quarterly report detailing requirement deficiencies. The student will have 10 days before grades are due to be posted to get all required documentation in and verified by the Group Supervisor and Coordinator of the MFT education program. If the student has deficiencies in required paperwork, the Group Supervisor or the Instructor of Record (1st yr. Instructor of Record/2nd yr. Instructor of Record) will have the option of lowering the student's grade for that quarter by one full grade.

The guidelines for grades are reflected on MSMFT Group Supervisor Evaluation of Group Supervisee. A student loses an entire grade they are not in compliance with MFT and clinic policies.

Failure to Comply with Administrative Requirements

The infrastructure of the Clinic depends on the accurate and timely documenting of clinical hours. If a student fails to maintain acceptable administrative etiquette, the following will occur. For the first instance, the student and advisor will meet to outline a plan that will bring the student into administrative compliance. A timeline will be given for this plan to be executed. If the student is still not in administrative compliance, that student will lose clinical privileges, meaning that the student will be unable to see clients until administrative deficiencies are corrected. Students who lose clinical privileges under these circumstances are also placed on probation in The Program. If administrative deficiencies are deemed to be grossly below standard, the student may be counseled out of the program. Permanent loss of privileges in The Clinic will result in dismissal from the Program.

Developing a Professional Identity

Students are expected to approach all aspects of the program with appropriate professional disposition. Examples of appropriate professional dispositions include but are not limited to the following: students must demonstrate a commitment to personal and professional growth; evidence appropriate attention to self-care (including own personal need for therapy if indicated); evidence an obvious openness to clinical supervision and feedback; demonstrate respect, integrity, honesty in interactions with clients, peers, and supervisors, and; follow strict adherence to ethical and legal codes of practice and behavior.

Students are expected to be mindful with respect to the differences of others. Classroom, supervision, and clinical discussions will invite an open airing of thoughtful and responsible expressions of opinion and intellectual position. Philosophical difference and disagreement are not only permissible, it is welcome. However, views of intolerance and/or bigotry are both disrespectful and unprofessional and they will be prohibited. Discrimination with respect to gender, race, culture, sexual orientation, physical ability and religious preference is unethical in our professional roles and unlawful in educational settings.

Each activity of the program is designed to afford an opportunity for students to work toward the professional identity of a marriage and family therapist. Students are encouraged to see their faculty, supervisors and others at the Institute as mentors toward this end and to support each other with this identity shift.

Professional Attire and Presentation

The Family Institute's dress code contained in the Clinical Policies and Procedures Manual states: Our respect for clients is shown through our professional attire as well as in our professional behavior in all of our interactions with them. Being prepared in all respects for client meetings demonstrates our serious attitudes toward therapeutic work and may help encourage clients to more deeply reflect on and take the risk to participate in the change process. While we understand shifting cultural and generational views of formality in the workplace and the impact of the seasons, we ask that therapists dress in appropriate work attire that reflects modesty, consideration for others, and self-regard. Working with children in play therapy may require some adjustment to the usual dress, but please approach all of your clinical activity with this level of thoughtfulness. If you have any questions regarding this matter, please check with your supervisor. Students are expected to adhere to that dress code when in the presence of clients.

Observations of Religious Holidays

Northwestern University is a diverse and inclusive community with faculty and students who observe many different religious holidays. The academic calendar is designed to minimize conflicts with such holidays, but when a discrepancy does arise community members may consult our statement on academic accommodations for religious holidays, the foundation of which is a belief that Northwestern will make every reasonable effort to accommodate the intersection of religious observance and academic commitments. As we begin the academic year, please take a moment to review this important policy [Accommodations for Religious Holidays](#).

Professional Conduct

The Family Institute is an organization that houses an academic setting, research center, clinic, staff practice and administrative offices. Every student trainee is expected to act in a professional, responsible, and courteous manner at all times. Such behavior fosters a positive and productive environment, conversely, inappropriate or unprofessional behavior is disruptive and unproductive. Keeping in accordance with HIPAA Policies and the mission and values of The Family Institute, student trainees are asked to be mindful of their conduct and conversations when in the hallways, classrooms, foyers, lobbies, restrooms, and stairwells.

Use of Social Media with Program Faculty, Supervisor and Staff

Students may not connect with faculty, supervisors, and administrators through any social media platforms while in the program.

Guidelines for Using Social Media to Communicate While Studying in the MSMFT Program

The Program leadership understands that the use of social media such as Facebook can enhance communication among graduate students while they are enrolled in the Program. The fact that the MSMFT is a clinical training program, however, necessitates that careful thought be given to what is conveyed in these communications. The following ethical considerations and guidelines should be used when using social media.

Ethical Considerations

1. Confidentiality: Practitioners understand that it is their primary obligation to protect client confidentiality and they understand that this means they must also protect confidential information stored in any medium.
2. MSMFT students are prohibited from making connections with clients on social media of any kind. Multiple Relationships: Practitioners refrain from entering into any multiple relationships when these relationships could reasonably be expected to impair objectivity, competency, or effectiveness in performing clinical functions or if they pose any risk of exploitation or harm to those with whom we enter into these relationships. Since connecting with clients on social networks may potentially compromise client confidentiality or may create multiple relationships with people with whom we have already established one type of professional relationship.
3. Practitioners, including MSMFT students, are prohibited from discussing confidential information on listservs or status updates on their social networking profiles.

4. MSMFT students are required to be aware of the implications of discussing professional and general clinical issues within their social networks in Tweets, status updates, and blog posts. They must exercise caution with any messages as they understand messages may be read by wide networks of non-professionals. Practitioners are aware that even masked data may provide enough detail to potentially identify a client. Practitioners understand that messages posted on personal and professional networks may be archived and seen by other parties to whom they are not authorized to release confidential information, and they adjust their behavior accordingly.
5. Personal vs. Professional behavior on the web for practitioners:
 - When communicating with fellow students, remember, they are your colleagues and first professional relationships.
 - At all times, remember, you are representing the MFT field and the MSMFT Program. Consider the impact of what you post in public forums.
 - Always consider first the potential impact/influence on individual relationships and the larger cohort.
 - Before posting, reflect on what your intention is to post something.
 - Before posting, consider the appropriate tone of your post.
 - While it may feel like a private space, in fact social media is a public space. Your posts follow you.
 - Know the professional code of ethics, particularly as applied to social media and integrate how ethics relates to professional conduct online.
 - Be mindful that social media activity can blur the boundaries between personal and professional lives and consider the potential impact of these activities on professional relationships.

Live Interview/ Formal STIC Presentation Requirements

Live interviews are sessions conducted by a student and directly observed by an MSMFT program supervisor. Live interviews are an important training component in the MSMFT program. Students are encouraged to conduct and observe as many of them as they reasonably can during their time in the program. In addition to being a valuable learning experience, live interviews give supervisors the opportunity to assess students' acquisition of core competencies and IST-related skills.

All students are required to conduct at least 6 formally designated live interviews, rated by a program supervisor, over the course of their clinical training in the program. Students are expected to complete 3 live interviews in each of their 2 years in the program. Two of the Live interviews (1 per year) will occur in conjunction with formal STIC presentations. For the joint Live/STIC events, students are required to incorporate STIC data into their Formal live presentation outline which is to be presented prior to the live interview.

All live interviews submitted to meet the formal "live" requirement must be supervised and rated by the students' group supervisors, with the following exceptions:

1. Students can fulfill one of their required live interviews each year by a) conducting a session for live night, or b) designating a live within the community program as one of their required lives. In order to exercise this option, students must receive permission from their group supervisor.
2. Second year students are required to do one of their three required second year live interviews with their individual supervisors. Students are required to notify their group supervisor about the scheduling of this live interview.
3. Under extenuating circumstances, when all options have been explored and the student is unable to complete the live requirement in the context of group supervision, the group supervisor may authorize a student to do an additional required live interview with another approved supervisor in the MSMFT program.

For the live interviews that are designated to fulfill the program's live interview requirement, students are responsible for making sure the supervisor of the session completes the Live Interview Rating Form following the session. Credit toward the live interview requirement requires the completion of this form.

STIC Policy

Requirements and Guidelines:

MSMFT students are required to demonstrate facility with the progress research instrument, Systemic Therapy Inventory of Change (STIC).

This requires that students carry at least two cases (one individual; one relational) with consistent STIC data collection. Students will begin to use STIC with new clients starting no later than February of their first year in the program. Students are expected to present the opportunity to utilize STIC to all of their new clients during the initial phone conversation in advance of the first session. Students will be taught how to encourage new clients to participate in the STIC protocol, but clients are not required to use it and students will not put undue pressure on them to agree to it. By June of their first year, students should have at least two active STIC cases and maintain two or more STIC cases throughout their remaining time in the program. While a first year's student caseload is being built (March, April, May), a minimum of 3 STIC administrations are expected each month. The minimum number of administrations per month becomes 6 beginning in June of the first year.

The initial STIC administration should occur prior to the first session or, at the latest, prior to the start of second session. As a means of enriching the process of hypothesizing, students will present STIC data to their supervision group on a regular basis as part of the feedback they are reading in their clinical work. They will work with their supervisors on the process of presenting data to clients and utilizing it in the therapeutic conversation. A protocol for the procedures and timing of both presentations in supervision and discussions with clients will be detailed at STIC training events which are required events for all students.

Students are required to do two formal STIC presentations (1 per year) in supervision group on cases that have at least 5 administrations of the STIC.

Portability of Degree Policy and Licensure

As a COAMFTE accredited program, the Couple and Family Therapy Program at Northwestern University, provides students with the standard curriculum of education and clinical training that is recognized across the country. The comprehensiveness of our curriculum and the extensive clinical training with diverse clients prepare our graduates for employment in a wide variety of MFT positions. In addition, the program prepares students to perform well on the National Licensing Examination. Thus, the degree is highly portable.

1. Graduates of the MSMFT program are competitive with other professions that offer a terminal Master's degree (social work, counseling). They find employment in the full range of agencies providing mental health services.
2. Once licensed, many graduates establish their own private practice.
 - Graduates of the Program work in community mental health agencies, hospitals, clinics, residential treatment centers, schools and private practice treating individuals, couples, families and groups with a wide range of psychological, behavioral and emotional difficulties.
 - Graduates are also prepared to pursue doctoral studies in Marriage and Family Therapy and Psychology.

Marriage and Family Therapists are mental health specialists who treat and diagnose a host of disorders related wellness and mental health. As with most mental health licenses, MFT's are held to strict licensure requirements, which include a master's level education in the field or related field as well as a period of supervised clinical practice after graduation, usually 2-3 years. Sorting through the licensing department websites can be overwhelming for those seeking licensure information in states. Licensure requirements vary by state, though many are similar having modeled their requirements after the AAMFT recommendations. With the exception of a state of two, most alumni have no difficulties obtaining licensure in other states. Please visit [MFT Licensing Boards](#) if you have plans to relocate after graduation, and the program will put you in touch with an alum of the program in that state and assist you in the licensing process.

The program pays attention to national trends for marriage and family therapy credentialing and reviews program standards to maximize potential for degree portability. Students will graduate meeting core standards that prepare them for next steps toward licensure in their desired post-graduate states and territories. The MSMFT degree from Northwestern University is designed to provide a minimum 24 units education, 500 clinical hours of face-to-face experience with clients based on AAMFT Core Competencies and 100 hours of MFT supervision that will prepare graduates to apply for a post-graduate limited license in all 50 states. Applicants who are interested in becoming licensed in other states must review the state requirements for licensure from the MFT state licensing boards in that state. International students will need to review requirements set by their territorial credentialing bodies. Students are encouraged to review these standards early in their education process.

TFI Data Policies and Procedures

Adapted from:

<http://www.it.northwestern.edu/policies/dataaccess.html>

Audience:

- All Family Institute (TFI) faculty, staff and students
- All non-TFI researchers interested in conducting research at TFI
- All non-TFI researchers entrusted with information maintained in TFI's data systems

Definition:

Protecting information assets is driven by a variety of considerations including legal, academic, financial and other business requirements. The Family Institute at Northwestern University (TFI) is committed to nurturing the open, information-sharing requirements of its academic culture, while preserving the confidentiality, integrity and availability of its information resources.

The policy contained in this document will support and promote greater understanding of and appropriate use of data, and heightened awareness of the sensitive nature of data based on various risk factors. It is expected that this policy will improve the ability of the TFI community to properly manage access to TFI data in compliance with Federal and State laws and regulations, and other TFI and Northwestern University policy requirements. Specifically, it is incumbent upon all researchers conducting research at TFI to assure all necessary regulatory (e.g., HIPAA) compliance in terms of training, data management and security, and client/participant contact. Overall, the policy will improve data quality and the transparency of institutional security and trust policies.

As reiterated below, all human subjects research must be approved by Northwestern University's Institutional Review Board (IRB) and hence is subject to all the policies and procedures that guide human subject research at NU. Additional training may be imposed by TFI such as additional annual HIPAA training.

Scope:

These policies apply to all organizational uses of data/information that are created, collected, maintained, and utilized by TFI for carrying out the institutional mission of clinical work, research, teaching, *and* data used in the execution of required business functions. They also apply to any data that is to be collected at TFI, with TFI clients or employees, or with students enrolled in any of our training programs.

Data Policies:

The ethical and fair use of TFI data will be discussed as it affects three issues: (a) data access; (b) data security and (c) data sharing.

Data Access

- Access to all data described in Scope will be determined by the Data Governance Committee (DGC) within TFI (see Appendix A for committee details). The DGC will be comprised of the Director of the Center, the Director of Research, the Chief Clinical Officer, the Chief Financial Officer (CFO), Director of Clinical Operations and one other member appointed for a limited 3-year term. The Director of the Program Management Office will also be a member of the board in order to assure compliance with all TFI policies.
- Access to data will be allowed consistent with the data being requested, the roles and responsibilities of the user and the level of training of the user.

Procedures

The following procedures applies to all data that is being requested from TFI, whether or not that data exists already (archival) or is to be collected. The procedures are also applicable for any type of information from above *except* for Public Information, which includes any information that is accessible by the public on the TFI website or through printed materials.

Research Specific Procedures:

- ALL researchers must complete the Research Proposal Application which is used to ascertain the following information:
 - a. Proof of understanding of our ethical and regulatory requirements.
 - b. A complete description of the study.
 - c. An explanation of the impact of the study on The Family Institute including on its resources, space and personnel.
 - d. An explanation of how the research being proposed is consistent with the mission of The Family Institute.
 - e. An explanation of the oversight responsibilities of both the researcher and the sponsor (if the researcher is outside of TFI) for the project.
 - f. If the DGC approves the research project, then the researcher **must get IRB approval from Northwestern University.**
 - g. After IRB approval is ascertained, **the Research Proposal Application must be signed by the Director of the Center for Applied Psychological and Family Studies *before* the research is conducted.**
- 1. For those researchers *within* TFI
 1. A formal request via the Research Proposal Application to access data or collect new data must be submitted to the DGC.
 2. The DGC will meet once a month and proposals must be submitted at least two weeks prior to the meeting date. Any proposal submitted after the deadline will be reviewed for the following month's DGC meeting.
 3. One member of the DGC will review the request form to make sure that it is complete and within the scope of requests that are considered.
 4. The researcher making the request will be informed of the next DGC meeting. The DGC may request that the researcher attend the meeting in order to answer any questions that might raise.
 5. The DGC will either
 - a. Approve the request in writing *or*
 - b. Deny the request *or*
 - c. Request more information in order to make a decision.
 6. All research conducted within TFI must be registered through the NU IRB (<https://irb.northwestern.edu/>) and all instructions followed including approval of all measures and a participant consent form that is approved by both NU-IRB and the research board of TFI.
- For those researchers *outside* of TFI (including those within the NU system)
 1. The researcher(s) must find a sponsor within TFI who can be responsible for TFI procedures and for shepherding the research through the appropriate process.
 2. Any publication rights or other rights to these data, regardless of if these data exist within TFI already or are to be collected by the researcher(s) and sponsor, must be determined ahead of time between the researcher(s) and the TFI sponsor. If new opportunities for the data arise, a new Research Proposal Application must be filed.
 3. These agreements must be in writing and approved by the DGC
 4. Authorship order for any publications or presentations should be decided before the research is conducted and modified throughout as appropriate.
 5. The rest of the process is as written above for researchers within TFI.

Non-research Specific Procedures:

- A formal request to access data, or collect new data must be submitted to the DGC and include the following:
 1. A complete description of the purpose of the data request and it's intended use;

2. An explanation of the impact of the request on The Family Institute including on its resources, space and personnel;
- The DGC will meet once a month and proposals must be submitted at least two weeks prior to the meeting date. Any proposal submitted after the deadline will be reviewed for the following month's DGC meeting.
 - One member of the DGC will review the request form to make sure that it is complete and within the scope of requests that are considered.
 - The employee making the request will be informed of the next DGC meeting. The DGC may request that the requester attend the meeting in order to answer any questions that might raise.
 - The DGC will either
 1. Approve the request in writing *or*
 2. Deny the request *or*
 3. Request more information in order to make a decision.

Data Security

TFI data must be consistently protected throughout its life cycle in a manner commensurate with its sensitivity and criticality. All data collected within TFI or that uses TFI clients, staff or student information is ultimately owned by TFI and must be kept on the TFI network and/or on the premises at all times. That is, no data, neither archival nor collected, can be stored on a personal desktop or laptop computer, regardless of where that computer is located nor stored in any offsite location if the data is not electronic. Anything less than full compliance with this requirement will be considered an ethical breach.

Data Sharing

Permission to share ANY data from TFI with outside entities, including non-TFI Northwestern University employees, must have prior permission from the DGC, **in writing**. Note that federal funding and Northwestern University requires that data that are collected *with federal funds* must be made available for public access. Northwestern is able to assist with compliance of this regulation. More information about these services can be found, via NUCATS at <https://nucats.northwestern.edu/resources-services/data-informatics-services>.

Policies Concerning Data Access When a Researchers PI Leaves TFI@NU

For research data:

When individuals other than the PI involved in research projects at TFI leave and he/she is interested in taking data with them, then as part of the exit process they must send a formal request to the DGC. If the DGC grants that request, then they may take copies of research data for projects on which they have worked, subject to relevant confidentiality restrictions. Original data, however, **MUST** be retained at TFI.

If the PI leaves TFI and wishes to continue the project at another academic/research institution, a formal request must be made to the DGC before ownership of the original data may be transferred from TFI to the PI's new institution. If permission is granted, the PI must ascertain a written agreement from the PI's new institution that guarantees (1) its acceptance of ongoing custodial responsibilities for the data and (2) TFI having access to the original data, should such access become necessary for any reason; and (3) relevant confidentiality restrictions, where appropriate.

Data Governance Committee Details

Vision

Information is a valued asset that enables operational excellence, evidenced-based care for clients, and enables us to make data-driven organizational decisions.

Mission

To establish the leadership structures, policies, processes, and technologies to ensure that client and other enterprise information sustains and extends the organization's missions and goals, delivers value, complies with laws and regulations, and reflects stewardship practices that minimize risk to stakeholders and advances the public good.

Responsibilities of the Data Governance Committee

1. Create effective lines of accountability, responsibility, and authority for information lifecycle governance functions.
2. Formalize ownership and stewardship responsibilities as organizational policy.
3. Establish effective communication channels with functional leaders, information owners, and stewards to ensure that stakeholders are fully informed of current policies and practices and facilitate exchange of ideas that build continuous improvement in information governance and management across the organization.
4. Set priorities for strategically aligned initiatives to improve and assure the value for information assets in terms of quality, efficiency, usability, interpretation, and compliance.
5. Approve policies, procedures, guidelines, and data standards for Clinical Services, Academics, Research, External Relations, and Operations.
6. Ensure comprehensive audit practices to identify opportunities to strengthen research and programs to achieve full compliance with regulations and standards.
7. Develop measures and metrics reflecting desired goals for information management.
8. Oversee business associate and other agreements for access and sharing information beyond the organization.

Research Proposal Application

The Family Institute at Northwestern University

Investigators who wish to conduct research at The Family Institute at Northwestern University must submit an application of no more than **five** pages, using the following guidelines. An internal review committee will consider each application, and, in consultation with The Family Institute's administrative personnel, determine whether permission to conduct the research will be granted. Projects requesting the participation of clinical staff or students must also be approved by The Family Institute's Steering Committee. Northwestern Institutional Review Board (IRB) approval is required before the project begins. All proposals will be reviewed by TFI's Data Governance Committee (DGC) consisting of the Director of the Center, Director of Research, the Chief Clinical Officer, the Chief Financial Officer (CFO), the Director of the Program Management Office, and the Director of Clinical Operations. The DGC will meet monthly or as needed, whichever is less. All proposals must be received 1 week prior to each scheduled meeting.

A. Description of the Research Plan

Describe the research plan, including the following:

- Purpose of the research and justification for it within the literature
- Major hypotheses
- Number and type of participants involved
- Type of data collection or assessment instruments used
- Research methods or protocol

B. Human Subjects Protection

Describe the research project's protection of human subjects.

- Attach all relevant Northwestern University IRB application materials.
- Attach documentation that you have also completed TFI's HIPAA on-line course.
- If the DGC approves the application, the researcher must get Northwestern University IRB approval and that approval letter needs to be submitted and the application must be signed again by the Director of the Center for Applied Psychological and Family Studies (CAPFS).

1. Estimated Research Costs

Provide information about the costs of the research and relevant sources of funding.

D. Mission Statement - General

What is the impact that this research will have on couples, families and individuals? The Family Institute wants to assure that all research is consistent with its strategic plan. Please describe the relevance of the research to the mission of The Family Institute. The Mission Statement can be found at <https://family-institute.org/about-us/mission-values>

i. Impact on The Family Institute

Indicate how the research will affect the *functioning* of The Family Institute. Describe what resources are being requested from The Family Institute to support this research project (if any), including the following:

Family Institute facilities (therapy or meeting rooms, research lab)

Therapists

Supervisors

Intake personnel

Other Family Institute resources or personnel (describe)

Sustainability

What will happen to the procedures once the research element of the project is complete?

ii. Research Oversight

Sponsor

Each research project must have an internal sponsor, or a Family Institute staff member who agrees to oversee the project. Please provide a letter of support from the internal sponsor. All researchers must provide the DGC with annual updates as well as provide the DGC with a project results summary at the conclusion of the project. Furthermore, all researchers must notify the DGC if there are any changes in the protocol. If the project is university-based, please also provide a letter of support from the Department Chair indicating their support for the project.

Researcher Contribution

Given the impact on The Family Institute described in section D, describe what contribution (in terms of time, resources, or personnel, oversight) the researcher will make to this research program.

iii. Authorship agreement

Please provide the names of all study personnel that have been identified to date. Include the principal investigators, any students and any other staff, with their affiliations.

Please provide the expected authorship order for the primary paper or presentation that is expected to come from this work. It is understood that other authorship arrangements are possible with subsequent papers or if there is a major shift in the responsibilities on the team.

Initial Approval by Director of CAPFS

Date

Final Approval **once** NU IRB Approval
Director of CAPFS

Date

STUDENT FEEDBACK OF THE PROGRAM

CTEC Evaluation of Courses

Students provide feedback about each course they take through Northwestern's on-line course evaluation system known as CTEC. This electronic feedback is subsequently provided to the course instructor and the Department Chair. CTEC data are only valuable as a source of feedback if most, if not all of the class participates. It is, therefore, vital that each student contribute by completing the CTEC process for each of their courses. It is an essential contribution to be made to the quality control of the Program. Note that we have and will continue to make changes to courses based on student feedback.

Student Evaluation of Group and Individual Supervision

Students are also required to evaluate both their group and individual supervisors every quarter. Completed evaluations are to be submitted through Time2Track to the Education Manager. Your forthright and frank assessment of your supervisors and supervision experience is one of the most important vehicles through which all supervisors strive to improve. Student's evaluation of supervisor is anonymous.

Mid-Program Review and Meeting

During summer quarter your academic advisor will schedule an individual meeting with each of their advisees to review their first year. The purpose of the mid-program review meeting is to provide two-way feedback regarding students' experiences in the program. The academic advisor invites students to reflect on their experiences of the past year and to provide feedback on that experience; what they experience as strengths of the program, and any suggestions for change, enhancement, or evaluation and monitoring. Students will receive an online mid-program survey via SurveyMonkey requiring feedback and evaluation of the program.

Exit Survey and Interview

Towards the end of your final quarter prior to graduation you will meet with your academic advisor to review their second year. Students will also receive an online exit survey requiring feedback and evaluation of the program as well as of themselves. The survey will ask you to rate where you were at the beginning of the program and where you see yourself as you are approaching graduation. This information is aggregated and used to inform the core faculty about meeting the benchmarks in our educational outcomes. It also helps us to improve and strengthen our program. Exit survey data are reviewed and discussed yearly at the Summer Faculty Retreat.

Alumni Survey

In the fall following graduation you will receive an email from the Program to complete an online alumni survey. This annual survey is a required component of the Program to maintain our accreditation. The program will review this data every winter, and alumni participation in this survey will strengthen our application for re-accreditation and allow us to inform prospective applicants about the range of our graduates' professional experiences. The information you provide will be aggregated with that of other alumni and only the combined data will be disclosed to COAMFTE and/or other parties, such as prospective applicants, faculty, potential program donors, and the Graduate School at Northwestern. We will ask that you complete the survey each year, so that we may have the most accurate information to strengthen our program. Your identity and personal information will remain confidential.

Employer Survey

Once you graduate and have indicated that you are working, we may send an employer evaluation survey to your employer to gather information about their experiences with our graduates. Graduates are asked to please be sure to provide contact information in the Alumni Survey so we can provide links to the surveys to them and their supervisor.

Unsolicited Feedback

Throughout the program students are also encouraged to give their feedback directly to persons of relevance (instructor, supervisor, etc.). If this feedback is of a personal nature, that person and the person of relevance will work to resolve it. If the matter is not resolved, the student should consult with their advisor. In some instances, the advisor may suggest elevating the issue to the Program Department Chair.

Core Faculty Biographies

Mudita Rastogi, PhD, LMFT, Approved Supervisor, Department Chair and MSFT Program Director

Mudita Rastogi, PhD, LMFT, is the Department Chair and Program Director of the Master's Program in Marriage and Family Therapy, a Clinical Professor of Psychology at Northwestern University's Psychology Department and holds the McCormick Tribune Foundation Chair in Marriage and Family Therapy. Dr. Rastogi obtained her PhD in Marriage and Family Therapy from Texas Tech University, her master's degree in Psychology from University of Bombay, and her BA (Honors) in Psychology from University of Delhi.

As Department Chair, Dr. Rastogi oversees all aspects of graduate studies in the program, including academic and training design and implementation. An educator for over two decades, she has taught, supervised and mentored graduate students in psychology and couple and family therapy. Her areas of focus within the field of systemic family therapy include diversity, cross-cultural and gender issues, South Asian families, parenting, childfree couples, and global mental health. Dr. Rastogi edited the books *Multicultural Couple Therapy* (2009) and *Voices of Color* (2005) and served as Associate Editor for the *Handbook of Systemic Family Therapy* (In press, Wiley), and *Encyclopedia of Couple and Family Therapy* (2018). She was Department Chair for the SAMHSA funded Minority Fellowship Program at the American Association for Marriage and Family Therapy from 2011-2015. Previously, Dr. Rastogi also served as Associate Editor for the *Journal of Marital and Family Therapy* (2005-2011) and has been a member of the Board and reviewer for several professional journals. She is a Clinical Fellow and AAMFT Approved Supervisor with over twenty years of clinical experience in both India and the United States. As a Licensed Marriage and Family Therapist, certified executive and career coach, trainer, Dr. Rastogi has worked with individuals, couples, families and organizations reflecting all manner of diversity. She is also a consultant for an NIH-funded grant at Northwestern University, and frequently presents workshops nationally and internationally. Additionally, Dr. Rastogi maintains an interest in partnering with grassroots, not-for-profit organizations.

Samuel Allen, PhD, Core Faculty, AAMFT Approved Supervisor

Dr. Allen completed his M.S. in Couple and Family Therapy and his Ph.D. in Family Science at the University of Maryland-College Park, from which he also received a graduate teaching certificate. Dr. Allen provides therapy that is client-centered and grounded in a commitment to social justice. He treats couples, non-romantic relationship dyads (e.g., sibling-sibling, parent-child, friend-friend) and individuals, employing techniques based in emotionally-focused, cognitive-behavioral and feminist family therapy models. He has a particular expertise in working with sexual and gender minorities, racial minorities, non-monogamous couples and couples with partners who are of different faiths, races and/or cultures. Dr. Allen's research broadly examines queer families of various permutations, racial minority families and the intersection of the two. His dissertation research employed both quantitative and qualitative methodologies to better understand the family environment of trans & nonbinary persons and its influence on their physical and mental health.

Teaches – Fall Quarter, 2nd Year, MSFT 430-0 Power, Privilege & Difference

Winter Quarter, 1st Year, MSFT 430-0 Power, Privilege & Difference

Supervises – Second Year Students, FQ, WQ, SQ

Heather Lofton, PhD, LMFT, Core Faculty

Dr. Heather Lofton received her Bachelor of Arts in Women & Gender Studies and Psychology at DePaul University. She then received her Master of Science in Marriage and Family Therapy from The Family Institute Northwestern University. She then went on to receive her Ph.D. in Human Development & Family Studies/Couple & Family Therapy from Michigan State University. Dr. Lofton is a Clinical Lecturer of Psychology, and Teaching faculty in the Master of Science in Marriage and Family Therapy Program.

Dr. Lofton is an integrative therapist, well-versed in addressing mental health concerns among individual adults and couples from diverse racial ethnic backgrounds, socioeconomic statuses, religious beliefs and sexual orientations. Her specialty areas of treatment are women's health issues and professional women with depression, anxiety and work life balance concerns. Dr. Lofton's primary area of research and treatment more specifically focuses on high-

achieving minority female professionals who are presented with mental health constraints. Her more common areas of treatment for couples specifically include communication issues, conflict, trust building, premarital work, infidelity and divorce. Dr. Lofton is dedicated to providing culturally competent and systemic care.

Teaches – Winter Quarter, 1st Year, MSFT 410-0 Human Development

Spring Quarter, 2nd Year, MSFT 412-0 Special Problems & Populations

Supervisor – 2nd Year Students, FQ, WQ, SQ

William P. Russell, MSW, LCSW, LMFT, BCD, AAMFT Approved Supervisor, Director of Faculty

William P. Russell is a Clinical Associate Professor of Psychology and the Director of Faculty of the Master of Science in Marriage and Family Therapy program at Northwestern University. He is also a Senior Staff Therapist at the Family Institute at Northwestern University. Professor Russell is a Licensed Clinical Social Worker and a Licensed Marriage and Family Therapist. He is a Clinical Fellow and an Approved Supervisor of the American Association for Marriage and Family Therapy, a member of the American Family Therapy Academy, and a Board-Certified Diplomate in Clinical Social Work.

Over the course of his 40-plus year career, Professor Russell has practiced systemic psychotherapy, developed and administered community-based mental health services, and trained and supervised therapists. He has worked in academic institutions, community agencies, private practice, a therapeutic school, and the Veterans Administration. He has taught and supervised systemic, integrative psychotherapy in several contexts, with past faculty appointments at The School of Education and Social Policy at Northwestern University, the Family Systems Program of the Institute for Juvenile Research, and the Department of Psychiatry at the University of Illinois at Chicago.

Professor Russell has given many presentations on his clinical and academic interests, including talks at national and state-wide professional conferences on the training of marriage and family therapists, the treatment of veterans and their families, and Integrative Systemic Therapy (IST). He has authored journal articles and book chapters on IST as well as other topics related to the practice of couple and family therapy. Professor Russell is lead author of the 2023 book, *Integrative Systemic Therapy in Practice: A Clinician's Handbook* and co-author of the 2018 volume, *Integrative Systemic Therapy: Metaframeworks for Problem Solving with Individuals, Couples, and Families*. He is an editor of the *Routledge Family Institute Book Series*.

Teaches - Fall Quarter, 1st Year, MSFT 401-0 Basic Concepts of Systems Therapy

Allen Sabey, PhD, LMFT, Core Faculty, AAMFT Approved Supervisor

Dr. Allen Sabey is a Clinical Assistant Professor of Psychology, Core Faculty member in the MSMFT program at the Family Institute at Northwestern University, and AAMFT Approved Supervisor. He is both an individual and group supervisor in the Master of Science in Marriage and Family Therapy (MSMFT) program. He completed his MS degree in Marriage and Family Therapy and his PhD in Human Development and Family Studies at Auburn University. Dr. Sabey has provided therapeutic services in a wide variety of clinical settings for individuals, couples and families as a licensed marriage and family therapist. Dr. Sabey's clinical training and expertise focus around relationship issues across the lifespan. He primarily helps couples, and families deal with relationship issues such as parenting, couple communication, infidelity, divorce, and premarital counseling. He primarily applies the empirically validated approach of Emotion-Focused Therapy with his clients. He also maintains an active program of research that is aimed at understanding how and why family members provide care and support for one another, especially in times of distress, in addition to collaborating on the Psychotherapy Change Project at The Family Institute.

Teaches - Fall Quarter, 2nd Year, MSFT 422-0 Family Research

Spring Quarter, 1st Year, MSFT 403-0 Self and Other Systems

Supervises – Second Year Students, FQ, WQ, SQ

David E. Taussig, MSW, LCSW, LMFT, AAMFT Approved Supervisor

Professor Taussig received his B.A. in Anthropology from the University of Illinois in 1972. He received his master's degree in clinical social work from Smith College School of Social Work in 1983. A 1992 graduate of The Family Institute's Postgraduate Training Program in Marriage and Family Therapy, he also completed its two-year Supervision Program in 1995. He is a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, an Approved Supervisor with the American Association of Marriage and Family Therapy, and a Board-Certified Diplomat in Clinical Social Work. Mr. Taussig is a Clinical Lecturer in the Department of Psychology at Northwestern University.

He is a staff therapist at The Family Institute since 1998. Prior to joining The Family Institute staff, Mr. Taussig was the Director of Family and Social Services at the Rock Creek Center, a psychiatric hospital in Lemont, Illinois. Mr. Taussig is a Core Faculty member in the MSMFT program. He is the Coordinator of Supervision in the MSMFT program. His other Core Faculty responsibilities include teaching and mentoring supervisors in the MSMFT program. Mr. Taussig's supervision philosophy is grounded in The Family Institute Perspective. Mr. Taussig currently practices family, couple and individual psychotherapy in the Lagrange, Naperville and Evanston offices of The Family Institute. His areas of special interest are couples, divorce and post-divorce issues, families with adolescent/adult children, families with severe/chronic mental illness, and men's separation/divorce issues.

Neil Venketramen, MSMFT, LMFT, AAMFT Approved Supervisor

Professor Venketramen is a Clinical Lecturer of Psychology, Core Faculty member and group supervisor for the Marriage and Family Therapy Program, and a licensed marriage and family therapist at the Family Institute at Northwestern University. Group Supervisor in the Master of Science in Marriage and Family Therapy Program at The Family Institute. Neil earned his Bachelor of Commerce degrees in Accounting, Finance and Taxation at the University of Durban Westville, South Africa as well as a masters and honors in Accounting. After a few years post graduating Neil emigrated to Chicago. After two decades in the area of finance and consulting he then went on to the Family Institute at Northwestern and completed the Marriage and Family Therapy Master's Program. Neil spent a few years in private practice and returned to the Family Institute as a staff therapist. Neil's areas of clinical interest include couple therapy, divorce and post-divorce issues, intergenerational conflict, life stage transitions, multicultural and immigration issues, and working with families. Neil's area of focus is integrative systemic therapy.

Teaches – Fall Quarter, 2nd Year, MSFT 413-0 Intimate Relations II

Winter Quarter, 1st Year, MSFT 402-0 Methods in Systems Therapy

Winter Quarter, 2nd Year, MSFT 495-0 Capstone; Spring Quarter, 2nd Year, MSFT 495-0 Capstone

Supervises - First Year Students, WQ, SPQ, SUQ

Teaching Faculty

Aaron Cohn, PhD, LMFT, AAMFT Supervisor Candidate is a Clinical Lecturer of Psychology, Teaching Faculty member and Clinical Supervisor at The Family Institute at Northwestern university. Dr. Cohn's clinical work has focused on LGBTQIA+ adolescents, young adults and their families. Other areas of focus include people in creative, academic or highly technical professions, people in relationships involving consensual non-monogamy and parents seeking to repair or maintain their connection to their adolescent or young adult offspring. Throughout his years of training, he has worked with individuals with severe mental illness, adult and adolescent sex offenders, adults with intellectual disabilities, families in which children faced a high risk of abuse and neglect and in general community mental health settings. Dr. Cohn received his Ph.D. in Family Therapy from Saint Louis University School of Medicine. His dissertation investigated the reactions of therapists of all disciplines to transgender clients. His research interests include theoretical integration of systems theory and third-wave behaviorism, relational applications of Acceptance and Commitment Therapy, technology and therapy and self-of-the-therapist issues involving sexual orientation, gender identity and expression, race and other cultural variables.

Teaches – Fall Quarter, 1st Year, MSFT 421-0 Systemic Assessment

Supervises – First Year Students, WQ, SPQ, SUQ

Casey Gamboni, PhD, AAMFT Approved Supervisor is a Clinical Lecturer of Psychology, Teaching Faculty member in the MSMFT program at the Family Institute at Northwestern University, and AAMFT Supervisor Candidate. Dr. Gamboni is a marriage and family therapist who completed his Ph.D. in couple and family therapy the spring of 2019 from the University of Iowa. His masters is in marriage and family therapy from The Family Institute at Northwestern University which was completed the spring of 2016. Dr. Gamboni's clinical interests include the LGBTQ community, sibling relationships and anxiety/depression. He sees clients of all modalities (individuals, couples and families) and he is located in the Millennium Park office. Dr. Gamboni has his license in marriage and family therapy from the state of Illinois and is also an AAMFT-approved supervisor candidate with his certificate in college teaching from the University of Iowa. He continues to guest lecture and present all over the country and is an article reviewer for major academic journals.

Teaches – Fall, Winter, Spring Quarter, MSFT 480-0 Professional Identity Seminar
Supervises - First Year Students, WQ, SPQ, SUQ

Shayna Goldstein, MSMFT, LMFT, AAMFT Approved Supervisor received her Bachelor of Science in Human Development and Family Studies at Indiana University. She then received her Master of Science in Marriage and Family Therapy from the School of Education and Social Policy at Northwestern University with extensive clinical training at The Family Institute's Bette D. Harris Family and Child Clinic. Ms. Goldstein then completed two years of advanced training as a Postgraduate Clinical Fellow at The Family Institute and completed the Chicago Training Collaborative certificate program for clinical practice with lesbian, gay, bisexual and transgender (LGBT) individuals and their families. Ms. Goldstein is on faculty as a Clinical Lecturer of Psychology at Northwestern University and a Core Faculty member in the Master of Science in Marriage and Family Therapy program at the Family Institute at Northwestern University. She is a 1st Year Group Supervisor and an Individual Supervisor. Ms. Goldstein presents lectures in the MSMFT program on clinical work with LGBT clients. She is a clinical member and Approved Supervisor of The American Association for Marriage and Family Therapy. Ms. Goldstein maintains an active clinical practice specializing in the treatment of couples and individuals. Some areas of clinical interest include individual adults and young adult therapy; couple conflict, intimacy and relationship satisfaction; LGBT identity and relationships; life transitions; depression; anxiety.

Teaches - Fall Quarter, 1st Year, MSFT 480-0 Pre-Practicum in Marriage and Family Therapy
Supervises - First Year Students, WQ, SPQ, SUQ

Jacob Goldsmith, PhD, AAMFT Supervisor Candidate is a Clinical Lecturer at the Family Institute at Northwestern University. Dr. Goldsmith received his Doctorate in Clinical Psychology from Miami University, completed a doctoral internship at the University of Notre Dame, and Postdoctoral Clinical Fellowship at The Family Institute at Northwestern University.

As the clinical director of the Psychotherapy Change Project, Dr. Goldsmith leads a team that creates and studies tools for integrating empirical information into therapy practice. As the clinical-research coordinator, he helps create policies and practices for collecting and using data to describe, inform and improve the work done at The Family Institute. Dr. Goldsmith has a passion for work with emerging adults – alone, in couple and with families. He has been privileged to speak and consult nationally and internationally on topics related to emerging adulthood, parent-child relationships, psychotherapy change process and empirically informed therapy.

Teaches – Winter Quarter, 1st Year, MSFT 411-0 Intimate Relations I
Spring Quarter, 2nd Year, MSFT 440-0 Substance Abuse

Erika Lawrence, PhD, LCP is the Director of Translational Science at The Family Institute at Northwestern University and is a professor and licensed clinical psychologist. She received her B.A. in Psychology at Emory University and conducted research under the direction of Professor K. Daniel O'Leary at SUNY Stony Brook. She went on to complete and her M.A. and Ph.D. in clinical psychology at UCLA under the mentorship of Professors Thomas Bradbury and Andrew Christensen, and her clinical psychology internship at the UCLA Neuropsychiatric Institute and Hospital. Her past academic positions include tenure-track and tenured professorships at the University of Iowa and the University of Arizona, prior to joining The Family Institute. Her work has been funded by the DOJ, NIMH, NICHD and the CDC. Dr. Lawrence's work has provided at least three significant contributions to the field. First, in collaboration with a strong team of graduate and undergraduate research assistants, including Amie Zarling, she has adapted Acceptance and Commitment Therapy in a group format to successfully treat domestic violence. She and her lab were pioneers in the field in applying and adapting this treatment model to this pervasive and destructive social problem. While conducting her treatment studies in this area, she and her team demonstrated that they were able to implement it statewide and still remain effective at reducing IPV when working with a variety of agencies and communities. Thus, her work in this area is particularly innovative and impressive in its level of community engagement and ability to apply relationship science to a social problem where it is sorely needed. Dr. Lawrence is expanding her group IPV intervention nationwide and in Colombia. She has paired with a leading university in Bogota and trained a team there to start offering her intervention to a wide community of men convicted of IPV. Dr. Lawrence received the Distinguished Contribution to Family Psychology Award from the American Psychology Association's Society for Couple and Family Psychology (Division 43) for her pioneering intervention. The Pew Institute also honored her intervention for being the only IPV intervention that is both empirically effective and cost-effective, and it was featured on NPR Marketplace as an example of a program that are both effective at reducing target behavior and are cost-effective.

Dr. Lawrence's second contribution to the field was in the development of the Relationship Quality Interview (RQI), which is the first fully psychometrically validated interview. Through the RQI, she operationalized relationship concepts in a flexible manner that allows the field to explore constructs such as communication, conflict, support, intimacy, sex, leisure time and decision making in a more nuanced manner than is typical in self-report or behavioral observation. The interview allows researchers to address these constructs in a richer way by collecting multiple examples of the different domains across six months, so that it is less of a "snapshot" of couple interaction and more of a multi-dimensional tapestry. The interviewer then makes objective ratings about the quality of the functioning in each domain. The flexibility of the RQI also suggests that the interview also might have utility for practice as well as research. Therapists can tailor their interventions to the couple levels of functioning in these various domains.

Dr. Lawrence considers one of her greatest contributions to be her commitment to mentoring future family psychologists, both through her own students and in her interactions with junior faculty and post-doctoral associates, thus ensuring the continuity and quality of couple and family psychology. She has pursued this goal through exceptional service to our field by first serving as Vice President of Science for APA's Division 43: Society for Couple and Family Psychology for two terms, and then as President of this Society, after which she was given the Division 43 Distinguished Service Award for her work in this role. She also has served as a Co-President of the ABCT Couple Research and Therapy Special Interest Group. Dr. Lawrence's work represents her deep motivation to improve couple and family psychology with regards to dissemination and implementation.

Jennifer Litner, PhD, LMFT, CST, AAMFT Approved Supervisor is a clinical lecturer at the Family Institute at Northwestern University. Dr. Jennifer Litner has over a decade of experience working, studying and teaching in the field of sexual health, with a specialization in sex therapy, sexuality education and helping people thrive in their intimate relationships.

Dr. Litner is a Licensed Marriage and Family Therapist and sexuality educator whose passion is helping couples, individuals and families navigate sexual concerns. Dr. Litner is a clinical fellow and an approved supervisor of the American Association for Marriage and Family Therapy (AAMFT), a certified member of the American Association for Sexuality Educators, Counselors and Therapists (AASECT), and a member of the Society for Sex Therapy and Research (SSTAR). Dr. Litner earned her master's degree in marriage and family therapy from Northwestern University where

she received clinical training and supervision from senior staff clinicians, integrating systemic theories with current therapy models in Acceptance Commitment Therapy, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy and Emotionally Focused Therapy. Dr. Litner's clinical interests include sexual functioning and satisfaction, desire discrepancy, anxiety about sex and performance, loss of intimacy, pain during sex and navigating the transition to parenthood.

Chaaee Roberts, MSMFT, LMFT, AAMFT Supervisor Candidate is a staff therapist at The Family Institute, Bette D. Harris Family and Child Clinic. He holds a Master of Science degree in Marriage and Family Therapy from The Family Institute at Northwestern University, where he obtained his extensive clinical training. Mr. Roberts then completed two years of advanced training in The Family Institute Postgraduate Clinical Fellowship Program. He obtained his Bachelor of Science degree in Psychology from the University of Illinois-Champaign/Urbana.

Mr. Roberts works with families, couples, individuals, groups and children/adolescents. He has a particular passion and commitment to working with adolescents dealing with emotional and behavioral regulation difficulties, low self-esteem and life transition issues. In addition, he works with men and their issues, including emerging adult males dealing with the stresses of life transitions. Mr. Roberts leads the Men's Group at The Family Institute as well as being involved with groups for pre-adolescent and adolescent boys.

In all of these contexts, his understanding and sensitivity of multiculturalism and its impact on the therapeutic process is a prominent part of his work. This in part stems from his personal four-year traveling journey that he took across four continents and into more than 20 countries throughout North America, the South Pacific, Southeast Asia, India, and West Africa. Mr. Roberts has worked with individuals, various combinations of cross-cultural couples and families from the USA, Poland, Mexico, Colombia, Israel, Ecuador, Jamaica, Venezuela, Nigeria, Brazil, Puerto Rico, Greece, India, Spain, Philippines, Zimbabwe, France, Suriname and Pakistan to name a few. He is a member of the American Association for Marriage and Family Therapy (AAMFT). Clinical interests: Multicultural, immigrant, and African American family systems; child and adolescent family systems; adoptive and blended families; couples' issues; inter-racial and cross-cultural couples; premarital therapy; men and emerging adult male issues; group therapy; spirituality.

***Teaches – Fall Quarter, 1st Year, MSFT 480-0 Pre-Practicum in Marriage and Family Therapy
Summer Quarter, 1st Year, MSFT 424-0 Group Therapy***

Supervises – Community Program Students

Amy Zavada, PhD, LMFT, AAMFT Approved Supervisor is a Clinical Lecturer at the Family Institute at Northwestern University a teaching Faculty member in the MSMFT program at the Family Institute at Northwestern University. She received her Bachelor of Science in Psychology from Hood College. She then received both her Master of Arts and Doctor of Philosophy in Marriage and Family Therapy from Syracuse University. Dr. Zavada has worked in a clinical role at the University of Texas in Arlington and as Assistant Professor in the Department of Couple and Family Therapy at Adler University. At Adler University she played an active role in helping the CFT master's program receive COAMFTE accreditation and in developing a CFT doctoral program. She has presented at state and national conferences on topics including the multicultural perspective in family therapy and the supervision & training of MFTs. Dr. Zavada especially enjoys teaching Culture & Diversity, Theory, and Group Therapy courses. Dr. Zavada currently teaches Family Therapy Treatment Models and is a 1st Year Group Supervisor in the Master of Science in Marriage and Family Therapy program at the Family Institute at Northwestern University. She is a clinical member and Approved Supervisor of The American Association for Marriage and Family Therapy. Dr. Zavada has an active clinical practice where she works with individuals, couples, and families. Her areas of clinical focus include working with clients who themselves are therapists, the transition to parenthood, and women in leadership.

Teaches – Spring Quarter, 1st Year, MSFT 436-0 Family Therapy Treatment Models

Consulting Faculty

[Douglas C. Breunlin, MSSA, LCSW, LMFT](#), is a clinical professor of Psychology at Northwestern University, senior clinician and Coordinator of IST Development at The Family Institute at Northwestern University. Mr. Breunlin received his master's in social work from Case Western Reserve University. His undergraduate degrees from the University of Notre Dame are in arts and letters and aeronautical engineering.

Mr. Breunlin was the Director of the Marriage and Family Therapy Program at The Family Institute at Northwestern where he taught multiple courses, provided clinical supervision and administration (2009-2020). He lectures in "Basic Concepts of Systems Theory." Mr. Breunlin is co-author (with Schwartz and MacKune-Karrer) of Metaframeworks: Transcending the Models of Family Therapy; editor of Stages: Patterns of Change Over Time; co-editor of the Handbook of Family Therapy Training and Supervision (with co-editors Liddle and Schwartz). He has recently published a new book with several co-authors titled: Integrative Systemic Therapy (IST). This book addresses the perspective being taught in the Program. He is also an Editor-in-Chief (with Jay Lebow and Anthony Chambers) of the Encyclopedia of Couple and Family Therapy. He has written more than 65 articles and conducts workshops nationally and abroad.

Mr. Breunlin serves on the editorial board of Family Process and Couple and Family Psychology: Research and Practice. He has served as Secretary, Treasurer and Board member of the American Family Therapy Academy. He is an Approved Supervisor and Fellow of the American Association for Marriage and Family Therapy. His professional areas of interest have included family therapy training, the integration of family therapy models, working with school systems and consultation to family businesses. He has made unique contributions to the study of structure and sequences in families and the issue of personal competence within the family life cycle.

Mr. Breunlin is licensed both as a clinical social worker and a marriage and family therapist and is a certified mediator. His clinical interests include family business issues; couples; siblings; male development; mediation and conflict resolution; intimacy and sexual problems; marital conflict; long-term marriages; school problems.

[Nancy Burgoyne, PhD, LCP](#), is the Chief Clinical Officer of The Family Institute and a licensed clinical psychologist and a marriage and family therapist. She is a staff therapist at The Family Institute at Northwestern University and a Clinical Lecturer in the Department of Psychology at Northwestern University. Dr. Burgoyne received her bachelor's degree in Human Development from Boston College, and her Master's and Doctoral degrees in clinical-community psychology from DePaul University, where she was an Arthur J. Schmidt Academic Fellow. Dr. Burgoyne did her internship and post graduate work in The Family Systems Program at the Institute for Juvenile Research, University of Illinois. Dr. Burgoyne is a member of The American Psychological Association, Division 43, Family Psychology.

She treats families, school age and adolescent children, and adults. **Clinical Interests:** Life stage transitions (including adolescent adjustment, emerging adults, adult children and parent relationship issues; personal/existential/ identity exploration & growth; cultural transition). Systemically focused family of origin work. Families with chronically mentally ill members. Divorce recovery; post-divorce co-parenting. Loss and Grief. Culturally sensitive, LGBTQ ally.

[Anthony Chambers, PhD, LCP](#) is the Chief Clinical Academic Officer of The Family Institute at Northwestern University, an Assistant Clinical Professor in the Department of Psychology at Northwestern and is a Staff Licensed Clinical Psychologist at The Family Institute at Northwestern University. Prof. Chambers received his Bachelor of Arts degree from Hampton University where he majored in Psychology (with departmental honors) and minored in Chemistry and Mathematics. He completed his M.A. & Ph.D. in Clinical Psychology from the University of Virginia (Department of Psychology). He completed his internship and post-doctoral clinical residency at Harvard Medical School & Massachusetts General Hospital, specializing in the treatment of couples.

Prof. Chambers also completed the Dr. John J.B. Morgan Postdoctoral Clinical Research Fellowship specializing in couples' therapy and psychotherapy research at The Family Institute at Northwestern University. His professional activities have included being appointed to the American Psychological Association's Minority Fellowship Program's Initial Grant Review Committee, being appointed to the American Psychological Foundation's Randy Gerson Family Systems Grant Review Committee, reviewing articles for several journals including the Journal of Marriage and Family, and is currently on the Board of Directors for the American Psychological Association's Society for Family

Psychology. Prof. Chambers has frequent requests for guest appearances on radio and television programs and has been interviewed for several national magazines. His media appearances revolve around various issues pertinent to healthy relationship functioning.

Jay Lebow, PhD, LCP, ABPP, LMFT is a Clinical Professor of Psychology in Northwestern University's Master of Science in Marriage and Family Therapy Program and leads a practicum group for the doctoral clinical psychology program at Northwestern University. He is also a licensed clinical psychologist, licensed marital and family therapist and research consultant at The Family Institute at Northwestern University. Dr. Lebow received his undergraduate and graduate degrees from Northwestern University and is also a graduate of The Family Institute's training program. He has maintained a large clinical practice in individual, couple and family therapy for more than thirty years. Dr. Lebow is also involved in ongoing treatment research at The Family Institute concerned with assessing progress in psychotherapy and the development of the Systemic Therapy Inventory of Change.

Dr. Lebow is board certified in Family Psychology, a Fellow of the American Psychological Association and its Divisions of Clinical and Family Psychology, a clinical member and an approved supervisor of the American Association of Marriage and Family Therapy, treasurer of the American Family Therapy Academy, past president of The American Psychological Association's Division of Family Psychology, a former member of the Board of Directors of the American Board of Family Psychology, a fellow of the Academy of Family Psychology and a former member of the Board of the Illinois Association of Marriage and Family Therapists. He is a contributing editor and writes a regular column on the relation of research to practice for the Family Therapy Networker and is on the editorial board of the Journal of Marriage and Family Therapy and Family Process.

William M. Pinsof, PhD, LCP, ABPP, LMFT, AAMFT Approved Supervisor received his PhD in clinical psychology from York University in Toronto, Ontario, Canada. His academic and research work has focused on evaluating the outcome of marriage and family therapy, understanding the process of marriage and family therapy and the integration of different therapeutic approaches for maximal cost effectiveness.

His work on psychotherapy integration culminated in the publication, by Basic Books, of Integrative Problem Centered Therapy: A Synthesis of Family, Individual and Biological Therapies (1995). He has also edited four books: the 2005 volume that he co-edited with Jay Lebow, Family Psychology: The Art of the Science, published by Oxford University Press; a special issue of the Journal of Marriage and Family Therapy (1995) that he co-edited with Lyman C. Wynne, dedicated to reviewing all of the controlled research on the outcomes of couple and family therapy; a special issue of Family Process (Vol. 41, No. 2, summer 2002) entitled, "Marriage in the 20th Century in Western Civilization: Trends, Research, Therapy, and Perspectives"; and the classic work he co-edited with Leslie Greenberg, The Psychotherapeutic Process: A Research Handbook, (1986) New York: Guilford Press.

Additionally, Dr. Pinsof is a fellow of the American Psychological Association and a Diplomate of the American Board of Professional Psychology. Dr. Pinsof received the Distinguished Lifetime Contribution to Family Therapy Research Award from the American Association for Marriage and Family Therapy in 1996, the Distinguished Contribution to Family Therapy Theory and Practice Award from the American Family Therapy Academy in 2001, and the 2001 Family Psychologist of the Year from the American Psychological Association Division 43 – Family Psychology. Dr. Pinsof is a licensed clinical psychologist and licensed marriage and family therapist as well as an approved supervisor of the American Association for Marriage and Family Therapy.

Group Supervisor Biographies

Carl Hampton, MSW, LCSW, AAMFT Supervisor Equivalent is a licensed clinical social worker at The Family Institute at Northwestern University and a Group Supervisor in the Master of Science Program in Marriage and Family Therapy. He is the Director of The Family Institute Community Programs at Evanston Township High School and Weissbourd-Holmes Family Focus and is a clinical supervisor of the MFT Program. He received his bachelor's degree in sociology from the University of Wisconsin in 1981 and a Master of Social Work from the Jane Addams College of Social Work at the University of Illinois at Chicago in 1985. Mr. Hampton treats adolescents, individuals, couples and families. He has a special interest in working with families around cultural issues. He is also a trained mediator who

specializes in family and commercial disputes. Clinical Interests: Eriksonian hypnotherapy; mediation; conflict resolution; premarital counseling; sport psychological services.

Supervises – 2nd Year Students, FQ, WQ, SQ

Clea Mirza James, LMFT, CST, AAMFT Approved Supervisor is a licensed marriage and family therapist in private practice. She is a clinical fellow of the American Association for Marriage and Family Therapy (AAMFT), an AAMFT Approved Supervisor, and a Certified Sex Therapist by the American Association of Sexuality Educators Counselors and Therapists (AASECT). Ms. James is a group supervisor in the MSMFT program at the Family Institute at Northwestern University, and previously provided individual supervision. She received her Bachelor of Science in Art from Skidmore College, and her Master of Science in Marriage and Family Therapy from The Family Institute at Northwestern University where she completed her clinical training at The Family Institute's Bette D. Harris Family and Child Clinic and in the Parents in Charge (PIC) clinic, specializing in interventions for families with children who have challenges with emotion regulation and disruptive behavior. She completed additional post-graduate training in Feminist-Relational models of working with trauma, and in Internal Family Systems (IFS) Therapy. Prior to starting her current practice, Ms. James worked in a small group practice and an agency providing comprehensive services to survivors of domestic and gender-based violence specializing in immigrant, refugee and asylee populations. She enjoys facilitating groups, and most recently served as volunteer co-facilitator for The Journey Continues, a process group at Howard Brown Health Center for older LGBTQ+ and gender expansive adults age 50 and beyond.

Her current practice specializes in the treatment of individuals, couples, families, and groups. Areas of clinical interest include trauma, grief and end of life care, sex therapy, LGBTQ populations, intergenerational conflict and family of origin work, multicultural and immigration issues, and religious minorities.

Supervises - First Year Students, WQ, SPQ, SUQ

Carol Jabs, PhD, LCSW, LMFT, AAMFT Approved Supervisor is a licensed clinical social worker and licensed marital and family therapist at The Family Institute at Northwestern University. She is also a clinical supervisor in Northwestern University's Master of Science in Marriage and Family Therapy (MSMFT) Program. She received her master's and doctoral degrees in social work from the University of Chicago and is a 1988 graduate of The Family Institute's Two-Year Postgraduate Training Program in Marriage and Family Therapy. Dr. Jabs has trained and practiced in community mental health and hospital settings. She has taught graduate and undergraduate courses in social work at the University of Chicago and since 1981 has been a faculty member at Concordia University in River Forest, Illinois. Dr. Jabs treats individuals, couples, and families, with specific clinical interests in the areas of marital interaction, depression and its impact on significant relationships, and life stage transitions in families.

Supervises - Second Year Students, FQ, WQ, SPQ

Juliana Lockwood, MSMFT, LMFT, AAMFT Approved Supervisor is a Clinical Supervisor at The Family Institute at Northwestern university. Juliana Lockwood is a dedicated therapist with extensive training from The Family Institute in a Family Systems perspective. Lockwood previously worked as a therapist in a children's outpatient center at Community Counseling Centers of Chicago (C4). She has experience working with individuals, couples, groups and families. She is a member of both the Child, Adolescent & Family Services and Mindfulness & Behavior Therapies teams. She places great importance on cultural perspectives and is an LGBTQ affirmative therapist.

Supervises – First Year Students, WQ, SPQ, SUQ, Community Supervisor

Sara Klein, LMFT, AAMFT Supervisor Candidate is a licensed marriage and family therapist committed to treating individuals, couples, and families and a Group Supervisor in the Master of Science Program at Northwestern University in Marriage and Family Therapy. She owns and runs a private practice called Mindful Living Therapy. She graduated with a master's degree in Marriage & Family Therapy from Northwestern University and has extensive training with couples and families from The Family Institute at Northwestern University. Her approach is collaborative, relational, mindful and compassionate. She strives to create a safe, authentic and non-judgmental context for clients to explore their struggles and maximize their growth potential. Clinical Interests: anxiety,

depression, relational issues, prenatal and postpartum mental health, infertility, grief and loss. Combined with systemic-oriented psychotherapy and mindfulness-based practices in her clinical work, she is committed to helping individuals and families cultivate tools to sustain thriving, fulfilling lives.

Supervises - 2nd Year Students

Sara Morrow-Han, MSMFT, LMFT, AAMFT Approved Supervisor is a Group Supervisor in the Master of Science in Marriage and Family Therapy Program at The Family Institute. Sara received her B. A in Psychology with a minor in Religious Studies from Northwestern University. Afterwards, Sara completed her graduate training at The Family Institute at Northwestern University. After graduate schools Sara completed a one-year fellowship in Cognitive Behavioral Therapy (CBT) and gained extensive training in working with issues such as Generalized Anxiety Disorder, Obsessive Compulsive Disorder, Phobias, Panic Disorder, Anxiety, and Depression. Sara is also trained in Exposure Response Prevention (ERP) for OCD. Sara uses a lot of mindfulness approaches when working with clients.

Supervises - First Year Students, WQ, SPQ, SUQ

Linda Rubinowitz, PhD, LCP, LMFT, AAMFT Approved Supervisor is a licensed clinical psychologist and a licensed marriage and family therapist at The Family Institute at Northwestern University. Dr. Rubinowitz graduated from the University of Wisconsin, Madison with a bachelor's degree in Speech and Language Pathology, from National-Louis University with a Master's degree in early childhood/special education and from Northwestern University with a doctorate in Counseling Psychology.

Dr. Rubinowitz is on the consulting faculty and is a second-year clinical group supervisor in the Marriage and Family therapy Program. She is an Approved Supervisor from the American Association for Marriage and Family Therapy. For a decade she was the Director of the Marriage and Family Therapy Program at The Family Institute at Northwestern where she taught multiple courses, provided clinical supervision and administration. Her systemic relational perspective is woven throughout her teaching, supervision and administrative approach.

Clinical interests include stress, depression, anxiety, adult children and parents, midlife and aging issues, health psychology, medical family therapy, grief and loss, gender issues, couple intimacy and conflict, transition to marriage, parenting across the life cycle, and family life cycle transitions.

Supervises - Second Year Students, FQ, WQ, SPQ

Jodi Smith-Cohen, MSMFT, LMFT, AAMFT Approved Supervisor is a licensed marriage and family therapist who has been practicing psychotherapy since 2003. She is also a clinical supervisor in Northwestern University's Master of Science in Marriage and Family Therapy (MSMFT) Program. A graduate of Northwestern University's Master of Science in Marriage and Family Therapy Program, the University of Oregon and is currently a PhD Candidate at the Institute for Clinical Social Work. In private practice since 2005, she has also led experiential groups for students of marital and family therapy and mentored graduate level students' post-graduation. Specializing in working with couples and families on a wide range of issues including parenting, communication, conflict, and intimacy with a special interest in concerns related to being adopted or raising adopted children. Her Work with individuals has often focused on improving relationships, managing depression and/or anxiety, and personal exploration.

Supervises- Second Year Students, FQ, WQ, SPQ

Community Supervisors

Lesley Fisher, MSMFT, LMFT, AAMFT Approved Supervisor is a Licensed Marriage and Family Therapist at The Family Institute, is a member of the Couples Service line, and a member of the Epstein Center for Psychotherapy Change. Ms. Fisher is a graduate of the Master of Science in Marriage and Family Therapy program at The Family Institute and holds a Bachelor of Arts in Psychology from Miami University. She holds the status of AAMFT Approved Supervisor, and currently provides both individual and community group supervision to students in the Master of Science in Marriage and Family Therapy students at The Family Institute at Northwestern University.

Ms. Fisher received comprehensive training through the Bette. D. Harris Family and Child Clinic, where she developed interest in working with couples, Spanish-speaking families and individuals. As an integral part of her training, she provided therapy at homes and schools in the community to under-resourced adults and children. In addition to her clinical work, she has experience working with adults with developmental disabilities and teaching English abroad.

Ms. Fisher is part of the Epstein Center for Psychotherapy Change, where she is involved in the implementation of empirical tools and feedback systems designed to improve the efficacy and efficiency of therapy. She provides clinical and technical support, conducts trainings and is involved in the development of training materials. To integrate research into her clinical practice, she uses an online feedback system in treatment (STIC), allowing her to collaborate with clients to track progress and communicate in a unique way.

Building on experience in and out of the therapy room, Ms. Fisher has a passion for working with families and couples navigating medical challenges (such as cancer, Multiple Sclerosis, and autoimmune disorders) and/or developmental disabilities. She works with couples around couple conflict, relationship satisfaction, emotional/physical intimacy, and infidelity. She is interested young adults and adolescents with depression and mood disorders, and women's issues. Ms. Fisher is a Certified Facilitator for PREPARE/ENRICH, an assessment empirically proven to strengthen romantic relationships that is particularly useful for pre-marital couples.

Supervises - 1st Year Community Students

Michelle Lozano, MSMFT, LMFT, AAMFT Supervisor Candidate is a is a bilingual child and family therapist at Lutheran Social Services of Illinois, with placement at John H. Stroger, Jr. Hospital at Cook County Health and Hospital System in Chicago, IL. Ms. Lozano belongs to the Anxiety and Depression Association of America, and the American Association of Marriage and Family Therapy. She has guest lectured at Loyola University Chicago, as well as The Graduate School at Northwestern University, on working with the patient's family system in therapy. Michelle currently works in the community setting providing family and group therapy to children and adolescents with chronic medical conditions in an effort to improve their emotional well-being and overall health. She is particularly interested in providing clients and their families with the education and tools to become their own mental health coach to live more fulfilling lives. Ms. Lozano's passion lies in serving marginalized communities, increasing accessibility to mental health services, and breaking the stigma around mental health.

Supervises – 2nd Year Community Students

Farrah Walker, MSMFT, LMFT, AAMFT Supervisor Candidate is a licensed marriage and family therapist and owner of Enriched Living Counseling; a private practice serving Illinois and Michigan. Farrah is a graduate of the Marriage and Family Therapy Master's Program at Northwestern University in Evanston, Illinois. After gaining clinical experience with the Betty D. Harris Family Clinic, Farrah joined the group at Spring Tree Counseling in 2016. After gaining invaluable experience working there, in the Summer of 2020, Farrah started Enriched Living Counseling LLC as a solo practice. Farrah works with individuals and couples with an emphasis on infidelity, couples in high conflict, interfaith, interracial, and multicultural couples. In addition, Farrah works with couples and individuals who are navigating transitions such as dating, marriage, retirement, grief, and divorce.

Supervises - 2nd Year Community Students

Master of Science in Marriage and Family Therapy
Yearlong Schedule of Courses 2022-2023

Fall Quarter 9/20/2022 – 12/19/2022					
First Year	Monday	Tuesday	Wednesday	Thursday	Friday
			401-0 Basic Concepts 8:30-11:30am (1)	421-0 Systemic Assessment 8:30 – 11:30am (1)	
			480-0 Pre-Practicum in Family Therapy 12:30-3:30pm (1)	428-0 Legal, Ethical and Prof Issues 12:30 – 3:30pm (1)	
Second Year			413-0 Intimate Relations II 8:30 – 11:30am (1)	422-0 Family Research 8:30 – 11:30am (1)	
			400-0 Prof Identity Seminar 11:30-12:30pm (0)		
			482-0 Advanced Internship in MFT 12:30-3:30pm (1)	430-0 Power, Privilege, & Difference 12:30 – 3:30pm (1)	
Winter Quarter 1/3/2023 – 3/17/2023					
First Year	Monday	Tuesday	Wednesday	Thursday	Friday
			402-0 Methods of Systems Therapy 8:30-11:30am (1)	410-0 Human Development 8:30 – 11:30am (1)	
			481-0 Internship in MFT 12:30-3:30pm - TBD (1)	430-0 Power, Privilege, & Difference 12:30 – 3:30pm (1)	
Second Year			440-0 Substance Use / Misuse 8:30 – 11:30am (1)	427-0 Family of Origin 8:30 – 11:30am (1)	
	495-0 MSFT Capstone Project Meetings TBD (0)		400-1 Prof Identity Seminar TBD (0)		
			482-0 Advanced Internship in MFT 12:30-3:30pm (1)		
Spring Quarter 3/28/2023 – 6/9/2023					
First Year	Monday	Tuesday	Wednesday	Thursday	Friday
			436-0 Family Therapy Treatment Models 8:30 – 11:30am (1)	403-0 Self & Other Systems 12:30-3:30pm (1)	
			400-1/2 Prof Identity Seminar TBD (0)		
Second Year			481-0 Internship in MFT 12:30-3:30pm (1)	411-0 Intimate Relations I 8:30-11:30am (1)	
	495-0 MSFT Capstone Project Meetings TBD (1)		414-0 Special Problems & Populations 8:30 – 11:30am (1)	429-0 Sex Therapy 8:30 – 11:30am (1)	
			400-0 Prof Identity Seminar TBD (0)		
Summer Quarter 6/21/2023 – 8/18/2023	Monday	Tuesday	Wednesday	Thursday	Friday
			424-0 Group Therapy 8:30-11:30am (0)	437-0 Family Therapy with Children 8:30-12:00pm (1)	
			481-0 Internship in MFT 12:30-3:30pm (1)		

Northwestern University 2022 – 2023 Academic Calendar

September

Monday, September 5, 2022
Thursday, September 15, 2022
programs
Friday, September 16, 2022

Continuing Student Registration for Fall Quarter 2022 ends 11:59 p.m.
Fall registration for new TGS students and most Evanston graduate programs
New Undergraduate Fall Registration

FALL QUARTER 2022

Tuesday, September 20, 2022
Friday, September 23, 2022
Monday, September 26, 2022

Fall classes begin 8 a.m.
TGS New Student Resource Fair
Last day for tuition adjustment related to enrollment changes (to or from full-time). No reductions are made to bills for dropped or swapped classes after this date.
Last day to add/change classes for Fall 2022

Monday, September 26, 2022

October

Friday, October 21, 2022

Friday, October 28, 2022

Application for degree due to The Graduate School to receive a degree in Fall 2022
Last day to drop a class for Fall in CAESAR. Any requests after this date result in a W on the transcript and must go through the withdrawal process.

November

Monday, November 7, 2022
Friday, November 11, 2022

Monday, November 14, 2022
Friday, November 18, 2022

Wednesday, November 23, 2022
Wednesday, November 23, 2022
Monday, November 28, 2022
Monday, November 28, 2022
Monday, November 28, 2022

Pre-registration for Winter quarter begins
Last day for undergraduates and Evanston grad program students to change grading status to or from P/N for Fall classes, where allowed.
Registration for Winter quarter begins
Dissertation, PhD Final Exam, and change of grade forms due to TGS for Fall PhD candidates
Thanksgiving vacation begins 6 p.m.
Withdrawal petition deadline 5pm
Fall Classes resume 8 a.m.
Thanksgiving Break ends and Fall classes resume
WCAS Reading period begins

December

Friday, December 2, 2022
Saturday, December 3, 2022
Sunday, December 4, 2022
Monday, December 5, 2022
Saturday, December 10, 2022
Friday, December 16, 2022

Master's completion form due for TGS Fall master's candidates
Fall classes end
WCAS Reading period ends
Fall examinations begin
Fall examinations end
Fall Degrees Conferred

WINTER QUARTER 2023

January

Tuesday, January 3, 2023

Winter Classes begin 8 a.m. (Northwestern Monday: Classes scheduled to meet on Mondays meet on this day)

Monday, January 9, 2023	Last day for tuition adjustment related to enrollment changes (to or from fulltime). No reductions are made to bills for dropped or swapped classes after this date.
Monday, January 9, 2023	Last day to add/change classes for Winter 2023
Monday, January 16, 2023	No classes- Martin Luther King Jr. Day
Friday, January 27, 2023	Application for degree due to The Graduate School to receive a degree in Winter
February	
Friday, February 3, 2023	Application for degree due to The Graduate School to receive a degree in Spring
Friday, February 10, 2023	Last day to drop a class for Winter via CAESAR. Any requests after this date result in a W on the transcript and must go through the course withdrawal process.
Monday, February 13, 2023	Pre-registration for Spring quarter begins
Monday, February 20, 2023	Registration for Spring Quarter begins
Friday, February 24, 2023	Dissertation, PhD Final Exam, and change of grade forms due to TGS for Winter PhD candidates
Friday, February 24, 2023	Last day for undergraduates and Evanston grad program students to change grading status to or from P/N for Winter classes, where allowed.
March	
Friday, March 3, 2023	Withdrawal petition deadline 5pm
Tuesday, March 7, 2023	WCAS Reading period begins
Friday, March 10, 2023	Master's completion form due for TGS Winter master's candidates
Saturday, March 11, 2023	Winter Classes End
Sunday, March 12, 2023	WCAS Reading period ends
Monday, March 13, 2023	Winter Examinations Begin
Saturday, March 18, 2023	Spring Break Begins
Saturday, March 18, 2023	Winter Examinations End
Monday, March 20, 2023	Winter grades due at 3 p.m.
Friday, March 24, 2023	Winter Degrees Conferred
Monday, March 27, 2023	Spring Break Ends
SPRING QUARTER 2023	
Tuesday, March 28, 2023	Spring Classes begin 8 a.m. (Northwestern Monday: Classes scheduled to meet on Mondays meet on this day)
April	
Monday, April 3, 2023	Last day for tuition adjustment related to enrollment changes (to or from full-time). No reductions are made to bills for dropped or swapped classes after this date.
Monday, April 3, 2023	Last day to add/change classes for Spring 2023
May	
Friday, May 5, 2023	Dissertation, PhD Final Exam, and change of grade forms due to TGS for Spring PhD candidates
Friday, May 5, 2023	Last day to drop a class for Spring.
Friday, May 12, 2023	Master's completion form due for TGS Spring master's candidates
Monday, May 15, 2023	Pre-Registration for Fall begins
Friday, May 19, 2023	Last day for undergraduates and Evanston grad program students to change grading status to or from P/N for Spring classes, where allowed.
Monday, May 22, 2023	Registration for Fall begins

Friday, May 26, 2023
Monday, May 29, 2023
Wednesday, May 31, 2023

Withdrawal petition deadline 5pm
No classes - Memorial Day
WCAS Reading period begins

June

Saturday, June 3, 2023
Sunday, June 4, 2023
Monday, June 5, 2023
Saturday, June 10, 2023
Monday, June 12, 2023
Friday, June 16, 2023
Monday, June 19, 2023

Spring classes end
WCAS Reading Period ends
Spring examinations begin
Spring examinations end
Commencement
Spring Degrees Conferred
Juneteenth (no classes)

SUMMER QUARETR 2023

July

Tuesday, July 4, 2023
Friday, July 7, 2023

Fourth of July (No classes)
Application for degree due to The Graduate School to receive a degree in Summer

August

Friday, August 4, 2023

Friday, August 18, 2023

Dissertation, PhD Final Exam, and change of grade forms due to TGS for Summer PhD candidates
Master's completion form due for TGS Summer master's candidates

September

Friday, September 1, 2023

Summer Degrees Conferred

Master of Science in Marriage and Family Therapy Calendar of Important Events 2022-2023

Date and Times are subject to change, notification is sent via email. Please check email daily.

September 2022

2	Friday	Labor Day – TFI CLOSED		
1-22		The Graduate School New Student Orientation		CANVAS
5	Monday	Labor Day – TFI CLOSED		
5	Friday	Fall Quarter Tuition Due for Continuing Students		
5	Monday	Fall Quarter Registration ends for continuing students	5:00 pm	CAESAR
7	Wednesday	Graduate International Students Orientation		CANVAS
7	Wednesday	MFT 2 Group Supervision Begins	12:30 pm – 3:30 pm	Sup Office
	Wednesday	CRIG	11:30 am - 12:30 pm	
14	Wednesday	MFT1 New Student Orientation I	9:00 am – 4:00 pm	Zoom
14	Wednesday	Orientation: Meet & Greet	3:00 pm - 6:00 pm	Five & Dime
15	Thursday	New Student Registration Begins, Fall Quarter	9:00 am	CAESAR
16	Friday	MFT 1 – IT/AV Training	Assignments will be emailed	Zoom
19	Monday	MFT 1 New Student Orientation II	9:00 am – 4:00 pm	TFI 200
20	Tuesday	Fall Quarter Add/Drop Period begins		CAESAR
21	Wednesday	Classes for Fall Quarter begin	8:30 am	
23	Friday	Clinic Orientation	10:00 am – 11:30	Zoom
23	Friday	TGS New Student Resource Fair	1:00 pm -3:00 pm	Norris Center
26	Monday	Fall Quarter Add/Drop Period ends	8:00 am	CAESAR
28	Wednesday	MFT 2 Program Meeting	11:30 am – 12:30 pm	
30	Friday	MFT Informational Open House	4:00 pm – 6:00 pm	Zoom
30	Friday	MFT 2 Research Seminar	9:00 am	Zoom

October 2022

5	Wednesday	MFT 1 Program Meeting	11:30 am – 12:30 pm	
5	Wednesday	MFT 2 Co-Therapy Training	1:00 pm – 2:30 pm	Zoom
10	Monday	MFT 2 Capstone Meeting I	10:00 am – 11:30 am	Zoom
12	Wednesday	CRIG Meeting	11:30 am – 12:30 pm	
24	Monday	MFT 1 Clinic Orientation – Billing & Registration Training	TBD	Zoom
25	Tuesday	MFT 1 AdvancedMD Training	TBD	Zoom
26	Wednesday	MFT 2 Supervision Contracts Due (Grp, Ind, CP)		Tevera
26	Wednesday	MFT 2 Professional Identity	11:30 am – 12:30 pm	TFI 200
28	Friday	MFT 2 Research Seminar	9:00am	Zoom
28	Friday	MFT 1 AdvancedMD Training	TBD	Zoom
TBD		MFT 1 Clinical Orientation – Risk Management		
TBD		MFT 1 Clinic Orientation – Cultural Competency & Diversity Training		

November 2022

2	Wednesday	MFT 2 Professional Identity Seminar	11:30 am – 12:30 pm	TFI 200
3-5		IAMFT Conference		Naperville, IL
4	Friday	MFT On Campus Early Admissions Deadline		
7	Monday	Registration for Winter Quarter begins		CAESAR
9	Wednesday	CRIG Meeting	11:30 am – 12:20 pm	Zoom

9-11		AAMFT Systemic Family Therapy Conference		Zoom
18	Friday	MFT OnCampus Open House	4:00 pm – 6:00 pm	Zoom
23	Wednesday	No Classes in session - No Group Supervision Thanksgiving Vacation begins	12:30 pm	
24	Thursday	Thanksgiving Day	TFI CLOSED	
25	Friday	Thanksgiving Holiday	TFI CLOSED	
28	Monday	Class for Fall Quarter resume	8:30 am	
30	Wednesday	MFT 2 Professional Identity Seminar	11:30 am – 12:30 pm	TFI 200
TBD		MFT 1 STIC Training 1		
December 2022				
2	Friday	Last day of classes for Fall Quarter		
2	Friday	MFT OnCampus Early Admissions Interviews	9:00 am - 4:00 pm	Zoom
5	Monday	MFT2 Capstone Meeting II	10:00 am – 11:00 am	Zoom
7	Wednesday	CRIG Meeting	11:30 am -12:20 pm	
7	Wednesday	MFT 2 Professional Identity Seminar	11:30 am -12:30 pm	TFI 200
7	Wednesday	MFT Group supervision will be held & required		
12	Monday	Fall Quarter – Grades Due by 3pm		CAESAR
14	Wednesday	MFT Group supervision will be held & required	12:30 pm – 3:30 pm	
21	Wednesday	Winter Break – No Group Supervision		
25	Sunday	TFI Closed for Christmas Holiday		
26	Monday	TFI Closed for Christmas Holiday	TFI CLOSED	
28	Wednesday	Winter Break - No Group Supervision		
31	Saturday	MFT OnCampus Admissions Deadline		
TBD		MFT 1 STIC Training 2		
January 2023				
1	Sunday	TFI Closed for New Year Holiday	TFI CLOSED	
2	Monday	TFI Closed for New Year Holiday	TFI CLOSED	
3	Tuesday	Winter Quarter Add/Drop Period begins	8:00 am	CAESAR
4	Wednesday	Classes for Winter Quarter begin	8:00 am	
4	Wednesday	Group Supervision will Commence		
9	Monday	Last day for add/drop		CAESAR
4/11	Wednesday	MFT 2 Program Meeting	11:30 am -12:30 pm	
11	Wednesday	CRIG Meeting	11:30 am – 12:30 pm	
16	Monday	Martin Luther King, Jr. Day of Observance		
25	Wednesday	MFT 1 Program Meeting	11:30 am -12:30 pm	
25	Wednesday	MFT 1 Supervision Contracts Due (Grp, Ind, CP)		Tevera
27	Friday	MFT 2 Mid-Year Supervision Evaluations Due BFTSED/Evaluations of Supervisor		Tevera
TBD		MFT 1 STIC Training Refresher		
February 2023				
3	Friday	MFT 2 Application for Degree for due to TGS		GSTS
8	Wednesday	CRIG Meeting	11:30 am – 12:30 pm	
10	Friday	MFT OnCampus Admissions Interviews (Tentative)	9:00 am – 4:00 pm	Zoom
20	Monday	Registration for Spring Quarter begins		CAESAR
TBD		Project Strengthen Meeting	11:30 am – 12:30 pm	
TBD		Quarterly Clinic meeting	11:30 am – 12:30 pm	Zoom

March 2023				
8	Wednesday	CRIG Meeting	11:30 am – 12:30 pm	
10	Friday	Last day of classes for Winter Quarter		
22	Wednesday	Spring Break: No Clinic Group Supervision		
27	Tuesday	Spring Quarter Add/Drop Period begins	8:00 am	CAESAR
28	Wednesday	Spring Quarter Classes Begin		
April 2023				
3	Monday	Spring Quarter Add/Drop Period Ends		
5	Wednesday	MFT 2 Program Meeting	11:30 am – 12:30 pm	
10	Monday	Registration for Summer Quarter begins (Tentative)		CAESAR
12	Wednesday	CRIG Meeting	11:30 am – 12:30 pm	
14	Friday	MFT 1 Mid-Year Supervision Evaluations Due BFTSED/Evaluations of Supervisor		Tevera
26	Wednesday	MFT 1 Program Meeting	11:30 am – 12:30 pm	
TBD		MFT 2 Clinic Meeting for Exiting Students		
May 2023				
10	Wednesday	CRIG Meeting	11:30 am – 12:30 pm	
12	Friday	MSFT Master's Degree Candidacy Forms & all Graduate's Change of Grade forms due to TGS		GSTS
22	Monday	Registration for Fall Quarter 2023-2024		CAESAR
29	Monday	Memorial Day; No classes	TFI CLOSED	
31	Wednesday	MFT 2 All Educations paperwork Due Lives/STIC/ End-Year 2 Evals/ Contracts/Hours		Tevera
June 2023				
7	Wednesday	CRIG Meeting	11:30 am – 12:30 pm	
2	Friday	Spring Quarter. Ends	6:00 pm	
TBD	Wednesday	Cap & Pickup		
7	Wednesday	MFT Graduates Class Day Celebration		
7	Wednesday	MFT 1 Group Supervision is session (in-person)		
10	Saturday	COUN & MSFT Commencement		
12	Monday	Northwestern University Commencement		
14	Wednesday	MFT 1 Group Supervision is session (in-person)		
19	Monday	TFI CLOSED – Juneteenth		
19	Monday	Summer Quarter Add/Drop Period begins	8:00 am	
21	Wednesday	Classes for Summer Session begin	8:00 am	
23	Friday	Summer Quarter Add/Drop Period ends	8:00 am	
28	Wednesday	MFT 1 Summer Quarter Program Meeting	11:30 am – 12:30 pm	
July 2023				
4	Tuesday	TFI CLOSED – Independence Day		
August 2023				
4	Friday	MFT 1 All End-Year 1 Education paperwork Due Lives/STIC/ Evaluations/Contracts/Hours		Tevera
16	Wednesday	Group Supervision in session (in person)		
18	Friday	Summer Quarter Courses End		
23	Wednesday	Summer Break-No Clinic Group Supervision		
30	Wednesday	Summer Break-No Clinic Group Supervision		

**Master of Science in Marriage and Family Therapy
FIRST YEAR STUDENT EDUCATION PAPERWORK DEADLINES
2022-2023**

The following assignments must be completed through Tevera at the end of each month and submitted to Education Office by the 30th of each month. For detailed instructions, see “Documentation of Supervised Clinical Practice.”

Monthly Assignments

1. Tevera - Monthly Hours Recording
2. Team/Case Conference Hours & Co-Therapy Hours, approved by group supervisor
3. Group Therapy Hours, approved by group supervisor monthly
4. Group Supervision Hours, approved by group supervisor
5. Individual Supervision Hours, approved by individual Supervisor
6. Community Supervision Hours, approved by community supervisor (if applicable)

Quarterly Assignments

1. Internship Evaluations will be completed at the end of each Quarter of the Internship.

Mid-Year & End Year-Assignments

1. Basic Family Therapy Skills Evaluation (completed with both Group & Individual Supervisor)
2. Students Evaluation of Supervisors (complete for group, individual, and community supervision)

Date	Assignments
September 21 st	Classes Begin – Fall Quarter 2022
November 23 rd	Thanksgiving Break –No Class & No Supervision Groups
December 7 th	Group Supervision in Session
December 14 th	Group Supervision in Session
December 21 st	Winter Break - No class or supervision groups
December 28 th	Winter Break - No class or supervision groups
January 4 th	Classes Begin - Winter Quarter 2022 & Supervision Resumes
January 25 th	DUE – Educational Paperwork All Supervision Learning Contracts through Tevera
March 15 th	DUE – Educational Paperwork: Quarterly Hours Report - Clinical Hours, Supervision hours, Team hours, & Lives
March 22 nd	Spring Break - No Class or Group Supervision
March 28 th	Classes Begin & Supervision Resumes – Spring Quarter 2023
April 14 th	DUE – Educational Paperwork: Mid-Year Evaluations through Tevera - Basic Skills Evaluation & Student Evaluation of Supervisor
May 29 th	Memorial Day Holiday – No Class
June 10 th	Group Supervision in Session
June 14 th	Group Supervision in Session
June 21 st	Classes Begin – Summer Quarter 2023
August 4 th	DUE: Educational Paperwork: End-Year Basic Skills Evaluation, & Student Evaluation of Supervisor through Tevera
August 9 th	DUE – Educational Paperwork: Clinical Hours, Supervision hours, Team hours, Lives
August 17 th	Summer Quarter Classes End
August 23 rd	Summer Break - No supervision groups
August 30 th	Summer Break - No supervision groups

**All written work must be submitted by August 31, 2023
for MSMFT students to be eligible to return for the second year in the fall.**

**Dates are approximate; please refer to syllabus for exact dates for assessment assignment deadlines.*

**Master of Science in Marriage and Family Therapy
SECOND YEAR STUDENT EDUCATION PAPERWORK DEADLINES
2022-2023**

The following assignments must be completed through Tevera at the end of each month and submitted to Education Office by the 30th of each month. For detailed instructions, see “Documentation of Supervised Clinical Practice.”

Monthly Assignments

1. Tevera - Monthly Hours Recording
2. Team/Case Conference Hours & Co-Therapy Hours, approved by group supervisor
3. Group Therapy Hours, approved by group supervisor monthly
4. Group Supervision Hours, approved by group supervisor
5. Individual Supervision Hours, approved by individual Supervisor
6. Community Supervision Hours, approved by community supervisor (if applicable)

Quarterly Assignments

1. Internship Evaluations will be completed at the end of each Quarter of the Internship.

Mid-Year & End-Year Assignments

2. Basic Family Therapy Skills Evaluation (completed with both Group & Individual Supervisor)
3. Students Evaluation of Supervisors (complete for group, individual, and community supervision)

Date	Assignments
September 21 st	Classes Begin – Fall Quarter 2022
October 26 th	DUE Educational Paperwork: Supervision Learning Contracts due through Tevera
November 23 rd	Thanksgiving Break – No Supervision Groups
December 7 th	DUE Educational Paperwork: Quarterly Hours Report - Clinical Hours, Supervision hours, Team hours, & Lives through Tevera
December 14 th	Group Supervision in Session
December 21 st	Winter Break - No class or supervision groups
December 28 th	Winter Break - No class or supervision groups
January 4 th	Supervision Resumes
January 4 th	Classes Begin – Winter Quarter 2023
January 27 th	DUE - Educational Paperwork: Mid-Year Basic Skills Evaluation, & Mid-year Student Evaluation of Supervisor through Tevera
March 8 th	DUE Educational Paperwork: Quarterly Hours Report - Clinical Hours, Supervision hours, Team hours, & Lives
March 15 th	Group Supervision in Session
March 22 nd	Spring Break - No Class or Group Supervision
March 28 th	Classes Begin – Spring Quarter 2023
May 24 th	DUE Educational Paperwork: End-Year Basic Skills Evaluation, & End-year Student Evaluation of Supervisor through Tevera
May 29 th	Memorial Day Holiday – No Class
May 31 st	DUE Educational Paperwork: Quarterly Hours Report, Clinical Hours, Supervision hours, Team hours, Lives,
June 10 th	END OF SPRING QUARTER
June 12 th	Northwestern University Commencement
TBD	Center for Applied Psychological and Family Studies Graduation
All written and clinical work <u>MUST be submitted</u> by May 31, 2023, to be eligible for June graduation. See “Graduation Requirements” and “Exit Procedure Policy.”	

**Dates are approximate; please refer to syllabus for exact dates for assessment assignment deadlines*

Master of Science in Marriage and Family Therapy Program
DIRECTIONS FOR USE OF EDUCATION FORMS

Trainees are responsible for submitting documentation of requirements through Survey Monkey, Tevera to the MFT Education Office as detailed previously in this manual. Below are descriptions of how to use each Education form, all forms will be available through Tevera.

Quarterly, an Education Summary email reflecting all of the information you have entered into Tevera since the beginning of the program will be distributed. Trainees are encouraged to review this spreadsheet and report any concerns to the Coordinator for Education as soon as possible.

All students will use the Tevera to track all clinical hours and supervision received during the practicum and internship. The application allows your supervisors to verify and sign off on client contact hours as well as the supervision hours received. Students will receive guidance and training with this application during their clinical courses with their assigned faculty.

LEARNING CONTRACTS PACKET (group, individual, and community)

Students should establish a learning contract with each of their supervisors at the beginning of supervision, using the appropriate form for their program. These contracts set out the terms of supervision for the following year and will be used as a baseline for subsequent evaluations. The Education Department will initiate the process in Tevera sending the form to the student for each of your supervisors. *The student will meet with each of their supervisors* to set their strengths and growing edges for the year. Together, they should complete items 2, 8, 9 and sign. The student should submit the completed contract in Tevera for their supervisor for review and approve in which the supervisor will then submit to Education Administrator through Tevera.

Deadline Fall Quarter each year.

BASIC FAMILY THERAPY SKILLS EVALUATION DEVICE

As detailed under "Evaluation Policy," the student and supervisor will use this form to collaborate and evaluate the students twice per year in relation to the goals established in the learning contract. The Basic Skills Evaluation Device is located in the assignments tab in Tevera. Students are responsible for initiating the evaluations with each of their supervisor. Please complete the evaluation in tantum during a 1:1 meeting. The forms must be signed by both the student and the supervisor on the bottom to indicate that they both reviewed it.

This process should be followed with both group and individual supervisors. The student should submit all completed evaluations through Tevera to the MFT Office, where they will be filed with the student's academic records for use by the Department Chair and supervisors.

1st Year Deadlines: End of Winter Quarter; End of Summer Quarter

2nd Year Deadlines: End of Fall Quarter; End of Spring Quarter

MSMFT GROUP SUPERVISOR EVALUATION OF SUPERVISEE

Group supervisors complete this evaluation of trainees each quarter through Tevera and submit to faculty of record. Students are responsible for initiating the evaluation with their group supervisor. Evaluation score is conjoined with a grade that will show on your transcript under the Internship course. Evaluations are located in the assignments tab in Tevera. Students are responsible for initiating and sending the evaluations with their group supervisor through Tevera.

Deadline: End of Each Quarter

STUDENT EVALUATION OF SUPERVISOR

As detailed under "Evaluation Policy," the student should use this form to evaluate the group supervisor and the individual supervisor, and the supervision experience, twice per year. Evaluations can be found in the assignment tab in Tevera. Completed evaluations are submitted through Tevera to the MFT Office. An anonymous copy may be forwarded to the supervisor and the original will be filed with the supervisor's faculty records for use by the Department Chair.

1st Year Deadlines: End of Winter Quarter; End of Summer Quarter

2nd Year Deadlines: End of Fall Quarter; End of Spring Quarter

MSMFT PROGRAM EVALUATIONS

Students in the MSMFT Program are required to complete a program evaluation at the conclusion of year one and again at the end of year two in order to provide feedback on the program as a whole. Evaluations are sent through SurveyMonkey.

1st Year Deadline: End of Summer Quarter

2nd Year Deadline: End of Spring Quarter

LIVE INTERVIEW CASE SUMMARY (Brief Version) & RATING FORM

Trainees complete this summary in conjunction with presenting of their live interview during both years of training. Brief Live Write-up are available to student through Tevera. Within 72 hours of completing the Live, students must submit live write-up and evaluation through Tevera to supervisor for evaluations and approval. Please follow Brief Live Interview guidelines found in manual when completing Summary through Tevera. Once the Group supervisor receives the Live write-up through Tevera the supervisor will complete the supervisor section of the form, evaluate and provide feedback. Once approved by supervisor a copy must be submitted to the education department for your permanent education file.

Deadlines: 72 hours after presentation; 2 times a year, both years of training.

LIVE INTERVIEW TREATMENT SUMMARY (Formal Write-Up) & RATING FORM

Trainees are required to submit this formal write-up for ONE live interview during both years of training. Formal Live Write-up are available to student through Tevera. Within 72 hours of completing the Formal Live, students must submit live write-up and evaluation through Tevera to supervisor for evaluations and approval. Please follow Formal Live Interview guidelines found in manual when completing Summary through Tevera. Once the Group supervisor receives the Live write-up through Tevera the supervisor will complete the supervisor section of the form, evaluate and provide feedback. Once approved by supervisor a copy must be submitted to the education department for your permanent education file.

Deadlines: 72 hours after presentation; once a year, both years of training.

STIC PRESENTATION & RATING FORM

Trainees are required to submit ONE STIC Presentation during both years of training. The STIC Presentation forms are available to student through Tevera. Summary will be completed through Tevera within 72 hours of completing your presentation and submitted for supervisor evaluation and approval. Please follow STIC presentation guidelines found in manual when completing Summary through Tevera. Once the Group supervisor receives the STIC presentation through Tevera the supervisor will complete the supervisor section of the form, evaluate and provide feedback. Once approved a copy must be submitted to the education department for your permanent education file.

Deadlines: 72 hours after presentation; once a year, both years of training.

EXIT PROCEDURE FORM

Prior to graduating, students must have completed all exit procedures by following the steps on the Exit Procedures Instructions which detail the steps necessary to prepare for Exit Day which takes place the week of Commencement. The final step in this process will be to complete the required clinical exiting procedures with your supervisor as the required MSMFT Exit Survey.

Deadlines: Prior to Commencing from the Program

**Master of Science in Marriage and Family Therapy Program
LEARNING CONTRACT FOR GROUP SUPERVISION EXAMPLE**

Please note contracts are not to be used all forms will be available through Tevera

We, the undersigned, have agreed to the following:

1. To meet regularly once a week for 3 hours of group supervision during academic year _____. This is a weekly requirement over the course of time you are seeing clients.
2. Our normal meeting day/time is _____; both parties agree to give as much notice as possible to schedule vacation time off.
3. Over the course of 2 years you will be required to do 225 hours of group supervision.
1st Year group supervision hours = 114
2nd Year group supervision hours = 111
4. We agree that 50% supervision time will be based on audio and/or video data.
5. 3 Live interviews with write-ups and 1 formal STIC presentation are required each year.
6. We agree to complete self and supervisor evaluations twice a year; once at the mid-year (January/February) and once at the end of the training year (June or August).
 - i. Student self-evaluation (using Basic Family Therapy Skills Evaluation Device)
 - ii. Supervisor evaluation of student (using Basic Family Therapy Skills Evaluation Device)
 - iii. Student evaluation of supervisor
7. Understand that there will be MSMFT Group Supervisor Evaluation of Supervisee - Quarterly
8. We have reviewed the evaluation forms and understand the points of evaluation.
9. The purpose of the relationship between the supervisee and the supervisor is to facilitate the education of the student. The individual supervisor and the group supervisor will exchange information relevant to the supervisee's learning process and/or therapeutic practice. In addition, a student's first year group supervisor may choose to communicate with the second-year group supervisor in order to facilitate the transfer.
10. The supervisee agrees to comply with all clinic and educational policies and procedures
11. As per our discussion, we will focus on building on the following professional strengths in the supervisee:

1.
2.
3.

12. As per our discussion, we would like to focus on addressing the following growing edges in the supervisee:

1.
2.
3.

Supervisor's Signature	Printed Name	Date
Supervisee's Signature	Printed Name	Date

**Master of Science in Marriage and Family Therapy Program
LEARNING CONTRACT FOR INDIVIDUAL SUPERVISION EXAMPLE**

Please note contracts are not to be used all forms will be available through Tevera

We, the undersigned, have agreed to the following:

1. To meet regularly once a week for at least 1 hour of individual supervision from January of their 1st year through May of their 2nd year except for vacation and illness.
2. Our normal meeting day/time is _____; both parties agree to give as much notice as possible to schedule vacation time off.
3. The required number of supervisions is 50 hours during the individual supervision timeline described above.
4. We agree that 50% supervision time will be based on audio and/or video tape.
5. We agree to self and supervisor evaluations twice a year; once at the mid-year (January/April) and once at the end of the training year (June or August).
 - i. Student self-evaluation (using Basic Family Therapy Skills Evaluation Device)
 - ii. Supervisor evaluation of student (using Basic Family Therapy Skills Evaluation Device)
 - iii. Student evaluation of supervisor
6. We have reviewed the evaluation forms and understand the points of evaluation.
7. The purpose of the relationship between the supervisee and the supervisor is to facilitate the education of the student. The individual supervisor and the group supervisor will exchange information relevant to the supervisee's learning process and/or therapeutic practice.
8. The supervisee agrees to comply with all clinic and educational policies and procedures.

9. As per our discussion, we will focus on building on the following professional strengths in the supervisee:

1.
2.
3.

9. As per our discussion, we would like to focus on addressing the following growing edges in the supervisee:

1.
2.
3.

Supervisor's Signature	Printed Name	Date
Supervisee's Signature	Printed Name	Date

Master of Science in Marriage and Family Therapy Program
COMMUNITY OUTREACH PROGRAM
LEARNING CONTRACT FOR COMMUNITY SUPERVISION EXAMPLE

Please note contracts are not to be used all forms will be available through Tevera

The Family Institute's Community outreach programs, in collaboration with Northwestern University's Master's programs in Marriage and Family Therapy and Counseling Psychology, expects therapist-in-training to have diverse values and beliefs.

We, the undersigned, consent to the following:

1. To co-create a learning environment that facilitates an understanding and appreciation of the multicultural world in which we live, and an understanding of oppression, power, and privilege.
2. To co-create a learning environment that acknowledges and uses the therapist-in-training's strengths to address his/her growth opportunities.
3. To meet regularly, once a week, for no less than 1 hour of supervision during the academic year.
4. To be accepting of difference and strive to understand how other people's perspectives, behaviors, and world views are different from our own
5. The normal meeting day/time is _____; both parties agree to give as much notice as possible, preferably no less than 2 weeks, to schedule vacation.
6. Supervisee will make available at least 6 hours per week for his/her community placement.
7. Supervisee will continue in the same community placement, _____, for 2 years.
8. Supervisee will provide outreach services that may include home visits or sessions at a site other than the designated community placement site.
9. Supervisee understands that the Community supervisor is clinically responsible for all community cases.
10. Supervisee understands that the Community Supervisor is to be notified before acting upon clinical feedback from a peer and/or another supervisor when the feedback relates to community cases.
11. Supervisee agrees to examine personal issues that may impact client and supervisory relationships, and to conduct him/herself professionally in compliance with the ethical standards of the profession for which s/he is entering
12. Supervisee and supervisor agree to complete and, when appropriate, discuss the following evaluations at the end of the training year (June).
 - a. Supervisee self-evaluation
 - b. Supervisor evaluation of student
 - c. Student evaluation of supervisor/ Community Outreach Programs.
13. We reviewed the aforementioned evaluation forms and understand the goal of these assessments.
14. The purpose of the relationship between the supervisee and the supervisor is to facilitate the education of the student. The community supervisor, individual supervisor, back home supervisor, and group supervisor will exchange information relevant to the supervisee's learning process and/or

therapeutic practice. In addition, a student's community supervisor may choose to communicate with the second-year supervisors in order to facilitate the transfer.

15. As per our discussion, we will focus on building on the following professional strengths in the supervisee:

1)
2)
3)

16. As per our discussion, the following growth opportunities of the supervisee will be a focus of this supervision process.

1)
2)
3)

17. This contract will be reviewed no later than _____.

18. The Community Supervisor, Supervisee, and Director of FICOP must agree upon exceptions to any of the above.

Supervisor's Signature	Printed Name	Date
Supervisee's Signature	Printed Name	Date

**Master of Science in Marriage and Family Therapy Program
The Family Institute at Northwestern University**

EVALUATION PROCESS

Group and individual supervisors evaluate their students' progress at the end of each quarter of the students' internship. Students evaluate their supervisors each quarter as well. Students collect all completed evaluation forms and submit them to the MFT Office through Tevera according to program deadlines. It is recommended that students keep copies of all evaluations.

THE EVALUATION PROCESS:

1. The student and each supervisor should review the learning contract established between them in the beginning of the year to re-examine the learning goals of the student.
2. The student should evaluate him/herself as to the progress toward these goals, using the *Basic Family Therapy Skills Evaluation Device*. If the student has both group and individual or community site supervisors, s/he should fill out two self-evaluations - one with respect to each learning contract. The student should discuss this form with each supervisor.
3. Each supervisor should evaluate the student as to the progress toward these goals, also using the *Basic Family Therapy Skills Evaluation Device*. The Group supervisor also completes the MSMFT Group Supervisor Evaluation of Supervisee form.
4. The student and supervisor should confer to determine how the student's self-evaluation and the supervisor's evaluation coincide with each other.
5. If a consensus can be reached, one joint self and supervisor evaluation can be submitted to the MFT Department. If the student's self-evaluation differs dramatically from the supervisor's evaluation of the student, this should be noted in the "comments" section and both evaluations should be submitted to the MFT Department. The evaluation should be marked on the top left to indicate whether it is self, supervisor or consensus. Both student and supervisor should initial the final version(s) on the top right.
6. The student should complete the *Student Evaluation of Supervisor* for each supervisor. This form should be discussed between the student and the supervisor, and then submitted to the MFT Department.
7. Appropriate signatures/initials and dates are required for evaluations to be considered complete. It is the student's responsibility to submit all completed evaluations to the MFT Department.
8. Toward the end of each training year, the student completes the program evaluation for that year.
9. If applicable, students in Community Programs follow the evaluation process delineated in the learning contract for Community Programs. Students should consult the Community Program guidelines or see the Director.

Basic Family Therapy Skills Evaluation Device©

The Basic Family Therapy Skills Evaluation Device (BSED) was developed by Thorana Nelson based on empirical data from the Basic Family Therapy Skills Project, conducted by Thorana Nelson and Charles Figley. The items and descriptions were developed from information gathered from over 650 marriage and family therapy trained and supervisors. As far as is known, this is the only evaluation devised designed for beginning level marriage and family therapists that has been developed from research.

The device serves several purposes, including that of evaluation therapist trainees in their first 500 hours of training. The scale is used at the experience level of the trainee. That is, “meets expectation” means “in your experience, compared with other trainees with this level of experience and training.” We realize that this may differ from supervisor to supervisor. We have prepared an Appendix with descriptions of each skill area based on data from the Basic Family Therapy Skills Project. Please use this Appendix in evaluating your trainees.

We have also included a non-generic section that you may want to use, filling in the blank for the theory that the trainee is currently working with.

Evaluate each student using your best judgment from the descriptions given plus your subjective ideas about each item. If you find an item that simply does not fit your paradigm, please make a note in the margin or elsewhere.

General Guidelines Regarding Developmental Levels

Beginner: First 50-75 hours of experience, less, perhaps, if under intensive live supervision. The beginner will need more direction and structure, clearer session plans, and more freedom to go in a direction that may seem less productive, but which follows the trainees’ plan for the session and the supervisor’s plan for what the trainee is currently working on. For example, the supervisor may see an opportunity for a paradoxical solution-oriented approach, but the student may be working on structuring the session with parents and children. The student can discuss case material based on one theoretical perspective but may get confused if trying to use more than one. The trainee is eager for supervision and may feel confused or anxious in new situations.

Intermediate: Between 50 or 75 hours of experience and 350 or 400 hours. The trainee is comfortable joining with clients, can structure sessions and execute session plans, and is able to provide hypotheses or direction for therapy based on theoretical concepts. The trainee can be flexible during a session, changing the session plan easily and with little confusion. The trainee can discuss cases from multiple theoretical viewpoints and evaluate both treatment and self-as-therapist progress based on clear goals. The trainee may be uneven in evaluation of therapy and self. The trainee benefits from supervision, but may appear at times not to want supervision, wanting, instead, to be allowed to work on one’s own unless asking for help.

Advanced: Between 350 or 400 hours of experience and 500 hours. The trainee is comfortable and does well in most therapy situations, managing most case situations smoothly and professionally. Supervision focuses on microskills and finer, abstract points of therapy and theory. The supervisor and trainee may engage in debate regarding theoretical perspectives and interventions. The trainee is able to evaluate both therapy and self. The trainee may appear eager for supervision and may express concern that s/he is inadequate as a therapist, unable to evaluate progress in therapy or supervision.

**BASIC FAMILY THERAPY SKILLS
EVALUATION DEVICE©
Appendix**

Conceptual Skills

Knowledge Base

The student has basic understanding of family systems theory. The student is able to articulate principles of human developmental, family developmental and family life issues pertaining to the case. The student communicates an understanding of human interaction and normal family processes. The student 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 student is able to determine and work within the client's worldview. The student has a knowledge of assessment strategies (e.g., interviewing skills, various assessment devices, DSM IV).

Systems Perspective

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

Familiarity with Therapy Models

The student has a basic knowledge of family therapy theories. The student's goals, hypotheses, session plan, 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 student also recognizes his/her own perceptions, client resources, and links between problems and attempted solutions.

Self as Therapist

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

Perceptual Skills

Recognition Skills

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

The student is able to recognize clients' coping skills and strengths and can understand dynamics and patterns in presenting problems. The student recognizes how patterns associated with presenting problems may be similar to other patterns of interaction in client's lives. The student recognizes and can articulate her or his impact as part of the client/therapy system.

Hypothesizing

The student can formulate a systemic hypothesis and can generate general hypotheses as well as theory (or model) specific hypotheses. The student can formulate long and short-term treatment plans based on hypotheses. The student is able to distinguish process from content as an appropriate level and include process issues in hypotheses. The student 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 and integrated theory, the student is able to differentiate concepts and provide rationale for choices of hypotheses and/or interventions. The student is able to evaluate the appropriateness (positives and negatives) for a theory or integrated theory using concrete data from therapy cases.

Executive Skills

Joining

A student 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 states. The student is familiar and skilled in basic interviewing techniques and strategies. Assessment is formulated and appropriate to an articulated theory of change. The student 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 student exhibits the ability to formulate multiple hypotheses about a case based on articulated principles of a theory of change. S/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 and 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 student is able to elicit family/client strengths and utilize them in both session discussions and homework assignments.

Other interventions that illustrate skill include normalizing the problem when appropriate, helping clients develop their own solutions to problems, giving credit for positive changes, reframing, and the appropriately using self-disclosure. The student uses theory-specific interventions appropriate and is able to articulate 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 student is 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 student 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 her/his 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, the ability to take responsibility for his/her mistakes, the ability to apply his/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 student demonstrates an appropriate attitude of expertness toward clients, congruent with her/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 policies and procedures of the agency/clinic. The student is able to engage the family in therapeutic conversation, controlling the flow of communication as per her/his therapy plan. The student is able to manage intense interactions appropriately, demonstrating skill at both escalating and de-escalating intensity at appropriate times. The student is able to manage time, finishing sessions as scheduled and is able to schedule further appointments, consultations, and referrals smoothly and effectively. The student is able to collect fees in an appropriate manner.

Professional Skills

Supervision

The student 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 student is respectful and positive about other students' cases and presentations, is helpful and not demeaning about a fellow student'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 student follows the supervisor's policies regarding reporting and consulting with the supervisor and/or other authorities; the student appropriately uses supervision and consultation regarding ethical issues. The student avoids potentially exploitative relationships with clients and other students. The student 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 student maintains case file appropriately and follows clinic procedures for paperwork in a timely manner.

Professional Image

The student dresses appropriately, according to the standards of the setting. The student is able to present an aura of confidence without arrogance and presents herself/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 student has the ability to initiate and maintain appropriate contact with other professionals along with maintaining a personal professional image. The student does not publicly denigrate or criticize colleagues. The student 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 student is punctual with therapy sessions and other professional meetings. The student follows clinic policies in setting and collecting fees.

Evaluation Skills

Therapy

A student skilled in evaluation 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 in terms of both the client's goals and the therapist's perspective and analysis. The trainee can articulate aspects of the client's feedback in relation to assessment and intervention. The trainee is able to articulate links between conceptual, perceptual, interventive, and outcome data.

Self

The student therapist is skilled in evaluating him or herself in terms of skills: conceptual, perceptual, executive, professional, and evaluative. The student is able to recognize signs in him or herself that contribute to the ongoing understanding and analysis of the case and is able to articulate persona issues that may be interacting in therapy. The student 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 student 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.

Theory of Choice

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

Please note evaluation is not to be used. All evaluation forms are available through Tevera

Self
 Supervisor
 Consensus

Therapist Initials
 Supervisor Initials

BASIC FAMILY THERAPY SKILLS EVALUATION DEVICE©

Therapist
 Supervisor
 Date
 Experience Level

Conceptual Skills	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectations	Exceptional Skills
• Knowledge Base						
• Systems Perspective						
• Familiarity with Therapy Models						
• Self as Therapist						

Comments:

Perceptual Skills	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectations	Exceptional Skills
1. Recognition Skills						
2. Hypothesizing						
3. Integration of Theory and Practice						

Comments:

Executive Skills	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectations	Exceptional Skills
• Joining						
• Assessment						
• Hypothesizing						
• Interventions						
• Communication Skills						
• Personal Skills						
• Session Management						

Comments:

BASIC FAMILY THERAPY SKILLS EVALUATION DEVICE©

Professional Skills		Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectations	Exceptional Skills
a)	Supervision						
b)	Recognition of Ethical Issues						
c)	Paperwork						
d)	Professional Image						
e)	Professional Conduct						

Comments:

Evaluation Skills		Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectations	Exceptional Skills
•	Evaluation of Therapy						
•	Evaluation of Self						

Comments:

Theory _____ (Use Preferred Model)		Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectations	Exceptional Skills
▪	Knowledge of Theory						
▪	Utilizes Theory in Practice						
▪	Recognizes Strengths and Weaknesses of Theory						

Comments:

**Master of Science in Marriage and Family Therapy Program
The Family Institute at Northwestern University**

**Group Supervisor Evaluation of Group Supervisee
Narrative Guide to Grading Clinical Internship**

Introduction: Grading of the Internship will encompass supervisors' evaluation of the student's engagement in group and individual supervision and progress toward acquisition of clinical competence and professional role functions. The narrative descriptions below are designed to offer guidance when assigning a letter grade for the internship. Supervisors can also indicate a grade of A-(minus), B+ (plus), or B- (minus). Grades of C or lower should be reported to the Department Chair to discuss considerations for remediation.

A: *Meets Expectations.* Student demonstrates a consistently high level of conscientious striving in his/her developing professional and personal growth. Student demonstrates consistent openness in clinical supervision; is able to both give and receive substantive feedback in the group. Student demonstrates respect, integrity, honesty, and trustworthiness in all interactions with clients, peers, and supervisors. Student evidence a steady rate of progress in his/her clinical skills; often functions at a higher level than one might expect at his/her level. Student demonstrates consistent and timely attention to administrative and clinical requirements. Student is cognizant of and shows adherence to ethical and legal codes of practice and behavior.

B: *Below Expectations.* Student is generally conscientious in his/her personal and professional growth. Student evidence a general openness in clinical supervision and feedback, accepts and offers general feedback in the group. Respect, integrity, and honesty in interactions with clients, peers, and supervisors are mostly evident. Normative progress in his/her clinical skills is observed, with intermittent lapses in particular developmental areas. Most often demonstrates timely completion of administrative and clinical requirements. Student shows awareness and concern for ethical and legal codes of practice and behavior.

C: *Major Concerns.* Student shows only moderate commitment to his/her personal and professional growth. Student performs professional role functions at a very basic level, shows little attention to normative improvements appropriate for his/her stage of training. Student does not present as open in clinical supervision and/or feedback; is defensive at times. Respect, integrity, and honesty in interactions with clients, peers, and supervisors are sometimes questioned or lacking. Student is under-performing in the rate of progress in his/her clinical skill development. Student shows inconsistent or inadequate attention to the timely completion of administrative and clinical requirements. Knowledge and adherence to ethical and legal codes of practice and behavior are sometimes questioned. Notable attention is in order to raise the student's clinical and/or professional skills to an expected level of function.

**** If a student has administrative paperwork deficiencies points will be deducted in any or all of the bolded categories above, this can affect your letter grade by one whole grade.***

****A student loses an entire grade level automatically if s/he is not in compliance to clinic policies.***

**Master of Science in Marriage and Family Therapy Program
The Family Institute at Northwestern University**

MSMFT Group Supervisor Evaluation of Group Supervisee

Please note evaluation is not to be used. All evaluation forms are available Tevera

Student: _____

Group Supervisor: _____

Date of Evaluation: _____

Quarter (Check) ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Training Year (Check) ☐ First Year ☐ Second Year

Training Summary: Please comment on this supervisee's overall progress and current status with their internship requirements. Please pay attention to the following: Has a caseload commensurate with time in the training program and has successfully engaged and maintained in therapy the majority of his/her cases. Students must demonstrate a commitment to one's personal and professional growth; evidence of appropriate attention to self-care; evidence and openness to clinical supervision and feedback; demonstrate respect, integrity and honesty with clients, peers and supervisors; follow strict adherence to ethical and legal codes of practice and behavior.

Student Comments:

**MSMFT Group Supervisor Evaluation of Group Supervisee
2022-2023**

Student: _____

Supervisor: _____

Clinical Skills			
<i>3 = Exceeds Expectations; 2 Meets Expectations; 1 Below Expectations</i>			
a. Able to think systemically and theoretically	3	2	1
b. Convenes family members as needed by systemic conceptualization.	3	2	1
c. Conceptualizes and intervenes using IST framework	3	2	1
<i>3 = Meets Expectations; 2 Below Expectations; 1 Major Concerns</i>			
d. Clinical work is culturally sensitive and respectful of diversity across a range of cultural contexts, including race, ethnicity, class, religion, gender, and sexual orientation.	3	2	1
Supervision Skills			
<i>3 = Exceeds Expectations; 2 Meets Expectations; 1 Below Expectations</i>			
e. Able to accept feedback on therapy process & willing to explore difficulties in supervision in a non-defensive manner.	3	2	1
f. Provides constructive feedback and support to peers.	3	2	1
g. Is prepared for the supervision session.	3	2	1
h. Is aware & able to articulate growing edges	3	2	1
<i>3 = Meets Expectations; 2 Below Expectations; 1 Major Concerns</i>			
i. Uses supervision to examine and understand transference & counter-transference issues and how this impacts systems.	3	2	1
j. Is proactive in bringing in live interviews to supervision in required time frame.	3	2	1
k. Brings STIC data to supervision.	3	2	1
l. Has audio/video tapes to review on regular basis.	3	2	1
Professional Skills			
<i>5 = Meets Expectations; 3 Below Expectations; 1 Major Concerns</i>			
m. Attends regularly and is prompt.	5	3	1
n. Completes all required MSMFT paperwork in a timely manner.	5	3	1
o. Completes all clinical record keeping in timely manner.	5	3	1
p. Presents self in professional manner.	5	3	1
q. Attendance to all required clinical meetings.	5	3	1
r. Abides by all ethical standards of the profession and TFI policies.	5	3	1
Overall Skills			
<i>7 = Meets Expectations; 4 Below Expectations; 1 Major Concerns</i>			
s. Open to supervision process & works collaboratively with supervisor on their learning contract.	7	4	1
t. Given supervisee's current level of development rate their level of performance compared to what you'd expect from a therapist at this level.	7	4	1

Total Score: _____ **Quarter Grade:** _____

80 – 75	A
74 – 72	A-
71– 68	B+
67 – 62	B
61 – 58	B-
57 – 53	C+
52 or less	C

** If a supervisor feels that a grade should be lower than their point total indicates (e.g., deficiencies in paperwork) this will be discussed within Core Faculty.*

**A student loses an entire grade level automatically if s/he is not in compliance to MFT Educational requirements and clinic policies.*

**Master of Science in Marriage and Family Therapy Program
The Family Institute at Northwestern University**

STUDENT EVALUATION OF SUPERVISOR FORM EXAMPLE

Please note evaluation is not to be used. All evaluation forms are available through Tevera

Please note that this evaluation is strictly confidential and will only be viewed by the director, the coordinator of group supervision, and the core faculty coordinator. Completion of this evaluation is a component of the exit process and must be completed before the exit interview.

Supervisor:		Date:		Student:		Date:	
YEAR:	<input type="checkbox"/> 1 st Year	<input type="checkbox"/> 2 nd Year	CONTEXT:	<input type="checkbox"/> Group	<input type="checkbox"/> Individual	<input type="checkbox"/> Community	

Please rate by selecting the appropriate number.

1. How satisfied are you with your supervision overall?

5	4	3	2	1
very satisfied	satisfied	neutral	dissatisfied	very dissatisfied
2. How satisfied are you with your experience with this supervisor?

5	4	3	2	1
very satisfied	satisfied	neutral	dissatisfied	very dissatisfied
3. How knowledgeable does your supervisor seem to be about The Family Institute Model?

3	2	1
very knowledgeable	fairly knowledgeable	not very knowledgeable
4. My supervisor utilized The Family Institute Perspective in supervision.

5	4	3	2	1
always	usually	occasionally	rarely	never
5. My supervisor helped me hypothesize about cases using the metaframeworks.

5	4	3	2	1
always	usually	occasionally	rarely	never
6. My supervisor referred to the course material I was learning.

5	4	3	2	1
always	usually	occasionally	rarely	never
7. My supervisor used his or her own clinical experience to help the group learn.

5	4	3	2	1
always	usually	occasionally	rarely	never
8. My supervisor provided clear feedback on my work.

5	4	3	2	1
always	usually	occasionally	rarely	never

9. My supervisor required the viewing of videotapes or the listening of audiotapes in supervision.

5 4 3 2 1
always usually occasionally rarely never

10. My supervisor used empirical data to support an approach to a case.

5 4 3 2 1
always usually occasionally rarely never

11. My supervisor made sure that I was on top of required clinic and supervision paperwork.

5 4 3 2 1
always usually occasionally rarely never

12. My supervisor encouraged me to bring members of the indirect system into the therapy.

5 4 3 2 1
always usually occasionally rarely never

13. My supervisor ensured the fair usage of time in supervision.

5 4 3 2 1
always usually occasionally rarely never

14. My supervisor utilized STIC data in supervision.

5 4 3 2 1
always usually occasionally rarely never

15. My supervisor utilized ITSR data in supervision.

5 4 3 2 1
always usually occasionally rarely never

16. My supervisor created an atmosphere that promoted safe and healthy expression of ideas and feelings.

5 4 3 2 1
always usually occasionally rarely Never

17. Please rate the extent to which your supervisor focuses on the eighteen cells of The Family Institute matrix by placing the appropriate number in each cell, where **5 = always, 4 = usually, 3 = occasionally, 2 = rarely, and 1 = never**. For example, if your supervisor always advised you to work with the family (whole or part) using behavioral interventions, you would place a 5 in that cell. If your supervisor occasionally advised you to think about or use family of origin approaches, you would put a 3 in that cell. If this is for group supervision, your choice should reflect the supervision of all group members. **Make sure you put a number in each cell.**

	Family	Couple	Individual
Behavioral			
Biobehavioral			
Experiential			
Family of Origin			
Psychodynamic			
Self Psychology			

18. Rank order your supervisor's focus in supervision (1-8): 1 = most frequent

Person of the therapist/use of self	_____
Learning a particular model (theory)	_____
Focusing on the blueprint	_____
Transference and countertransference issues	_____
Therapist training objectives	_____
Case management	_____
Focusing on group process	_____
Focusing on techniques	_____

Please provide any additional comments about your supervision experience that was not covered by the questions.

Student's Signature

**Master of Science in Marriage and Family Therapy Program
PROGRAM EVALUATION: FIRST YEAR MSMFT STUDENTS**

[SURVEY MONKEY MFT1 CLASS OF 2023 - FIRST YEAR REVIEW](#)

**Master of Science in Martial and Family Therapy Program
PROGRAM EVALUATION: SECOND YEAR MSMFT STUDENTS**

[SURVEY MONKEY MFT2 CLASS OF 2022 - END OF PROGRAM REVIEW](#)

Master of Science in Marriage and Family Therapy Program
LIVE DEMONSTRATION OF CLINICAL WORK REQUIREMENTS

In the beginning of each quarter, the Education Department will assign you the ***Live Demonstration of Clinical Work*** form through the **Tevera** website. Once you have completed the demonstration of your clinical work with your supervisor, you will have 72 hours to submit the write up to your supervisor via the Tevera Website.

Minimum Requirements:

	Demonstration	First Year	Second Year
MSMFT Program	Live Case Summary	3	3
	Brief Live Write-Up	2	2
	Formal Live Write-Up	1	1
	Formal STIC Write-Up	1	1

Since live or video presentation of clinical work allows supervisors to view “raw data,” it is a very valuable aspect of training. Students are required to video tape sessions regularly and are encouraged to bring cases frequently for live supervision. 50% of supervision is expected to be based on raw data (live, video, audio). Each student must accrue at least 125 hours of supervision based on live, video, audio with at least 25 of those hours based on direct observation (live or videotape) of the student’s own work.

**Master of Science in Marriage and Family Therapy Program
The Family Institute at Northwestern University
BRIEF CASE ASSESSMENT**

I. Identifying Data

- Names, ages, and family status.

II. Presenting Problems

- List and describe each in a few sentences.
 - Note who labels each
 - Include manifestation, severity, and duration.
 - Note attempted solutions

III. Family History

- Relevant medical and psychosocial history emphasizing relation to present problems
- Strengths
- Ongoing problems

IV. Formulation of Problem - to include the hypotheses as to why client system is constrained or blocked from implementing solutions

- Its development and maintenance
- Attention to problem maintenance cycle(s) or reinforcement for problem sequences
- Note constraints

V. Treatment Goals (relate to problems)

VI. Action Plans (for accomplishing goals)

- Ways to remove web of constraints

VII. Interface

VIII. Signatures

Assessment is to be signed by trainee and supervisor.

**Master of Science in Marriage and Family Therapy Program
The Family Institute at Northwestern University**

LIVE Session Brief Write-Up

Instructions:

Students are required to complete t live interview case summaries per year, using the format in the outline below as a guide. If the first live is completed during Pre-Practicum, please answer the Pre-Practicum Live Question. If the first live was NOT done in Pre-Practicum, please follow the Live Interview Outline.

Attach a copy of the write-up to the Academic Credit Form with the Group Supervisor's signature and place in the education folder.

Pre-Practicum Live Question

1. Please write a summary of your impressions from this initial session

Live Interview Outline

1. Summarize Case
 - a. Participants
 - b. Presenting problems
 - c. Number of sessions so far
2. Goals of Therapy
3. Goals for the Live Interview

Master of Science in Marriage and Family Therapy Program
LIVE SESSION FORMAL WRITE-UP with TREATMENT SUMMARY

Instructions:

Students are required to complete a formal narrative write-up using the format in the outline below as a guide. After the session a copy of the write-up needs to be attached to the Academic Credit Form, signed by your supervisor, and placed in the education folder.

If possible, it is recommended that you use a Team Case.

- Identifying Data
 - Names
 - Ages
 - Occupation
 - Relationship Status
 - Ethnicity
 - Religion
 - Cultural Background
 - Sexual Orientation
- Relevant Treatment History
 - Current Treatment
 - # of sessions
 - Modalities
 - Frequency
 - Level of Engagement
- Simple Genogram and Family History
 - Family configuration relevant to treatment
 - Direct/Indirect System
 - Historically oriented Family of Origin genogram (if relevant)
- Presenting Problems
 - Statement of problem (initial presenting problem and current presenting problem)
 - Frequency, intensity and duration of current problem
 - Time and context of onset
 - Description of problem sequences
- Case Formulation: PCM Blueprint for Therapy
 - Treatment Goal/Alternate Adoptive Sequence
 - Hypotheses: utilizing the Problem Centered Metaframework Model, addressing both the Web of Constraints and Strengths.
 - Planning: current position on the matrix and a discussion of how you have arrived there
 - Conversing: recent attempts at the intervening and a characterization of the dynamics in your conversations

- Feedback: response to these conversations and a discussion of the information you have gathered and how this informs your hypothesis
- Alliance and Interface
 - Tasks
 - Goals
 - Bonds
 - Personal, FOO, and cultural issues raised for Therapist
- Issues and Questions for Supervisory Feedback

**Master of Science in Marriage and Family Therapy Program
Pre-Practicum Live Supervision Rating Form Example**

Please note rating forms are not to be used. All forms are available through Tevera

Student: _____ Supervisor: _____ Date: / /

	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectations	Exceptional Skills
1. Joining						
	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectations	Exceptional Skills
2. Completion of Paperwork						
	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectations	Exceptional Skills
3. Identification of the Presenting Problem						
	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectations	Exceptional Skills
4. Collect Payment and Schedule Next Session						

**Master of Science in Marriage and Family Therapy Program
The Family Institute at Northwestern University**

Live Case Presentation Format

1. For the first presentation of a case:

- Caller
- Presenting concern (s)
- Members of client system (family), ages, identifying information
- Who attended initial sessions (direct client system) and why

2. For all case presentations:

- Reason for presenting/Therapist concerns
- Members of client system (family), ages, identifying information
- Presenting problem(s)
 - Initial
 - Current
- Current direct system (reconsidering the direct system: who to convene)
- Sequence (s)
 - Specific problem sequence(s)
 - Alternative adaptive sequence(s)
 - Outcome of attempts to Enact an alternative adaptive sequence
 - Strengths and resources noted
- Current/recent hypotheses about what constrains problem resolution
 - Formulation of constraints (Web): hypothesizing metaframeworks at various levels of the system
- Current/recent plans for intervention
 - Position(s) on matrix: planning metaframeworks and context of therapy
 - Conversing/intervening patterns
 - Feedback
 - Response to conversing/intervening
 - Alliance
 - Specific STIC data, if any
 - Therapist reactions/Interface issues/use of self

**Master of Science in Marriage and Family Therapy Program
The Family Institute at Northwestern University**

Live Supervision Rating Form Example

Please note rating forms are not to be used. All forms are available through Tevera

Student: _____ Supervisor: _____ Date: _____

	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectations	Exceptional Skills
1. Conceptual Skills , including Systemic Conceptualization, Understanding IST, and use of Hypothesizing Metaframeworks						
	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectations	Exceptional Skills
2. Perceptual Skills , such as Reading the Feedback, and Identifying Problem Sequences						
	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectations	Exceptional Skills
3. Executive skills , including Alliance, Session Management, Intervening, and use of Planning Metaframeworks						
	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectations	Exceptional Skills
4. Evaluation Skills , Evaluation of Live Session by trainee: Effectiveness of Interventions						

**Master of Science in Marriage and Family Therapy Program
The Family Institute at Northwestern University**

Formal STIC Presentation

You are required to complete one formal STIC presentation for the academic year. This must involve graphs drawn from online data. Use an active case with a minimum of four sessions of STIC data. The focus should be on tracking the course of therapy using STIC data. Use the outline below for your presentation.

- Identifying data (please include simple genogram)
 - a. Names
 - b. Ages
 - c. Occupation
 - d. Relationship status
 - e. Ethnicity
 - f. Cultural background
 - g. Sexual orientation
- Treatment History (previous treatment)
- Presenting problems (initial presenting problem & current presenting problem)
 - Frequency
 - Intensity
 - Duration
 - Time & context of onset
- Case Formulation: PCM Blueprint for therapy
Hypothesis utilizing the Problem Metaframework Model, addressing both the web of constraints and strengths.
 1. Treatment Goals
 2. Planning: current position on the matrix
 3. Conversing: recent attempts at intervening
 4. Feedback: response to these conversations
- Identifying the clinical factors in the clinical range for each client. The further into the clinical range the more severe the problem. The hypothesizing metaframeworks should be used to generate hypotheses about the relationships between the clinical factors and the key clients arriving at an initial formulation of the Web of Constraints for the presenting problems: What hypotheses might you have about this case based on these data?
- Demonstrate what the alliance scales tell you about the alliance.
 - I. Self or Self/Group
 - II. Other
 - III. Within
 - IV. Group
 - V. Have there been any alliance scales that have changed?

Has any of this movement been on at least one level? Are the scales trending in the right direction? If not, why?
- What level of compliance have you had with the STIC? If non-compliant, please explain.
Have you shared STIC data with the system? If you have shared the data, what has the reaction been?

How has the STIC been helpful to your conduct of the therapy? Where do you go from here? How do hypotheses affect your treatment plan?

**Master of Science in Marriage and Family Therapy Program
The Family Institute at Northwestern University**

STIC Presentation Rating Form

Please note rating forms are not to be used. All forms are available through Tevera

Student: _____ Supervisor: _____ Date: _____

SKILLS		Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectations	Exceptional Skills
1.	Student clearly identified the client system.						
2.	Student clearly presented the history of previous treatment.						
3.	Student clearly identified the client system's presenting problems.						
4.	Student presented a clear case formulation utilizing Integrative Problem Centered Metaframeworks.						
5.	Student presented and interpreted the STIC data that was in the clinical range.						
6.	Student incorporated STIC data in generating hypotheses about the web of constraints.						
7.	Student integrated STIC data and feedback from sessions to understand the therapy alliance.						
8.	Student discussed client system's compliance with the STIC.						
9.	Student provided useful feedback to the client system about the STIC data.						
10.	The student clearly prescribed a treatment plan based on STIC data and client system needs.						

Master of Science in Marriage and Family Therapy (MSMFT)
The Family Institute at Northwestern University
Capstone Project

A Capstone project validates that students have integrated and consolidated their learning in a manner consistent with the program's mission, goals and outcomes. The MSMFT Capstone involves the completion of a study process and a paper that demonstrates the student's ability to develop significant knowledge, integrate that knowledge within the framework of Integrative Systemic Therapy and apply this integration to their clinical work. The project demonstrates the student's ability to accomplish such integration in their practice and, thereby, their readiness to continue their professional growth through the integration of new learnings.

Capstone Options

The Capstone Project requirement can be fulfilled in one of three ways:

1. **Case study.** Through the written presentation of a particular case, the student demonstrates comprehension of and competence with IST. The student illustrates how the challenges of the case led to refined case formulation (hypothesizing), the exploration of the literature for relevant knowledge and interventions, and the integration of these into the therapy (planning). Additional requirements include a discussion of cultural elements, ethical issues, relevant empirical findings, and self of the therapist.

In order to use the case study option, the selected case must meet the following criteria:

- A. It must be a relational case.
- B. It must involve no fewer than 10 therapy sessions conducted by the student.
- C. Three of the sessions must have video.
- D. Key elements of IST must be illustrated by the case (problem sequence, solution sequence, identified constraints, and selection of interventions from various aspects of the matrix, utilization of client feedback, and discussion of the maintenance of the therapeutic alliance).
- E. The student must include at least two pages of verbatim and annotated transcript that illustrates the application of the blueprint.

This is a 25-30 page paper (APA style). An alternative within this capstone option is to submit a 12-15 page paper with annotated video segments that substantially illustrate student learning and competence, as well as the integration of particular interventions into the work.

2. **Study of a special problem or population.** This capstone option involves the study of a particular special problem or population and the application of IST to it. Elements of this capstone include a review of the literature on the problem or population, a personal experience with the population in therapy or in an alternative role and setting (10 hour minimum face-to-face involvement), a reflection on how the research and your personal involvement has influenced your views of the conduct of IST with this population, and a discussion of how applying IST with cases involving this problem or population would enhance treatment and lead to better outcome. If the face-to-face involvement with the problem or population is in an alternative role (i.e., not in therapy), then the involvement is required to include at least two hours of discussion with a specialist or expert who works in the context providing you with this face-to-face experience. Additional requirements include a discussion of relevant cultural and ethical issues, as well as considerations related to the self of the therapist. This is a 25-30 page paper (APA style). The topic for this paper may not be utilized for any other course assignment.
3. **A portfolio project.** The portfolio capstone involves the selection and annotation of a compendium of key learning experiences in the student's course of study as a Marriage and Family Therapist. For each of the eight student learning outcomes (SLOs), the student selects one product from a course or supervision experience (e.g., paper, video of session, exercise, etc.). The student uses each product to demonstrate significant learning within a particular SLO. The Capstone Portfolio is intended to be a progressive and developmental project in

that it incorporates the contemporaneous feedback (from professor, supervisor and/or students) and highlights the current reflexive self-appraisal of the student's progress and growth as a therapist.

The portfolio, which will be assembled in the form of a digital Portfolio, includes substantial commentary on each of the products chosen. This commentary includes how the product or experience addresses a particular student learning outcome, the student's further reflections on the product or experience, and the discussion of the implications for professional practice going forward. This commentary for each of the eight selected products should be 2-5 pages each for a total of 25-30 pages. The commentary will focus primarily on its significance for the student's development as a Marriage and Family Therapist trained in IST.

Timeline for the Capstone

During summer quarter of their first year, students choose one of the three options and submit a one-page proposal for their capstone by the end of the summer quarter. By the second Monday in September, the capstone advisor approves the proposal or requires modifications of it. The student presents the Capstone advisor with progress reports in October, December, February, and March of the second year. The final project is due on the Friday of the fourth week of Spring quarter.

Master of Science in Marriage and Family Therapy (MSMFT)
Capstone Portfolio Section

IST Case Presentation Evaluation Form

Student: _____ Evaluator: _____ Date: _____

The student will choose a relational case that they/she/he has worked with for a minimum of eight sessions. Using this case, the student will present the case in group supervision in a way that demonstrates their/her/his ability to utilize IST as a means for decision-making and decision-evaluating with respect to the essence tasks over the course of therapy.

This case presentation is also a chance for the students to demonstrate their abilities to present a case in a way that is clear, articulate, IST-informed, and efficient. The ability to present a case well is a highly beneficial skill, which a therapist can carry with them throughout their career. Therefore, they will be evaluated on the following process-focused presentation criteria:

IST Presentation Skills		Meets Expectations	Does Not Meet Expectations	Comments
1.	Presents the case in a logical, organized sequence.			
2.	Time management/ appropriate utilization of the time allotted (30 minutes).			
3.	Articulates case content, ideas, hypotheses, interventions, etc. clearly using IST language.			
4.	Uses 2 brief video clips that appropriately support a chosen aspect(s) of the presentation.			
5.	Ability to answer/handle questions.			
6.	Sufficient supporting data/research provided.			

**Master of Science in Marriage and Family Therapy (MSMFT)
The Family Institute at Northwestern University**

AdvancedMD Documentation

Instructions for the DASH Initial Assessment

An Initial Assessment in DASH needs to be completed *once for each case* (not each individual) prior to the 5th session.

The Initial Assessment fulfills a standard for clinical record keeping and addresses factors that help you begin treatment. Since assessment and intervention in IST are inseparable and co-occurring processes that span the course of therapy, this initial assessment would not be expected to be comprehensive. Thus, you are not expected to develop a full assessment of all the factors of the case, nor are you required to address each metaframework comprehensively. This is not the place for the open and creative process of hypothesizing. It is the place to mention important factual information and observations that you think may impact the conduct of the case.

1. Select the most relevant options from the Problem and Corresponding Goals list (you can choose more than one if appropriate).
2. Complete the Risk Assessment as needed (consult with group supervisor).
3. Complete the Types of Treatment Recommended.
4. Add the Diagnosis of Z71.9 through the ICD selector below the Diagnosis box and save it to the chart if needed.
5. Complete the IST Initial Assessment (see below) and copy it into the first Narrative/Additional Information if Needed box.
6. You may use the questions from the other sections in the DASH assessment (i.e., Presenting Problem, Symptoms, History) as guides to complete the relevant sections on the IST assessment.

For the IST Initial Assessment (see below for a template and example), you must complete the following sections in detail:

- I. The presenting problem(s) and known problem sequence(s)
- II. Risk factors
- III. Family constellation
- IV. Living arrangements
- V. Education levels and current employment
- VI. Relevant medical, psychiatric and substance abuse history

For identifying strengths and constraints, you are not required to respond in all of the metaframework categories. This is particularly true with the section on constraints. As you will recall from the IST essence diagram, constraints will be identified as solution sequences are formulated and attempted. That being said, you will also hear about constraining factors in the course of your first few sessions.

**Master of Science in Marriage and Family Therapy (MSMFT)
The Family Institute at Northwestern University**

AdvancedMD/DASH Documentation

IST Initial Assessment Template (with example case)

Please describe presenting problem/s. Include the problem sequence/s.

John presents with chronic anxiety and anxiety-related symptoms. Usually, the anxiety is related to work, but he feels it in other situations as well. John reports that it interferes with his physical health because he can't get a good night's sleep. It also interferes with his performance at work as well as his personal relationships, particularly with colleagues at work.

The most problematic sequence that John finds himself in is described as follows. He goes to work and is already somewhat irritable because of a lack of a good night of sleep due to restlessness. He receives a deadline for a project or gets some criticism from his supervisor and this increases his anxiety. His irritability increases and he is verbally hostile towards a colleague. He feels upset because he wants to have positive relationships in his workplace. He leaves work and goes home and tries to relax by taking a shower before bed or smoking, but he is still thinking about work. He tries to go to sleep but his restlessness prevents him from doing so. He eventually is able to sleep for a couple hours here and there but wakes up very tired.

Family Constellation (Please identify members in direct and indirect system. Please include cultural considerations)

Client is the oldest of three children in his nuclear family. His parents (father – 60 and mother – 57) and his two sisters (ages 28 and 32) live in Florida. His father is of Eastern European ethnicity and his mother's family is from Italy. His parents are both first generation Americans who moved to the U.S. when they both were in their 20s. His father was able to establish a successful career in marketing, while his mother was a homemaker. His younger sisters both completed college and are now successful in their fields. One is a nurse and the other works in advertising. John talks to his sisters a few times a year but not as frequently as he talks to his parents, whom he tries to call at least once a week.

Current Living Arrangements (Who lives with whom, including custody issues, visitation issues, co-habitation, recent moves, etc. if applicable)

John lives in a studio apartment in a nice area of Chicago. He lives alone but has a landlord who is very friendly and often invites him to dinner with him and his wife and children. He feels safe in his part of town. His parents live in an urban neighborhood that is sometimes dangerous and has an above average crime rate. He often worries about their safety.

Education and Employment Level (For Adults current employment and educational level. For children school attended, current grade, and academic school or behavioral issues recognized by the school with IEP or 504 plan).

John successfully completed college and went on to earn a Master's in Marketing Research at a top-tier institution. He started work immediately after earning his master's and earned a recent promotion, which prompted his relocation to Chicago. He is now a manager of his department in a very successful marketing firm in downtown.

Identify any risk of harm to self or others (If there are Risk Factors, please complete the Risk Assessment tab in DASH)

No present risk noted. Client denied suicidal ideation, intent, or plans. Client also denied any physical aggression towards others.

Relevant Family, Medical, Psychiatric and Substance Abuse History

John has no relevant medical history. Psychiatric history – was diagnosed with GAD at age 24. Substances – drinks beer and sometimes liquor only in social settings, usually once per week but never more than twice per week. Smokes around 1-2 packs of cigarettes daily.

Family – Mother has a history of high blood pressure. Father has had one heart attack at age 58 but is now on medication and has had no recent health issues.

Strengths and Resources

Sequences – John is sometimes able to interrupt his own anxiety by utilizing different stress-reducing techniques. For example, when he notices that he's having a particularly stressful day at work, he sometimes uses his lunch break to take a walk outside. He finds that doing this allows him to get out and enjoy some fresh air and take his mind off of work for an hour, and when he returns to the office, he is less stressed and has a productive and calmer afternoon (S1).

Organization – John's leadership skills and work ethic are partially attributed to the fact that he is the oldest of his siblings, and often helped his mom watch his two younger sisters and occasionally care for them when mom was out running errands.

Development – John is currently in the midst of a big life transition because he has only recently moved away from his hometown where his parents currently live. This move to a brand new city where he knows very few people outside of his office, while stressful, has instilled a newfound independence in him. He finds that he is enjoying this independence and reliance on oneself and takes a lot of pride in himself for this and his other accomplishments. Thus, he is very motivated and hard-working, and has a strong sense of willpower.

Biology – John is an overall healthy person. He exercises regularly as another method of reducing anxiety. He also tends to eat healthy and is conscious of his eating habits. He only drinks about two alcoholic beverages per week.

Culture – John's parents both immigrated to the United States from Europe when they were young adults. They faced adversity and many obstacles and stressors when they made this move. Because of this, they taught John to be hard-working, resilient and flexible to change. Despite his anxiety, these personality characteristics are strengths in his character that aid in his motivation to overcome obstacles.

Gender – John's cultural background enforces strong gender roles, which his parents reinforced throughout his childhood. His father constantly emphasized John's need to become successful like he did so that he can one day support a wife and a large family. Work, which was always his father's priority, became John's priority as well. This reinforced John's strong will power, work ethic, and determination to be successful in his career and in other areas of his life.

Mind – John has an inherently good sense of self-awareness. He is cognizant of his emotions and levels of anxiety at most times and is very aware of the things that can lead him into unhealthy patterns.

Constraints to change

Sequences – One of the more problematic sequences, detailed above, is that John tends to become anxious because of work-related projects, and this anxiety stays with him the remainder of the day, causing restlessness at night, which increases his irritability and propensity towards anxiety the following morning and day (S2).

Organization – Client's family is best characterized by rigid boundaries. His father and he never developed a strong relationship; rather, it was one of discipline and lack of emotion. His father's relationships with each of his sisters are similar. Because of this lack of openness and warmth in many of the relationships in his household growing up, John has a harder time developing new relationships now that he is an adult.

Development – The move away from his parents and his hometown was a difficult one because he now has a very small support system and social network. This transition, while strengthening in some ways, has been weakening in others, because it introduced many stressors in his life, thus increasing his anxiety.

Biology – John utilizes smoking as an anxiety-reducing habit. He smokes about 1-2 packs a day. He is unmotivated to quit which could be harmful to his health.

Culture – John has often felt as though he does not fit into the community or the culture that surrounds him. Because of this, and other factors, it is more difficult for him to find a social network and people with whom he can connect.

Gender – John's need to be strong and successful like his father results in an increase of stress and anxiety when he feels doubts as to his ability to succeed. His need to be perfect at work overwhelms him and prohibits him from having other satisfying parts to his life including a social network.

Mind – John often becomes fixated on details or idealizes perfection when working on things that are work-related. He becomes very focused on a project or paperwork and cannot think about other things until he finishes whatever he is working on. During these times of extreme focus or fixation, his anxiety tends to rise. This is a sequence that he is aware of and reports as a goal to work on changing this sequence. (M1)

IST Initial Assessment

Account #	Client Name (s)			Case Context
2626	Last Doe, First John			Individual
Date: 12/3/2014	Last	, First	Date of Birth / /	Couple
	Last	, First	Date of Birth / /	Family
	Last	, First	Date of Birth / /	Other <i>specify</i>
	Last	, First	Date of Birth / /	
Please describe presenting problems/s. Include problem sequence/s				
Family Constellation				
Current Living Arrangements				
Education and Employment Level				
Identify any risk of harm to self or others				
Relevant Family, Medical, Psychiatric and Substance Abuse History				
Strengths and Resources				
Constraints to change				

Instructions for DASH Treatment Plan

A Treatment Plan in DASH needs to be completed for each case (not each individual) prior to the 5th session and every 6 months that the case continues in treatment.

1. Complete the Type of Treatment Recommended. This should match the Initial Assessment for the first Treatment Plan.
2. Select the most relevant options from the Problem and Corresponding Goals list (you can choose more than one if appropriate). Again, this should match the Initial Assessment for the first Treatment Plan.
3. Check the relevant Constraints to Change based on your IST Initial Assessment and ongoing treatment planning. Do not type anything in the additional boxes for the first treatment plan. For subsequent treatment plans, you can type comments next to the relevant Constraints to Change if you have found out more information or if something has changed from the initial assessment and treatment plan.
4. Check the relevant Strengths and Resources.
5. Check Integrative Systemic Therapy for the Treatment Modality / Interventions.
6. Add the Diagnosis of Z71.9 through the ICD selector below the Diagnosis box.
7. Complete Risk Assessment option of Yes or No at the time of the Treatment Plan.

THE FAMILY INSTITUTE'S MISSION AND CORE VALUES

The Family Institute Mission

The mission of The Family Institute is to strengthen and heal families from all walks of life through clinical service, education and research.

Core Values and Beliefs

The family is the singular most significant factor influencing human identity. Family-based therapy is a powerful model for change, one that not only helps people cope with major life issues, but that can ultimately transform how we lead our lives, resulting in healthier communities and societies. Quality mental health care should be available to all who need it, regardless of their financial resources. The definition of “family” takes many forms and is not limited by the boundaries of biology and marriage. These beliefs are as relevant today as they were when The Family Institute was founded in 1968. They guide us as we extend our capacity to help greater numbers of people and an enormous diversity of families.

The Family Institute puts its mission and values into practice every day by:

1. Providing the highest quality mental health services to those who suffer, including those who cannot pay.
2. Reaching out to help underserved populations, including racial ethnic minorities and lesbian, gay, bisexual and transgender families.
3. Training and mentoring the mental health innovators and leaders of tomorrow.
4. Investigating how psychotherapy works and developing new breakthroughs in treatment.
5. Building the preeminent care, teaching and research center, a model for excellence and an internationally recognized leader in the field of marriage and family therapy.

HISTORY

The Science and Practice of Family Therapy

The Family Institute helped pioneer the field of family therapy, based on the idea that people's psychological problems could not be understood or treated in isolation from their families. This was a fundamental departure from the traditional practice of treating individuals in isolation and it gave rise to entirely new models for therapeutic care.

Founded in 1968, The Family Institute is the Midwest's oldest and largest organization devoted to marriage and family therapy, education and research. Much like a teaching hospital in the medical arena, The Family Institute is a center for direct care, for academic learning and for new discovery.

The Institute provides counseling and psychotherapy throughout the Chicago metropolitan area including community-based mental health services for low-income, at risk families. It now helps more than 4,000 people annually.

The Family Institute also operates graduate programs in marriage and family therapy and counseling psychology at Northwestern University and conducts important research projects that lead to better understanding of mental health issues. The distinguished professional staff and faculty include internationally recognized experts who combine the roles of therapist/teacher/scientist.

This integration of treatment, education and scientific investigation creates a critical mass for making new discoveries, forging creative solutions and developing innovative approaches to therapy. No other institution brings together such a concentration of knowledge, expertise and academic credentials in marriage and family therapy.

THE NORTHWESTERN UNIVERSITY AFFILIATION

Integrating clinical, educational and research areas creates a critical mass for developing innovative approaches and forging creative solutions. Through a unique affiliation, The Family Institute is integrally linked with one of the nation's most prestigious institutions of higher learning, Northwestern University. This relationship permits The Family Institute to remain an independent, not-for-profit organization – with its own governance, programmatic and funding autonomy – while benefiting from the academic richness of a major university.

The Center for Applied Psychological and Family Studies

Under the partnership, The Family Institute operates the University's Center for Applied Psychological and Family Studies in cooperation with Northwestern University's Graduate School and Office of Research.

Graduate Degree Programs

Academic and research activities at The Institute are conducted under the auspices of the Center. They include two graduate degree programs: Master of Science in Marriage and Family Therapy and Master of Arts in Counseling Psychology. Degrees for both programs are conferred by The Graduate School. While students in these programs receive most of their classroom work and much of their clinical training at The Family Institute, they enjoy the full benefits of a Northwestern University graduate education, including access to university libraries and other Northwestern assets. Qualified faculty hold a clinical appointment through Northwestern University's Department of Psychology.

Research

The Northwestern University partnership is also evident in The Institute's research programs. Two endowed positions at The Institute – the Patricia M. Nielsen Research Chair and the Kovler Research Scholar – are currently occupied by Northwestern University faculty from the Department of Psychology. The relationship with the university is expected to continue to grow in the coming years, as research becomes an increasingly important part of The Family Institute's operations.

Northwestern University Important Numbers		
Office	Address	Phone Number
AccessibleNU	2122 Sheridan Road, Suite 130	(847) 467-5530
Bursar's Office	619 Clark Street	(847) 491 – 5343
The Family Institute	618 Library Place	(847) 733 – 4300
Financial Aid Office	Rebecca Crown Center, 633 Clark Street	(847) 491 – 8950
Fitness and Recreation Facilities	2379 N. Campus Drive	(847) 491 – 4300
General Information-Evanston Campus		(847) 491 – 3741
General Information-Chicago Campus		(312) 503 – 8649
The Graduate School	Rebecca Crown Center, 633 Clark Street	(847) 491 – 5279
Bianca West, Student Services Assistant	bianca.west@northwestern.edu	(847) 491 – 7332
Kristine Emrich, Assistant Director of Student Services	Kristine.emrich@northwestern.edu	(847) 491-8469
Kate Veraldi, Senior Director of Student Services	k-veraldi@northwestern.edu	(847) 467 – 4108
Health Services	Searle Hall, 633 Emerson Street	(847) 491 – 8100
Norris University Center	1999 S. Campus Drive	(847) 491 – 2300
Norris University Book Store	1999 S. Campus Drive	(847) 491 – 3990
Off Campus Housing	Engelhart Hall, 1915 Maple Street	(847) 491 – 3015
On Campus Housing	Engelhart Hall, 1915 Maple Street	(847) 491 – 5127
Parking Office	1841 Sheridan Road	(847) 491 – 3319
Registrar	Rebecca Crown Center, 633 Clark Street	(847) 491 – 5234
Student Accounts	555 Clark Street	(847) 491 – 5224
Technology Support Services (NUIT)	Kresge Hall, Room 1-435, 1859 Sheridan	(847) 491-4357
University Library	1970 Campus Drive	(847) 491 – 7658
University Police	1201 Davis Street	(847) 491 – 3254 (information) (847) 491 – 3456 (emergency)

Education and Clinic Directory

NORTHWESTERN UNIVERSITY Campus Highlights*

1. Alice S. Millar Chapel

Northwestern University is an officially secular institution. However, with almost 30 religious groups and 11 dedicated campus clergy, students can choose to be active in a range of faith communities. Millar Chapel offers Protestant services and provides meeting space for an array of religious groups.

2. Student Life Countless resources are available to help Northwestern undergraduates succeed in their studies and with future plans. The University Academic Advising Center (1940 Sheridan Road) focuses on choosing majors/double majors, inter-school transfers, and health professions advising. University Career Services (620 Lincoln Street) offers walk-in advising and on-campus recruiting. Student Affairs (Scott Hall) oversees areas such as student life, multicultural resources, and health services.

3. The Rock A gift of the class of 1902, the Rock was once a decorative drinking fountain. Today it is the center of a campus tradition in which students paint the Rock overnight to publicize events and causes.

4. University Hall, Kresge Centennial Hall, and Harris Hall University Hall, Kresge Centennial Hall, and the recently renovated Harris Hall house several departments in the Weinberg College of Arts and Sciences as well as classrooms and lecture halls. University Hall, built in 1869, is the oldest building on campus.

5. Annie May Swift Hall Built in 1895 and recently renovated, Annie May Swift Hall houses School of Communication offices, a theater-lecture hall, seminar classrooms, and a flexible teaching area for performance studies.

6. Deering Library Loosely modeled on King's College Chapel at Cambridge University, Deering Library served as the University's main library until 1970. It now contains the art and music libraries as well as University Archives.

7. University Library With more than 4 million volumes, the main library houses the 10th-largest private collection in the country. InfoCommons on Level 1 provides computer workstations, plasma screens for laptop hookup, and computer-ready booths and flexible seating areas for group work.

8. Shakespeare Garden and Dearborn Observatory Hidden from view, students come to the Shakespeare Garden for moments of quiet

reflection in a beautifully landscaped setting. Dearborn Observatory is used for both astronomy classes and Friday-night stargazing.

9. Technological Institute and Ford Motor Company Engineering Design Center

At more than 750,000 square feet, the Technological Institute has been home to the McCormick School of Engineering and Applied Science since 1942. The LEED-certified Ford Center houses the Segal Design Institute, the Farley Center for Entrepreneurship and Innovation, and the Murphy Cooperative Engineering Program.

10. Patten Gymnasium In addition to three hardwood multipurpose courts for basketball and volleyball, an Olympic free weight room, and a leg weight room, Patten Gymnasium houses the Gleacher Golf Center, widely regarded as the finest indoor learning center in the collegiate golf world.

11. Henry Crown Sports Pavilion, Norris Aquatics Center, and Combe Tennis Center

These sports facilities feature an Olympic-size swimming pool, a diving pool, a running track, aerobic exercise equipment, resistance equipment, and free weights, as well as racquetball, basketball, and squash courts. Combe Tennis Center, built in 2002, has six indoor tennis courts and hosts matches for the men's and women's tennis teams.

12. Ryan Hall and Silverman Hall Ryan Hall and the nearby Silverman Hall for Molecular Therapeutics and Diagnostics are home to impressive facilities for scientists working on fields such as nanotechnology, computational bioinformatics, and precision proteomics.

13. Various varsity athletic venues Several of our Big Ten varsity teams practice and compete $\frac{3}{4}$ of a mile west of campus. Our Lakeside Fields for soccer, lacrosse, and field hockey are located at the north end of the lakefront.

14. Lakefront, campus beaches, and boathouse Northwestern students enjoy swimming and recreation on two campus beaches. Students also have access to a boathouse for sailboat and windsurfing rentals. The lakeside path between the two beaches is well used by walkers, runners, and bicyclists.

15. Annenberg Hall Home to the School of Education and Social Policy since 1993, Annenberg Hall hosts the school's advising offices as well as classrooms and research labs.

16. Norris University Center

Our student union is where you'll find the campus bookstore, a large food court, a Starbucks, a bank, an Apple store, the Wildcard office and the campus box office, as well as other student services and activities.

17. Arts Circle Pick-Staiger Concert Hall hosts major musical performances; Regenstein Hall of Music houses smaller performance venues and music practice rooms for students. The Mary and Leigh Block Museum of Art showcases prints, photography, and other visual media.

18. Theatre and Interpretation Center and John J. Louis Hall

The four theaters in the Theatre and Interpretation Center provide stages for the majority of the student productions held on campus each year. The center also contains rehearsal rooms, dance studios, and scene and costume shops. The adjacent John J. Louis Hall contains a film sound stage, a large TV studio, editing rooms, and an auditorium.

19. Fisk Hall and McCormick Tribune Center The Medill School's journalism facilities are based in both Fisk Hall and the McCormick Tribune Center. These include a top floor broadcast studio that holds a state-of-the-art control room and engineering area, a four-person anchor desk, room for 16 reporters/producers, and high-end editing rooms.

20. Music Administration Building and Lutkin Hall These two buildings house classrooms, practice spaces, and performance venues for Bienen School of Music students, as well as the Office of Music Admission and Financial Aid.

21. Student Housing Northwestern students are offered an array of housing options on campus, from residential colleges that house 25 to halls that house up to 600. Housing can be found across campus.

Learn more about Northwestern

We hope you enjoyed your visit to Northwestern's Evanston campus! To learn more, please contact the Office of Undergraduate Admission:

ug-admission@northwestern.edu
www.ugadm.northwestern.edu
(847) 491-7271

*numbers correspond to map locations



Code of Ethics



PREAMBLE

The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgates, pursuant to Article 2, Section 2.01.3 of the Association's Bylaws, the Revised AAMFT Code of Ethics, effective January 1, 2015.

Honoring Public Trust

The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code. The ethical standards define professional expectations and are enforced by the AAMFT Ethics Committee.

Commitment to Service, Advocacy and Public Participation

Marriage and family therapists are defined by an enduring dedication to professional and ethical excellence, as well as the commitment to service, advocacy, and public participation. The areas of service, advocacy, and public participation are recognized as responsibilities to the profession equal in importance to all other aspects. Marriage and family therapists embody these aspirations by participating in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return. Additionally, marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest. Marriage and family therapists also encourage public participation in the design and delivery of professional services and in the regulation of practitioners. Professional competence in these areas is essential to the character of the field, and to the well-being of clients and their communities.

Seeking Consultation

The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities.

Code of Ethics

Ethical Decision-Making

Both law and ethics govern the practice of marriage and family therapy. When making decisions regarding professional behavior, marriage and family therapists must consider the AAMFT Code of Ethics and applicable laws and regulations. If the AAMFT Code of Ethics prescribes a standard higher than that required by law, marriage and family therapists must meet the higher standard of the AAMFT Code of Ethics. Marriage and family therapists comply with the mandates of law, but make known their commitment to the AAMFT Code of Ethics and take steps to resolve the conflict in a responsible manner. The AAMFT supports legal mandates for reporting of alleged unethical conduct.

Marriage and family therapists remain accountable to the AAMFT Code of Ethics when acting as members or employees of organizations. If the mandates of an organization with which a marriage and family therapist is affiliated, through employment, contract or otherwise, conflict with the AAMFT Code of Ethics, marriage and family therapists make known to the organization their commitment to the AAMFT Code of Ethics and take reasonable steps to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.

Binding Expectations

The AAMFT Code of Ethics is binding on members of AAMFT in all membership categories, all AAMFT Approved Supervisors and all applicants for membership or the Approved Supervisor designation. AAMFT members have an obligation to be familiar with the AAMFT Code of Ethics and its application to their professional services. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.

Resolving Complaints

The process for filing, investigating, and resolving complaints of unethical conduct is described in the current AAMFT Procedures for Handling Ethical Matters. Persons accused are considered innocent by the Ethics Committee until proven guilty, except as otherwise provided, and are entitled to due process. If an AAMFT member resigns in anticipation of, or during the course of, an ethics investigation, the Ethics Committee will complete its investigation. Any publication of action taken by the Association will include the fact that the member attempted to resign during the investigation.

Aspirational Core Values

The following core values speak generally to the membership of AAMFT as a professional association, yet they also inform all the varieties of practice and service in which marriage and family therapists engage. These core values are aspirational in nature, and are distinct from ethical standards. These values are intended to provide an aspirational framework within which marriage and family therapists may pursue the highest goals of practice.

The core values of AAMFT embody:

1. Acceptance, appreciation, and inclusion of a diverse membership.
2. Distinctiveness and excellence in training of marriage and family therapists and those desiring to advance their skills, knowledge and expertise in systemic and relational therapies.
3. Responsiveness and excellence in service to members.
4. Diversity, equity and excellence in clinical practice, research, education and administration.
5. Integrity evidenced by a high threshold of ethical and honest behavior within Association governance and by members.
6. Innovation and the advancement of knowledge of systemic and relational therapies.

Ethical Standards

Ethical standards, by contrast, are rules of practice upon which the marriage and family therapist is obliged and judged. The introductory paragraph to each standard in the AAMFT Code of Ethics is an aspirational/explanatory orientation to the enforceable standards that follow.

Code of Ethics

STANDARD I

RESPONSIBILITY TO CLIENTS

Marriage and family therapists advance the welfare of families and individuals and make reasonable efforts to find the appropriate balance between conflicting goals within the family system.

1.1 Non-Discrimination. Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity or relationship status.

1.2 Informed Consent. Marriage and family therapists obtain appropriate informed consent to therapy or related procedures and use language that is reasonably understandable to clients. When persons, due to age or mental status, are legally incapable of giving informed consent, marriage and family therapists obtain informed permission from a legally authorized person, if such substitute consent is legally permissible. The content of informed consent may vary depending upon the client and treatment plan; however, informed consent generally necessitates that the client: (a) has the capacity to consent; (b) has been adequately informed of significant information concerning treatment processes and procedures; (c) has been adequately informed of potential risks and benefits of treatments for which generally recognized standards do not yet exist; (d) has freely and without undue influence expressed consent; and (e) has provided consent that is appropriately documented.

1.3 Multiple Relationships. Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists document the appropriate precautions taken.

1.4 Sexual Intimacy with Current Clients and Others. Sexual intimacy with current clients or with known members of the client's family system is prohibited.

1.5 Sexual Intimacy with Former Clients and Others. Sexual intimacy with former clients or with known members of the client's family system is prohibited.

1.6 Reports of Unethical Conduct. Marriage and family therapists comply with applicable laws regarding the reporting of alleged unethical conduct.

1.7 Abuse of the Therapeutic Relationship. Marriage and family therapists do not abuse their power in therapeutic relationships.

1.8 Client Autonomy in Decision Making. Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise clients that clients have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

1.9 Relationship Beneficial to Client. Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

1.10 Referrals. Marriage and family therapists respectfully assist persons in obtaining appropriate therapeutic services if the therapist is unable or unwilling to provide professional help.

1.11 Non-Abandonment. Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of treatment.

Code of Ethics

1.12 Written Consent to Record. Marriage and family therapists obtain written informed consent from clients before recording any images or audio or permitting third-party observation.

1.13 Relationships with Third Parties. Marriage and family therapists, upon agreeing to provide services to a person or entity at the request of a third party, clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and the limits of confidentiality.

STANDARD II

CONFIDENTIALITY

Marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client.

2.1 Disclosing Limits of Confidentiality. Marriage and family therapists disclose to clients and other interested parties at the outset of services the nature of confidentiality and possible limitations of the clients' right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.

2.2 Written Authorization to Release Client Information. Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of couple, family or group treatment, the therapist may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

2.3 Client Access to Records. Marriage and family therapists provide clients with reasonable access to records concerning the clients. When providing couple, family, or group treatment, the therapist does not provide access to records without a written authorization from each individual competent to execute a waiver. Marriage and family therapists limit client's access to their records only in exceptional circumstances when they are concerned, based on compelling evidence, that such access could cause serious harm to the client. The client's request and the rationale for withholding some or all of the record should be documented in the client's file. Marriage and family therapists take steps to protect the confidentiality of other individuals identified in client records.

2.4 Confidentiality in Non-Clinical Activities. Marriage and family therapists use client and/or clinical materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with Standard 2.2, or when appropriate steps have been taken to protect client identity and confidentiality.

2.5 Protection of Records. Marriage and family therapists store, safeguard, and dispose of client records in ways that maintain confidentiality and in accord with applicable laws and professional standards.

2.6 Preparation for Practice Changes. In preparation for moving a practice, closing a practice, or death, marriage and family therapists arrange for the storage, transfer, or disposal of client records in conformance with applicable laws and in ways that maintain confidentiality and safeguard the welfare of clients.

2.7 Confidentiality in Consultations. Marriage and family therapists, when consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written consent of the client, research participant, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of the consultation.

Code of Ethics

STANDARD III

PROFESSIONAL COMPETENCE AND INTEGRITY

Marriage and family therapists maintain high standards of professional competence and integrity.

3.1 Maintenance of Competency. Marriage and family therapists pursue knowledge of new developments and maintain their competence in marriage and family therapy through education, training, and/or supervised experience.

3.2 Knowledge of Regulatory Standards. Marriage and family therapists pursue appropriate consultation and training to ensure adequate knowledge of and adherence to applicable laws, ethics, and professional standards.

3.3 Seek Assistance. Marriage and family therapists seek appropriate professional assistance for issues that may impair work performance or clinical judgment.

3.4 Conflicts of Interest. Marriage and family therapists do not provide services that create a conflict of interest that may impair work performance or clinical judgment.

3.5 Maintenance of Records. Marriage and family therapists maintain accurate and adequate clinical and financial records in accordance with applicable law.

3.6 Development of New Skills. While developing new skills in specialty areas, marriage and family therapists take steps to ensure the competence of their work and to protect clients from possible harm. Marriage and family therapists practice in specialty areas new to them only after appropriate education, training, and/or supervised experience.

3.7 Harassment. Marriage and family therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.8 Exploitation. Marriage and family therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.9 Gifts. Marriage and family therapists attend to cultural norms when considering whether to accept gifts from or give gifts to clients. Marriage and family therapists consider the potential effects that receiving or giving gifts may have on clients and on the integrity and efficacy of the therapeutic relationship.

3.10 Scope of Competence. Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

3.11 Public Statements. Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

3.12 Professional Misconduct. Marriage and family therapists may be in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continue to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

Code of Ethics

STANDARD IV

RESPONSIBILITY TO STUDENTS AND SUPERVISEES

Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

4.1 Exploitation. Marriage and family therapists who are in a supervisory role are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

4.2 Therapy with Students or Supervisees. Marriage and family therapists do not provide therapy to current students or supervisees.

4.3 Sexual Intimacy with Students or Supervisees. Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee.

4.4 Oversight of Supervisee Competence. Marriage and family therapists do not permit students or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.

4.5 Oversight of Supervisee Professionalism. Marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.

4.6 Existing Relationship with Students or Supervisees. Marriage and family therapists are aware of their influential positions with respect to supervisees, and they avoid exploiting the trust and dependency of such persons. Supervisors, therefore, make every effort to avoid conditions and multiple relationships with supervisees that could impair professional judgment or increase the risk of exploitation. Examples of such relationships include, but are not limited to, business or close personal relationships with supervisees or the supervisee's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, supervisors document the appropriate precautions taken.

4.7 Confidentiality with Supervisees. Marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law.

4.8 Payment for Supervision. Marriage and family therapists providing clinical supervision shall not enter into financial arrangements with supervisees through deceptive or exploitative practices, nor shall marriage and family therapists providing clinical supervision exert undue influence over supervisees when establishing supervision fees. Marriage and family therapists shall also not engage in other exploitative practices of supervisees.

STANDARD V

RESEARCH AND PUBLICATION

Marriage and family therapists respect the dignity and protect the welfare of research participants, and are aware of applicable laws, regulations, and professional standards governing the conduct of research.

5.1 Institutional Approval. When institutional approval is required, marriage and family therapists submit accurate information about their research proposals and obtain appropriate approval prior to conducting the research.

Code of Ethics

5.2 Protection of Research Participants. Marriage and family therapists are responsible for making careful examinations of ethical acceptability in planning research. To the extent that services to research participants may be compromised by participation in research, marriage and family therapists seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

5.3 Informed Consent to Research. Marriage and family therapists inform participants about the purpose of the research, expected length, and research procedures. They also inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate such as potential risks, discomforts, or adverse effects. Marriage and family therapists are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments which limit understanding and/or communication, or when participants are children. Marriage and family therapists inform participants about any potential research benefits, the limits of confidentiality, and whom to contact concerning questions about the research and their rights as research participants.

5.4 Right to Decline or Withdraw Participation. Marriage and family therapists respect each participant's freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation. When offering inducements for research participation, marriage and family therapists make reasonable efforts to avoid offering inappropriate or excessive inducements when such inducements are likely to coerce participation.

5.5 Confidentiality of Research Data. Information obtained about a research participant during the course of an investigation is confidential unless there is a waiver previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

5.6 Publication. Marriage and family therapists do not fabricate research results. Marriage and family therapists disclose potential conflicts of interest and take authorship credit only for work they have performed or to which they have contributed. Publication credits accurately reflect the relative contributions of the individual involved.

5.7 Authorship of Student Work. Marriage and family therapists do not accept or require authorship credit for a publication based from student's research, unless the marriage and family therapist made a substantial contribution beyond being a faculty advisor or research committee member. Co-authorship on student research should be determined in accordance with principles of fairness and justice.

5.8 Plagiarism. Marriage and family therapists who are the authors of books or other materials that are published or distributed do not plagiarize or fail to cite persons to whom credit for original ideas or work is due.

5.9 Accuracy in Publication. Marriage and family therapists who are authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the published materials are accurate and factual.

STANDARD VI

TECHNOLOGY-ASSISTED PROFESSIONAL SERVICES

Therapy, supervision, and other professional services engaged in by marriage and family therapists take place over an increasing number of technological platforms. There are great benefits and responsibilities inherent in both the traditional therapeutic and supervision contexts, as well as in the utilization of technologically-assisted professional services. This standard addresses basic ethical requirements of offering therapy, supervision, and related professional services using electronic means.

Code of Ethics

6.1 Technology Assisted Services. Prior to commencing therapy or supervision services through electronic means (including but not limited to phone and Internet), marriage and family therapists ensure that they are compliant with all relevant laws for the delivery of such services. Additionally, marriage and family therapists must: (a) determine that technologically-assisted services or supervision are appropriate for clients or supervisees, considering professional, intellectual, emotional, and physical needs; (b) inform clients or supervisees of the potential risks and benefits associated with technologically-assisted services; (c) ensure the security of their communication medium; and (d) only commence electronic therapy or supervision after appropriate education, training, or supervised experience using the relevant technology.

6.2 Consent to Treat or Supervise. Clients and supervisees, whether contracting for services as individuals, dyads, families, or groups, must be made aware of the risks and responsibilities associated with technology-assisted services. Therapists are to advise clients and supervisees in writing of these risks, and of both the therapist's and clients'/supervisees' responsibilities for minimizing such risks.

6.3 Confidentiality and Professional Responsibilities. It is the therapist's or supervisor's responsibility to choose technological platforms that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

6.4 Technology and Documentation. Therapists and supervisors are to ensure that all documentation containing identifying or otherwise sensitive information which is electronically stored and/or transferred is done using technology that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

6.5 Location of Services and Practice. Therapists and supervisors follow all applicable laws regarding location of practice and services, and do not use technologically-assisted means for practicing outside of their allowed jurisdictions.

6.6 Training and Use of Current Technology. Marriage and family therapists ensure that they are well trained and competent in the use of all chosen technology-assisted professional services. Careful choices of audio, video, and other options are made in order to optimize quality and security of services, and to adhere to standards of best practices for technology-assisted services. Furthermore, such choices of technology are to be suitably advanced and current so as to best serve the professional needs of clients and supervisees.

STANDARD VII

PROFESSIONAL EVALUATIONS

Marriage and family therapists aspire to the highest of standards in providing testimony in various contexts within the legal system.

7.1 Performance of Forensic Services. Marriage and family therapists may perform forensic services which may include interviews, consultations, evaluations, reports, and assessments both formal and informal, in keeping with applicable laws and competencies.

7.2 Testimony in Legal Proceedings. Marriage and family therapists who provide expert or fact witness testimony in legal proceedings avoid misleading judgments, base conclusions and opinions on appropriate data, and avoid inaccuracies insofar as possible. When offering testimony, as marriage and family therapy experts, they shall strive to be accurate, objective, fair, and independent.

7.3 Competence. Marriage and family therapists demonstrate competence via education and experience in providing testimony in legal systems.

Code of Ethics

7.4 Informed Consent. Marriage and family therapists provide written notice and make reasonable efforts to obtain written consents of persons who are the subject(s) of evaluations and inform clients about the evaluation process, use of information and recommendations, financial arrangements, and the role of the therapist within the legal system.

7.5 Avoiding Conflicts. Clear distinctions are made between therapy and evaluations. Marriage and family therapists avoid conflict in roles in legal proceedings wherever possible and disclose potential conflicts. As therapy begins, marriage and family therapists clarify roles and the extent of confidentiality when legal systems are involved.

7.6 Avoiding Dual Roles. Marriage and family therapists avoid providing therapy to clients for whom the therapist has provided a forensic evaluation and avoid providing evaluations for those who are clients, unless otherwise mandated by legal systems.

7.7 Separation of Custody Evaluation from Therapy. Marriage and family therapists avoid conflicts of interest in treating minors or adults involved in custody or visitation actions by not performing evaluations for custody, residence, or visitation of the minor. Marriage and family therapists who treat minors may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective as a treating marriage and family therapist, so long as the marriage and family therapist obtains appropriate consents to release information.

7.8 Professional Opinions. Marriage and family therapists who provide forensic evaluations avoid offering professional opinions about persons they have not directly interviewed. Marriage and family therapists declare the limits of their competencies and information.

7.9 Changes in Service. Clients are informed if changes in the role of provision of services of marriage and family therapy occur and/or are mandated by a legal system.

7.10 Familiarity with Rules. Marriage and family therapists who provide forensic evaluations are familiar with judicial and/or administrative rules prescribing their roles.

STANDARD VIII

FINANCIAL ARRANGEMENTS

Marriage and family therapists make financial arrangements with clients, third-party payors, and supervisees that are reasonably understandable and conform to accepted professional practices.

8.1 Financial Integrity. Marriage and family therapists do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals. Fee-for-service arrangements are not prohibited.

8.2 Disclosure of Financial Policies. Prior to entering into the therapeutic or supervisory relationship, marriage and family therapists clearly disclose and explain to clients and supervisees: (a) all financial arrangements and fees related to professional services, including charges for canceled or missed appointments; (b) the use of collection agencies or legal measures for nonpayment; and (c) the procedure for obtaining payment from the client, to the extent allowed by law, if payment is denied by the third-party payor. Once services have begun, therapists provide reasonable notice of any changes in fees or other charges.

8.3 Notice of Payment Recovery Procedures. Marriage and family therapists give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, therapists will not disclose clinical information.

8.4 Truthful Representation of Services. Marriage and family therapists represent facts truthfully to clients, third-party payors, and supervisees regarding services rendered.

Code of Ethics

8.5 Bartering. Marriage and family therapists ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if: (a) the supervisee or client requests it; (b) the relationship is not exploitative; (c) the professional relationship is not distorted; and (d) a clear written contract is established.

8.6 Withholding Records for Non-Payment. Marriage and family therapists may not withhold records under their immediate control that are requested and needed for a client's treatment solely because payment has not been received for past services, except as otherwise provided by law.

STANDARD IX

ADVERTISING

Marriage and family therapists engage in appropriate informational activities, including those that enable the public, referral sources, or others to choose professional services on an informed basis.

9.1 Accurate Professional Representation. Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy in accordance with applicable law.

9.2 Promotional Materials. Marriage and family therapists ensure that advertisements and publications in any media are true, accurate, and in accordance with applicable law.

9.3 Professional Affiliations. Marriage and family therapists do not hold themselves out as being partners or associates of a firm if they are not.

9.4 Professional Identification. Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.

9.5 Educational Credentials. Marriage and family therapists claim degrees for their clinical services only if those degrees demonstrate training and education in marriage and family therapy or related fields.

9.6 Employee or Supervisee Qualifications. Marriage and family therapists make certain that the qualifications of their employees and supervisees are represented in a manner that is true, accurate, and in accordance with applicable law.

9.7 Specialization. Marriage and family therapists represent themselves as providing specialized services only after taking reasonable steps to ensure the competence of their work and to protect clients, supervisees, and others from harm.

9.8 Correction of Misinformation. Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.

