



THE FAMILY
INSTITUTE

at Northwestern University

EDUCATION TRAINING MANUAL

Master of Science in Marriage and Family Therapy
The Family Institute at Northwestern University
2018 – 2019

Northwestern

The Center for Applied
Psychological and Family Studies

Master of Science Program in Marriage and Family Therapy
Education Manual 2018 – 2019
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Welcome Students!

The faculty and staff of the Marriage and Family Therapy Program at Northwestern University welcome you, as you begin your professional journey. You have been carefully selected by the core faculty with every belief that over the next 21 months you will grow into a well-trained, confident, marriage and family therapist. We believe that we have an outstanding program that will prepare you to be the best therapist you can be. This preparation, while rewarding, is intense and challenging.

Graduate education leading to a Master of Science in Marriage and Family Therapy degree signifies a combination of coursework, clinical work, supervision, administrative work and development of professional identity. Each of these components are arduous and together they make for a demanding experience. Students should be expected to work very hard during the course of the program. The recruitment team makes every effort to select a cohort of students who possess the necessary ingredients to succeed. Arriving at Northwestern 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 nearly 30 years, we have watched graduate students grow 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 program, the Program Director, the core faculty, advisors, teaching faculty and supervisors believe in you and want you to be successful. They will all make themselves available to handle any difficulties that you might encounter during the course of your graduate education. That having been said, graduate education is adult education and those responsible for providing educational experience begin with the assumption that you are capable of managing the demands of graduate education.

Moreover, one of the greatest perspectives you will learn 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. As Gregory Bateson once put it, the best learning is *deutero-learning*, that is *learning to learn*. This is a skill that you will carry throughout your career. What we will teach you in the program is cutting edge today, but in the future in order to stay current with the field you will need to grow and adapt.

This is not to say that a student won't encounter difficulties sometime during the course of the two-year program. The greatest indicator that a difficulty will be adequately resolved is early detection and intervention. Accordingly, students are encouraged to continuously monitor their progress, ask questions if they are uncertain where they stand, and take decided steps to address difficulties as soon as possible.

This *training manual* has the following goals:

- To provide an outline of the mission, and student learning outcomes, and goals.
- 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.
- 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, becoming a marriage and family therapist, and look forward to sharing the journey that awaits you.

Doug Breunlin, MSSA, LSCW, LMFT
Director, 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
Program Mission and Student Learning Outcomes**

Program Mission Statement

The mission of the MSMFT Program at Northwestern University is to 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 multi-cultural 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

1. Train entry level Marriage and Family Therapists who are knowledgeable, systemic, integrative, and empirically-informed.
2. Train competent entry-level therapists who are informed by a multicultural perspective and awareness of self.
3. Graduates have achieved identity as Marriage and Family Therapists and observe the AAMFT code of professional Ethics.
4. Graduates have learned 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.

a. Foundational knowledge base

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

b. Integration of concepts, models and techniques

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

c. 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.

a. Clinical competence

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

b. 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.

c. 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 have achieved 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 have learned 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, and clients of The Betty D. Harris Child and Family Clinic at The Family Institute.

MFT Program Governance and Roles

Program Director, Douglas Breunlin, MSSA, LCSW, LMFT has served as the MSMFT program director since 2009. In his role as program director, he is responsible for the planning and oversight of the program's curriculum, authorship and scholarship, ensuring adherence to COAMFTE guiding principles, coordinating scholarships and research assistantships, and managing the day-to-day operations of the MSMFT program.

The Core Faculty members, Ryan Earl, Tamara Sher, David Taussig, and William Russell under the direction of the Marriage and Family Therapy Program Director are responsible for administration in assigned areas of program and curriculum development; attendance and participation in weekly faculty meetings and quarterly retreats; recruitment and selection of new students; and participation in all program decisions. Additionally, they teach, supervise, mentor new supervisors and faculty, and maintain a clinical practice.

All faculty members who teach or consult in the Masters of Science in Marriage and Family Therapy are licensed, practicing clinicians who hold faculty appointments from the Weinberg School, Psychology Department at Northwestern University. Teaching Faculty are responsible for course instruction, academic evaluation and scholarship. Supervising faculty are responsible for the direct 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 be mindful, 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, its curriculum, and 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, 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 Program Director, the Director of Core Faculty and the Education Office is responsible for collecting information regarding student learning outcomes, course and faculty effectiveness, clinical trainee success, and program outcome 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 is collected, analyzed and interpreted, and action plans are developed based on student, faculty and program needs.

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 during this time and over the course of the year as required.

Review of Curriculum/Teaching/Learning practices (CTEC's and Student Program Evaluations); Program Resources; Trainee Success; Program Director Effectiveness; Graduate Achievement Data; Employer Satisfaction and Job Placement Data; Student Demographics; and Program Effectiveness.

Results are reported to the Chief Academic Officer, the Board of Directors, the University, The Graduate School, COAMFTE, faculty, students, supervisors, and the community at large.

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 this degree meets the educational requirements for licensure as a Marriage and Family Therapist in 49 of the 50 United States (additional coursework is required for licensure in California).

See [COAMFTE](#) for more details.

Diversity and Inclusion

MSMFT Program at Northwestern University fully supports the 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 a 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 promote 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, socio-economic 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, TFI, 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 from many different and diverse backgrounds 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. We also showcase our Community Program as a place where students committed to working with an underserved population can receive this experience. When we recognize that our numbers for a particular category of diversity is consistently low, we form a group to study the matter and create better means of recruitment. Students of all nationalities, races, ethnicities, 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 program director. 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.

Code of Conduct

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

- 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).
- 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:
 - During the academic year
 - Before classes begin or after classes end
 - During time pursuing credit away from the campus (e.g., study abroad, internships, coops)
 - During periods between terms of actual enrollment
 - While on leave from the University
- 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 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 program director, 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
2005 – 2006	21	0	95.65%	-	95.65%	-	-	-	86.00%	-	100.00%	-
2006 – 2007	23	0	100.00%	-	100.00%	-	-	-	91.00%	-	100.00%	-
2007 – 2008	22	0	95.65%	-	95.65%	-	-	-	100.00%	-	100.00%	-
2008 – 2009	22	0	96.15%	-	96.15%	-	-	-	95.00%	-	100.00%	-
2009 – 2010	28	0	96.15%	-	96.15%	-	-	-	92.00%	-	100.00%	-
2010 – 2011	23	0	95.65%	-	95.65%	-	-	-	100.00%	-	100.00%	-
2011 – 2012	21	0	100.00%	-	100.00%	-	-	-	90.00%	-	100.00%	-
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%	-	NA	-
2016 – 2017	27	0	100.00%	-	100.00%	-	NA	-	NA	-	NA	-
2017 – 2018	28	0	NA	-	NA	-	NA	-	NA	-	NA	-
2018 – 2019	26	0	NA	-	NA	-	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.).

**Program are only required to provide data on the past 10 years/cohort or since the program was initial 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 an instructor teaching a course, the student should approach that instructor and attempt to resolve the difficulty. If the conflict is not resolved, the student should discuss the matter with his or her 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 Program Director. If unsatisfied with the input of the advisor, the student also has the right to request a meeting with the Program Director. Once the Program Director is directly involved, she/he may suggest a solution or request a meeting with the student and the Instructor. When all other attempts have failed, the Program Director will determine how to resolve the conflict. If the student is unsatisfied with the solution, he or she has the right to grieve the process (See grievances below).

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 one course, Group Therapy is 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 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 every class of the courses is designed to afford students with the knowledge base to practice marriage and family therapy. It is of the utmost importance, therefore, that students are present for all classes, and only miss class under extraordinary circumstances. Students are expected to be present in all classes, to read assignments before class, and to be prepared to participate in discussion and application to case material.

Class attendance is mandatory. Students are required to leave a voicemail message for the professor BEFORE

CLASS BEGINS, if you are running late or unable to attend a class on a particular day. You are responsible for seeking out and making up the work that you missed. Class participation will be graded based in large part, on attendance and punctuality. Additionally, if a student misses more than one class, the course grade will be reduced by one letter grade for the miss unless the student arranges with the instructor to complete an additional assignment for that class. For summer courses, which have fewer weeks, the requirement of an additional assignment or grade reduction will be in effect with the first absence. 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.

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; 3. Activities unrelated to the class (such as completing encounter forms) will be avoided; 4. While food and beverage may be consumed during class, all liquid containers must have lids. Regular attendance and punctuality are a requirement for all courses, supervision assignments, and program related meetings.

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 even yourself. This is an opportunity to give feedback and influence to 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, in some cases, the evaluation expectation weights your grade in supervision.

Assignments

The lead Professor (Instructor) for each course is responsible for determining the nature and extent of assignments. Students must complete all assignments for each course.

Late Work: All late work will be penalized if it is submitted any time after the stated deadline. Students who are planning to be absent from class the day an assignment is due should prepare to submit the assignment early or at the deadline. All students should be in contact with their instructor regarding absences and to arrange a plan. Students who do not have an arrangement with the instructor will be penalized one full letter grade for each day the assignment is late.

All assignments must involve original work. The use of published work must be cited using the standard APA format. 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, he or she should check with the professor prior to beginning the project.

If an assignment is submitted in a second course that appears to be similar to an earlier assignment, the professors of both courses will meet to discuss the nature of the similarity and then the professor of the second course will meet with the student who submitted the assignment. If the student provides an acceptable explanation of the similarity of the assignments, the professor will allow the student to modify and resubmit the assignment. 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).

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). It is the standard of graduate programs that students receive an A or B for their course work. A grade of Y (incomplete) is given when a student is given permission by a professor not to have submitted all required work by the completion of the course. Y grades must be made up within one calendar year of the date the grade is incurred or will automatically turn into an F. A 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 will apply.

It is the expectation of the program that all graduate students will receive 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.**

<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

Electives

Students have the option of choosing to take an elective course during the program. Electives may be taken within the Counseling Psychology Program (CPSY) or from 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 needs to submit a request to register for the course to the Coordinator of Student Life and the Professor of the course. The Coordinator of Student Life will review the request with the MSMFT Program Director and MSMFT Core Faculty and will notify the student of their approval status.

Capstone Project

Beginning with the class entering the program in Fall of 2016, program requirements will include a Capstone Project, which 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, formerly known as Integrative Problem Centered Metaframeworks), 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.

Waiving of Courses

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 Program Director, in conjunction with the MSMFT core faculty, will review and take appropriate action on waiver requests.

Academic Distinction

Academic Distinction is a prestigious honor conferred on those students with the best academic record. Academic Distinction will be awarded to the students with the top 3 GPAs.

Academic Probation

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

1. Having a cumulative GPA of less than 3.00
2. Receiving a third C in a course
3. Receiving a 4th incomplete for a grade
4. Being put on clinical probation.

When a student meets the criteria for probation, he or she will meet with the advisor to confirm the presence of the condition. The student and advisor will create a plan and a timetable for the student to be removed from probation. The student will then meet with the Program Director who will confirm the condition 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 and the document will be placed in the student's file.

Failure to comply with the plan to be removed from probation 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 recommend that the student be asked to withdraw from the program. If a student declines the request to withdraw from the program, she or he will be dismissed from the program. A student has the right to file a grievance if they believe that the dismissal is unjustified.

Tuition Scholarship and Assistantships

Tuition for the MSMFT program is set by The Graduate School at Northwestern University. Tuition for the 2018-2019 Academic Year has been set as by Northwestern University as:

Full Time – 3 or 4 Courses -	\$18,040/quarter**
Part Time -	\$6,418/course
Application Fee-	\$95
Student Activity Fee-	\$125 (per term)
Annual Health Fee-	\$3950.00/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.

The Program has limited financial resources to help students offset the cost of tuition. Assistantship awards are given when a student enters the Program and are divided equally between the first and second year. Assistantship dollars go directly to the university where the money reduces the amount of tuition.

Assistantships are awarded with the understanding that the recipient engages meaningfully in a project or program of The Family Institute. Historically, assistantships have been awarded for participation in the Community Program. Those students with this award contract with the Community program to provide a specified number of hours divided among direct service to clients, supervision and outreach to partner sites. Other assistantships are awarded for participation on a project undertaken by a faculty member, supervisor, or staff person of the Institute. Students who receive such assistantship money are expected to contribute 2 hours/week throughout both years of the project or change projects going into the second year. Failure to maintain one's commitment to the Program of Project can lead to a loss of the financial award.

Commitment to assistantship will be documented by participating in Open Houses, admissions interviews, graduation, and projects assigned to by a faculty member, supervisor, or staff member.

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.

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. The information that applicants disclose in their essays is reviewed by core faculty (including the Program Director) and administrative personnel only. The transcript contents may be discussed with the Graduate School in order to consult on appropriateness. 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 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. 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:

- Discrimination Complaint Procedures:
<http://www.northwestern.edu/hr/eoo/discrimgrievance.html>
- Disability Grievances for Students:
<http://www.northwestern.edu/hr/eoo/studgrievance.html>
- Sexual Harassment Prevention:
<http://www.northwestern.edu/sexual-harassment/guidelines/index.html>

The President 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.

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 Program Director. 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: <http://www.tgs.northwestern.edu/about/policies/leaves-of-absence.html>

Student 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 skills and counsel them out of the program.

Students are frequently evaluated by their supervisors and faculty for their suitability to the profession. Should a student be found to have difficulty in developing the appropriate proficiency in terms of their academic work, self-reflection, clinical skills, openness to supervision and/or other aspects of professionalism, this difficulty will be brought to the students' attention by the appropriate staff/faculty member(s) in consultation with the Program Director. If necessary, a remediation plan will be developed and monitored. If remediation is not successful, a student may be counseled out of the program. Every effort will be made to retain students and only under extreme circumstances will a student be removed from the program.

Counseling a student out of the program is a sad situation for both faculty and students. Because of this, faculty will work with those students who exhibit severe deficiencies to develop a workable remediation plan. Counseling a student out of the program is a very rare situation that we attempt to avoid at all costs.

The process for determining whether or not a student should receive remediation is admittedly a subjective one, requiring the utmost sensitivity on the parts of all involved. What follows are guidelines for determining whether or not a student may be inappropriate for the MSMFT Program and the procedures for dealing with this situation. The process is designed to provide both students and faculty with guidelines for dealing with situations that may otherwise be left unaddressed for too long. The process is designed to provide corrective feedback and contracts whenever possible, rather than to "weed" people out.

Categories of Deficiencies (any deficiency could become severe if not attended to)

- Students are expected to be able to appropriately apply theoretical material in the clinic setting. This relates to engaging clients in therapy, assessing problems and relationship dynamics, and designing and implementing intervention strategies. This does not mean that students must blindly follow the instructions of their supervisors, except in directed circumstances. Students are expected to be familiar with IST and the family therapy theories associated with it, but not necessarily to be proficient in all. A deficiency may exist when a student appears to not be able to apply general tenets of systems theory or specific tenets of at least one family therapy theory as guided by the group supervisor. Students are expected to at least attempt to understand and apply family therapy theories as requested by group supervisors.
- Students must make satisfactory progress toward the accumulation of required clinical hours (total of 500 hours, 200 must be face to face relational hours.)
- Students must be able to complete their requirements within the Betty D. Harris Child and Family Clinic (The Clinic). Students will undergo remediation and will receive a suspension of privileges to see cases in 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 results in dismissal from the program. See The Clinical Policies and Procedures Manual.
- Students are expected to consistently succeed in their work with faculty, supervisors, and other students in appropriate ways. Students are expected to behave in professional fashion, taking care to discuss cases in confidential and sensitive ways, approaching colleagues with respect, and responding to feedback given by faculty and supervisors. When a student disagrees with the feedback of faculty or supervisors, the student is expected to discuss this with that person and not passively dismiss it or discuss it as a problem with other students and faculty.
- Similarly, students are expected to be sensitive when giving feedback to colleagues, recognizing that their advice may be ill-timed or inappropriate to the situation.
- Students are expected to adhere to the Ethical Code of AAMFT and the laws of the State of Illinois and the United States.
- 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.

- Students are expected to either to make efforts to resolve personal problems or, after engaging in therapy, make sufficient changes to continue in the practice of marriage and family therapy.
- 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 we have 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 identification of a serious deficiency and the development of a remediation plan, including probationary status in The Program.

Procedures

Following are the procedures used in remediation or counseling a student out of the Master's Program in Marriage and Family Therapy:

Step 1: Strengths and deficient areas are discussed with students as part of their regular Internship evaluations. Strengths and concerns also are discussed among the core faculty as a part of students' ongoing evaluation and supervision. When an area of concern is identified, specific goals and strategies are implemented. This is a common and desired occurrence in supervision. These issues may be passed along orally or in writing to the next supervisor as part of the regular transitions of supervision. Written evaluations are placed in student's files. However, if the faculty or group supervisor believes that the problem fits within the category of a severe deficiency and it is not alleviated through initial goal setting and strategizing procedures, step two of the process will be implemented.

Step 2: Any faculty member who believes a student is displaying a deficiency and has attempted unsuccessfully to resolve it through goal-setting and strategizing procedures will discuss the concern with the Program Director or core faculty group. The core faculty will decide whether the problem is severe enough to warrant the label "severe deficiency." If the problem is termed a severe deficiency, the core faculty will move to step three. If not, the problem will remain as another concern area for the student to work on. The faculty will discuss alternate strategies to use with the student to facilitate growth.

Step 3: Students will be notified of severe deficiencies by their group supervisor, advisor, or the Program Director. The student and faculty member will strategize and contract for specific steps the student can take to resolve this deficiency and decide on a time schedule for accomplishing this. This contract, which may include actions for faculty as well as the student, will be finalized in writing with a copy given to the student, a copy to remain in the student's file, and copies for all members of the core faculty. If the student satisfactorily resolves the severe deficiency, he/she will receive a letter notifying him/her of such with a copy placed in his/her file and copies for all members of the faculty.

Step 4: Students who do not satisfactorily resolve their deficiencies prior to the agreed upon date will meet with the entire core faculty to discuss the deficiency and alternate ways of resolving the problem. A new contract will be drawn up, stating the agreed upon plans for remediation and dates of completion. At this time the student is placed on probation.

Step 5: Students who still do not resolve severe deficiencies will be asked to leave the program and are notified that they will be dismissed. If they do not withdraw from the program, they will receive a letter from the Program Director notifying them of their dismissal from the program. Copies of the letter will also be sent to all core faculty members, the Program Director, The Senior Vice President for Programs and Academic Affairs and the Dean of the Graduate School, with one placed in the student's file. A student has the right to file a grievance if he or she feels that the dismissal decision is unjust.

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 Program Director 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 grieve the 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 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 reviewed by the CAO who will then meet with the student, Program staff/faculty members and/or other students involved, and the MSMFT Program Director 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.

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 Program Director 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 Program director to craft a resolution.

The Master of Science in Marriage and Family Therapy Program

SOURCES OF SUPPORT FOR STUDENTS

Advising

Each student is assigned an Advisor from the Core MFT Faculty who will serve as the student's advisor throughout the two-year program. 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 Program Director 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. 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 \$500 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. 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.

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 \(CAPS\)](#)
- [Electronic Resources Forum](#)
- [Fitness and Recreation](#)
- [Health Services](#)
- [Health Insurance](#)
- [International Office](#)
- [Libraries](#)
- [Northwestern Career Advancement](#)
- [Northwestern University Information Technology](#)
- [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](#)
- [Childbirth 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](#)
- [TGS Day Out](#) (quarterly outings for graduate student parents and their families)

Other Resources

- [Gender and Sexuality Resource Center](#)
- [Parking and Safety](#)
- [The Women's Center](#)
- [The International Office](#)
- [Shuttle Schedules](#)
- [Violence Prevention at Northwestern](#) (University's overall prevention, preparedness and response plan for incidents of violence. Additionally, please view [Northwestern's policy on Discrimination and Harassment.](#))

Student Representative

The student representative (SR) is a liaison between the graduate student cohort and the core faculty. Duties of the SR include attending the Core Faculty Meeting, monthly for the first 30 minutes. Prior to that meeting the SR will solicit concerns, questions, and ideas of the cohort members. The SR will then email the core faculty an agenda for the 30 minute portion of the monthly meeting. The agenda will be discussed among the core faculty and the SR during this meeting. The SR will note outcomes of this discussion, including decisions and work scheduled. The SR will communicate these outcomes to the cohort via email sent out after the meeting. The SR will also meet with the Program Director as needed. The term of the student representative shall be for two year.

- **Selection Process**

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

- **Qualifications**

The SR must be capable of mature communication that includes aspects of negotiation, conflict resolution and mediation both with the student cohort and with the core faculty. They must hold a high standard of professionalism.

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, snap-chatting, 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

Voicemail

Each clinician will have a voicemail box made available that can be reached on a 24-hour basis. It is your 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 you maintain and update the accuracy of telephone numbers where you can be reached. You need to inform your clients that in the case of an emergency they should dial the receptionist or answering service 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.

AV Policy (Flash Drives and Cameras)

In an effort to provide a better IT experience, we will be implementing the use of an encrypted flash drive in all education programs. This will allow for students to easily share information with their supervisors as well as improve the process of uploading videos to SharePoint. (Please review the attached work instructions that outline how to use the flash drive to improve video uploads). The Education Team has determined that each student will now be responsible for an "AV Fee" of \$180.00. This fee will cover the cost of the flash drive and cameras as well as other IT maintenance items to improve your overall experience in the program. The flash drive you will be given is encrypted and HIPAA compliant a password will be required to access any data on this device. Students will be responsible for maintaining the drive and creating and remembering the password. The TFI IT Department will not be able to recover information from lost or stolen drives nor recover forgotten passwords.

Meeting Room Manager (MRM)

Students are required to reserve a clinical room for client sessions. Students will be provided instruction on how to use Meeting Room Manager during their AV training with the Information Technology Department.

TIER Electronic Medical Records System

Clinical records shall be created and maintained in the TIER BHIS 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 TIER Medical Records 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.

Mailboxes

Each student is assigned a mailbox located in the lower level student lounge and a confidential hanging file folder located in the large green filing cabinets in the room behind reception. Items containing sensitive client information should always be stored in the hanging file folder. Please check your mailboxes and once you are assigned clients your hanging confidential files daily.

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.

Lockers

The lockers in the student lounge are available for your use, unfortunately there are only about 22 or so and there is not one available for every student, please only request if you feel you really need it, they are available on a first come basis, please contact Brenda Mahoney at ext. 442 for a key.

The Master of Science in Marriage and Family Therapy Program

CLINICAL TRAINING

The Training Context

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 are 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 Training, currently Heidi Hayden. 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" 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.

1. Students will be able to conduct an initial session with an understanding of both the administrative and clinical issues.
2. 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.
3. Students will develop a basic understanding of how to conduct an initial assessment using the IST framework.
4. Students will learn to begin case conceptualization using the IST Framework.

5. Students will learn essential therapeutic skills and interventions.
6. Students will be introduced to the concepts of self-of-the-therapist and the therapist's role in the process of psychotherapy.
7. Students will learn how to utilize self-care and supervision to enhance their growth and development.
8. Students will learn basic risk management assessment and crisis intervention procedures.
9. Students will gain practice in completing genograms.
10. Students will learn to attend to issues of culture of diversity.
11. 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 determine, 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 five 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 (such as completing encounter forms) 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

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 her/his 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 she or he should contact the Family Institute clinician on call.

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, currently Dave Taussig, 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 supervisors hold “line staff” responsibility for the students’ cases. 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

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. 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 documentation using the Team Cases Form (E10) provided by the MFT Office. **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 Program Policy on Student Participation in TFI Specialty Programs

Students may not accrue more than 50 of their 500 clinical hours in TFI specialty programs (e.g., DBT, PIC). For the class of 2014 the AAMFT supervision requirement for these hours may be fulfilled by the group supervisor, if necessary.

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.

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.

Administrative Requirements

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.

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, TIER. 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.**

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. 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.

- **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 encounter forms 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 always use his/her encounter forms to bill the client. Both students will trade off writing the PAIR notes on the back of the encounter form each week. 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. 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. Fill out the Team and Co-Therapy Cases Form to get credit for each encounter from the education department. 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.

If both co-therapists are in the same year these issues should be dealt with by collaborating and discussing the tasks and goals with supervisors and each other.

Time2Track

Beginning with the class of 2020, all students will be required to purchase a subscription to Time2Track. Time2Track is a web-based software tool that lets you easily track and manage clinical training hours, supervision hours, and more either as a graduate student or a professional. The cost to you will be approximately \$79.99 per year. Students will enter their hours, and request approval from the supervisor.

Documentation of Supervision

For both group and individual supervision, there are appropriate forms to record the number of hours and nature of supervision received. You must turn these forms in on a monthly basis. They are essential to document your own supervision hours but also to assure that The Program is in compliance with COAMFTE.

Supervision documentation is required for the following: hours of group supervision, supervision hours based on raw data (live and video), and individual supervision hours. In addition, live interviews and STIC supervision events need to be documented on the. Clinical hours are documented through Procedure Analysis Reports (PAR) that are distributed monthly from the finance department and team hour reports. You must check PAR reports, sign off on them and give them to your supervisor to sign off on. Documentation of team hours is also essential. There are more precise guidelines found in the Clinical Manual.

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 students 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.

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 is 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.

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. 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, MSMFT students are prohibited from making these connections with clients.
3. Practitioners do not discuss confidential information on listservs or status updates on their social networking profiles. Practitioners discuss confidential material only for appropriate scientific or professional purposes and only with persons who are clearly related to their work (e.g. formal clinical consultation that is documented and that takes place in private settings, not publicly archived settings). Practitioners only include information in reports and consultations that is relevant to the purpose for which the communication is being made. Details of disclosure in the case of research or consultation should be discussed during the informed consent process.
4. Personal vs. Professional Behavior on the web for practitioners: Practitioners are aware of the implications of discussing clinical issues within their social networks in Tweets, status updates, and blog posts, and they are aware that 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. Online case consultation that reflects client material, even with the record appropriately blinded, should occur in encrypted (or equivalent) environments only.
 1. Remember, these are your colleagues and first professional relationships.
 2. Remember, you are representing the MFT field and the MSMFT Program. Consider the impact of what you post in public forums.
 3. Always consider first the potential impact/influence on individual relationships and the larger cohort.
 4. Before posting, reflect on what your intention is to post something.
 5. Before posting, consider the appropriate tone of your post.
 6. While it may feel like a private space, in fact social media is a public space. Your posts follow you.

7. Know the professional code of ethics, particularly as applied to social media and integrate how ethics relates to professional conduct online.
8. 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.

Failure to Develop a Professional Identity

If a student is remiss in any of the above aspects, the advisor will meet and discuss the difficulty. If it is remedial, a plan will be developed for that purpose. If a remedial plan does not result in significant improvement, the student may be placed on probation. If the probationary period does not result in significant remediation, withdrawal or dismissal from the program may be warranted. If the student has more global difficulties with the issue of professional identity, he or she will meet with the advisor and withdrawal from the program may be warranted. Gross and or blatant disregard for professional identity concerns could be grounds for dismissal.

After Graduation and Licensure

Students graduate from a Program accredited by COAMFTE. They are awarded their MSMFT degree by Northwestern University. These credentials lead to a wide range of career paths:

- 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.
- 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 <http://www.mft-license.com/> 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.

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

1. 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.
2. 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.**
- 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 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.

Appendix A: 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

- Create effective lines of accountability, responsibility, and authority for information lifecycle governance functions.
- Formalize ownership and stewardship responsibilities as organizational policy.
- 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.
- Set priorities for strategically-aligned initiatives to improve and assure the value for information assets in terms of quality, efficiency, usability, interpretation, and compliance.
- Approve policies, procedures, guidelines, and data standards for Clinical Services, Academics, Research, External Relations, and Operations.
- Ensure comprehensive audit practices to identify opportunities to strengthen research and programs to achieve full compliance with regulations and standards.
- Develop measures and metrics reflecting desired goals for information management.
- 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:

1. Purpose of the research and justification for it within the literature
2. Major hypotheses
3. Number and type of participants involved
4. Type of data collection or assessment instruments used
5. Research methods or protocol

B. Human Subjects Protection

Describe the research project's protection of human subjects.

1. Attach all relevant Northwestern University IRB application materials.
2. Attach documentation that you have also completed TFI's HIPAA on-line course.
3. 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).

C. 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>

E. 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:

1. Family Institute facilities (therapy or meeting rooms, research lab)
2. Therapists
3. Supervisors
4. Intake personnel
5. Other Family Institute resources or personnel (describe)
6. Sustainability
 - i. What will happen to the procedures once the research element of the project is complete?

F. Research Oversight

1. 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.

2. 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.

G. Authorship agreement

1. Please provide the names of all study personnel that have been identified to date. Include the principle investigators, any students and any other staff, with their affiliations.
2. 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 Program Director. 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 CTECs 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 returned 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.

Mid-program Review

During summer quarter, the MSMFT program director schedules individual meetings with each of the students in the program 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 program director invites students to reflect on their experiences of the past year and to provide feedback on that experience in terms of the match between the students' learning styles and learning goals; what they experience as strengths of the program, and any suggestions for change, enhancement, or evaluation and monitoring.

Exit Survey

Toward the end of your final quarter, you will receive an online exit survey requesting your feedback and evaluation of the program as well as of yourself. 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. An additional student responsibility, in relation to the exit survey, is to provide program administrators with an evaluation of university-level support resources (e.g., library, financial aid, counseling services, accessibility services). As noted above, this information is aggregated and used to help inform program faculty and administrators about your experience as a graduate student and as a MFT student. 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. Students are asked to please be sure to provide contact information in the Alumni Survey so they or their employers can be provided links to these various surveys.

Unsolicited Feedback

Throughout the program students are also encouraged to give their feedback 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 his or her advisor. In some instances the advisor may suggest taking the issue to the Program Director.

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.

1. Attend classes and supervision. Students are expected to attend classes, core curriculum lectures and tutorials, participate in group supervision and participate in individual supervision meetings. Attendance, timeliness, and full engagement with the process of learning in all areas (classroom, clinic, supervision, and group) are considered essential. At least eighty percent (80%) attendance is required for each of these activities. Unusual circumstances must be discussed with the supervisor(s) and course instructor(s). Additional written work or live demonstrations of clinical work may be discussed as ways to make-up for excused absences in group supervision sessions. 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.
2. Complete all live assessments and summaries as required.
3. Demonstrate ability as a family therapist to the satisfaction of the faculty. This requires each student to do at least 3 live interviews per year for a total of 6 live interviews. In support of these interviews students are required to do one formal live interview write-up and two simple live case summaries each year. Moreover, students are required to video and audio 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, or audio with at least 25 of those hours based on direct observation (live or videotape) of the student's own work.
4. 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.
5. 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.
6. Complete all courses, maintain a GPA above 3.0.
7. Document supervised clinical practice monthly by the MSFT Program Education Procedures.
8. Satisfy all requirements and follow all relevant procedures of The Graduate School.
9. Complete all clinical case records.
10. Complete Capstone Project
11. Pay tuition and fees in full.
12. Complete all evaluations: CTEC's, Self-evaluations, Supervisor Evaluations, Program Evaluations.
13. Complete Application for Degree Form and Master's Degree Completion Form on [CAESAR](#).
14. Complete exit procedures. This includes an interview with the MFT Program Director.

Core Faculty Biographies

Douglas C. Breunlin, MSSA, LCSW, LMFT, is the *Director, of the Master's Program in Marriage & Family Therapy* he is a clinical professor of Psychology at Northwestern University and holds the McCormick Tribune Foundation Chair in Marriage and Family Therapy. He is Director of the Master of Science in Marriage and Family Therapy Program 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.

As Program Director, Mr. Breunlin oversees all aspects of graduate studies in the program, including academic and training design and implementation. He teaches "Methods of Systems Therapy and several 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 forthcoming *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 implemented the Peaceable Schools Initiative, designed to personalize a high school environment with the two-fold goal of improving performance of non-traditional learners and reducing school violence. Published studies have documented the efficacy of this program. As Program Director of the Family Business Program, Mr. Breunlin is the principal investigator of a study on the narrative of founders regarding succession. He also spearheads a group who provide consultation to family businesses.

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.

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

Ryan Earl, PhD, Approved Supervisor Candidate is a Clinical Lecturer of Psychology, Core Faculty member in the MSMFT program at the Family Institute at Northwestern University, and AAMFT Approved Supervisor Candidate. He also oversees the MSMFT Capstone Project.

Dr. Earl's primary professional and research area of interest is in family therapy education, where he contributes literature related to facilitate meaningful teaching and learning experiences for students. However, Dr. Earl is also interested in family therapy supervision, pedagogical theory, integration of systemic therapy models, and video gaming. In the classroom, Dr. Earl enjoys challenging the status quo of academia. He actively engages students in hands-on, experiential activities to supplement course content, and constantly seeks new methods of facilitating meaningful learning experiences for students. Dr. Earl is sensitive to the personal and developmental nature of learning, and he works diligently to ensure that what students learn is relevant not just within the context of the field, but also within the wider societal discourse.

In addition, Dr. Earl maintains an active, affirmative clinical practice. He a systemic perspective and prefers to work with couples and whole systems, though he also works with individuals. His clinical interests include working with video gaming, identity formation, emotional expression, intimacy, life stage transitions, social anxiety, and relational empowerment. He also specializes in providing therapy for therapists and their partner(s) or families.

After receiving his Bachelor of Science degree in Human Services from Purdue University, Dr. Earl received his Master of Science degree in Marriage and Family Therapy and clinical training from The Family Institute at Northwestern University. He received his Doctorate of Philosophy degree in Human Development with a specialization in Marriage and Family Therapy from Virginia Tech, and completed his doctoral internship as a faculty member of the Marriage and Family Therapy program at the University of Nevada, Las Vegas.

Teaches - Winter Quarter, 1st Year, MSFT 436-0 Family Therapy Treatment Models; Fall Quarter, 2nd Year, MSFT 410-0 Human Development; Winter and Spring Quarter, 2nd Year, MSFT Capstone Project Supervises - First Year Students, WQ, SPQ, SUQ

William P. Russell, MSW, LCSW, LMFT, Core Faculty Director is a Senior Staff Therapist at The Family Institute at Northwestern University and the Core Faculty Director for the Master of Science in Marriage and Family Therapy (MSMFT) Program at Northwestern University. He is an Assistant Clinical Professor in the University's Department of Psychology. Mr. Russell graduated from the University of Illinois at Chicago with a bachelor's degree in psychology in 1972. He received a master's degree in social work from the Jane Addams School of Social Work at the University of Illinois at Chicago in 1976. He completed three years of postgraduate training in marital and family therapy and family therapy supervision at the Family Systems Program of the Institute for Juvenile Research.

Mr. Russell has a number of roles in the MSMFT Program. He teaches the Basic Concepts in Systems Therapy and the Special Problems and Populations courses, provides supervision mentoring to AAMFT Supervisor Candidates, and advises students. As Core Faculty Director he works closely with the Program Director on program development and planning, provides leadership to the core faculty, participates in the admissions process, serves on several committees, and chairs the accreditation committee. His clinical practice, teaching, supervision, and core faculty activities are guided by a systemic, integrative and empirically-informed approach. He is a former Program Director of the MSMFT program. For over thirty years, Mr. Russell has provided clinical services, trained therapists and developed programs. He has worked in academic institutions, community agencies, public schools, private practice, and the Veterans Administration. For many years he was the Director of Community Programs at The Family Institute at Northwestern University. In this role he developed, supervised and administered a network of twelve community-based mental health programs for economically disadvantaged families.

Mr. Russell is a Licensed Clinical Social Worker and a Licensed Marital 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. His clinical interests include couples, loss, young adult and adolescent adjustment, post-traumatic stress disorder, veterans' readjustment, men's issues, substance abuse, depression, and life cycle/relationship transitions. He has given many presentations on his clinical interests, including recent talks at national and state-wide professional conferences on the training of marriage and family therapists, the treatment of veterans and their families, and the Integrative Problem Centered Metaframeworks (IPCM) perspective, now called Integrative Systemic Therapy (IST). Earlier in his career, Mr. Russell wrote journal articles on a therapeutic school for adolescents with behavior disorders and the conduct of family therapy with adolescents. In the last five years, he has co-authored journal articles and book chapters on IPCM. He is lead author of the IPCM chapter in the *Handbook of Family Therapy* and co-author of the forthcoming book on IST.

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

Dr. Tamara Goldman Sher, Ph.D. LCP has been at The Family Institute since 2011 in a variety of research capacities including VP for Research and Chief Research Strategist. Currently, Dr. Sher is a core member of the Marital and Family Therapy Master's Program as well as a Clinical Professor within the Department of Psychology at Northwestern University. She maintains an active clinical practice specializing in the treatment of couples and individuals.

Dr. Sher has been a professor and clinical psychologist for over 25 years. She received her Ph.D. in clinical psychology from the University of North Carolina at Chapel Hill in 1989. Since that time, she has taught at the graduate level within Psychology Departments at the University of Illinois in Champaign-Urbana, Northwestern University and Illinois Institute of Technology (IIT). Dr. Sher's research is at the intersection of health and couples. More specifically, she has been funded federally to understand how the illness process affects couples and how couple processes affect the illness process. She is the author of dozens of research publications, a co-editor of *The Psychology of Couples and Illness* and serves on multiple editorial boards. She is the co-editor, along with Kim Halford, Ph.D. on an upcoming book series for Springer Publications, entitled "Couples and Health" as well as a co-author on a book for the series, entitled "Couples and Heart Disease". Over the course of her career, Dr. Sher has trained and supervised over 100 students on working with couples. Clinically, Dr. Sher has seen individuals and couples at all stages of their relationships.

Teaches – Winter Quarter, 2nd Year, MSFT 414-0 Behavioral Medicine

Carl Hampton, MSW, LCSW, Supervisor Equivalent, Program Ombudsman 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 former Director of Family Institute Community Outreach Programs, the Coordinator of The Family Institute Community Programs at Evanston Township High School and Weissbourd-Holmes Family Focus and is a clinical supervisor and faculty member 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.

Teaches - Spring Quarter, 1st Year, MSFT 440-0 Power, Privilege, and Difference

David E. Taussig, MSW, LCSW, LMFT, Approved Supervisor received his B.A. in Anthropology from the University of Illinois in 1972. He received his masters 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 Group Supervisors 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.

Teaching and Consulting Faculty

Danielle Black, Ph.D., LCP is a staff practice psychotherapist at the Family Institute at Northwestern University. Dr. Black received her undergraduate degree from Bradley University and her Ph.D. in clinical psychology from the University of Maryland, Baltimore County. Prior to her internship residency, Dr. Black worked in a variety of settings at nationally recognized institutions such as The Kennedy Krieger Institute of Johns Hopkins University and the University of Maryland Shock Trauma Center. Dr. Black completed her internship residency training at the University of Wisconsin, Department of Psychiatry, an APA approved internship program and a member of the Academy of Psychological Clinical Science. She also completed a two-year postgraduate fellowship at The Family Institute. Dr. Black has received training in empirically supported treatments such as Interpersonal Psychotherapy (IPT), Cognitive-Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), and Behavioral Marital Therapy (BMT). She is a member of the Mindfulness and Behavior Therapies team. She has been practicing for eight years with a variety of populations including children, adults, families, and couples. Dr. Black has presented and published several studies focusing on marital functioning and Generalized Anxiety Disorder. Her prior research includes understanding effects of marital conflict on children as well as understanding the specific types of marital communication patterns that improve marriages. Currently, Dr. Black is a member of the couples and Generalized Anxiety Disorder (GAD) research project. Her clinical interests are: adolescents with a range of problems including suicidality and self-injury; family therapy with adolescents; individual children, adolescents, and adults with anxiety, and panic; individuals experiencing life transitions, application of empirically supported mindfulness-based psychotherapies.

Teaches - Fall Quarter, 1st Year, MSFT 421-0 Systemic Assessment; Summer Quarter, 1st Year, MSFT 437-0 Family Therapy with Children

Nancy Burgoyne, Ph.D., 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

Teaches - Winter Quarter, 2nd Year, MSFT 427-0 Family of Origin

Anthony Chambers, Ph.D., 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.

Shayna Goldstein, MSMFT, LMF, 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 Group Supervision, WQ, SPQ, SUQ

Jacob Goldsmith, PhD, AAMFT Supervisor Candidate 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 – Spring Quarter, 2nd Year, MSFT 440-0 Substance Abuse;

Supervises - First Year Group Supervision, WQ, SPQ, SUQ

Jayne Kinsman, MSMFT, LMFT received her Bachelor of Science in Journalism with a concentration in Business from the University of Wisconsin-Madison. She received her Master of Science in Marriage and Family Therapy from Northwestern University. She then completed two years of advanced clinical training in The Family Institute's Postgraduate Clinical Fellowship Program. She was the Chief Fellow in the second year of the program. Ms. Kinsman is a member of MSMFT the teaching faculty. She co-teaches the Pre-Practicum course in the first quarter of the MFT program and has been invited to speak as a guest lecturer in several MFT courses. Ms. Kinsman also provides individual supervision to two MFT students each year. Her philosophy of supervision is founded in the Family Institute Perspective. She works to help her supervisees fully understand how to integrate systemic theory with practice using this integrative perspective. In her clinical practice, Ms. Kinsman works with couples, families and individuals.

Particular areas of interest include couple intimacy and conflict; families with adolescents; school-related issues; LGBT identity and relationships; mindfulness; stress management; depression; loss; trauma; and anger management. She also has extensive training in Dialectical Behavior Therapy.

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.

His publications include three edited volumes: Family Psychology: The Art of the Science (with William Pinsof), The Clinical Handbook of Family Therapy, and the Integrative/Eclectic volume of the Comprehensive Handbook of Psychotherapy. He is also the author of 100 book chapters and articles including an end-of-decade review of couple therapy; the practice update concerned with couple therapy for the American Association of Marriage and Family Therapy; a chapter reviewing the research literature in family therapy for the Annual Review of Psychology; chapters over viewing couple and family therapy in Comprehensive Clinical Psychology, the Psychologist's Desk Reference, and the Comprehensive Textbook of Psychiatry; as well as numerous articles and chapters dealing with integrative therapy, research in couple and family therapy, and assessment and treatment in divorce when there is conflict over child custody and visitation. 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, 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.

Cheryl Rampage, Ph.D., LCP, LMFT is a Clinical Associate Professor of Psychology at Northwestern University, a licensed clinical psychologist, and an AAMFT Approved Supervisor. She teaches Intimate Relations II in the Masters of Science Program in Marriage and Family Therapy. Dr. Rampage is the co-author of Feminist family therapy: A casebook, as well as numerous book chapters and journal articles on the subjects of gender in couple therapy, issues of adoptive families, and training of marriage and family therapists. Dr. Rampage is the founding director of the Marriage and Family Therapy program at Northwestern University, and has supervised more than 200 graduate students. In addition to Intimate Relations, she has taught Law and Ethics in Marriage and Family Therapy, Human Development, Family Life Cycle, and Psychopathology. She was previously the director of the marriage and family therapy program at the University of Houston-Clear Lake. She has maintained an active clinical practice for more than 30 years.

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

Chaaze Roberts, MSMFT, LMFT 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 Supervisor – Community Program Students

Allen Sabey, PhD, Approved Supervisor is the John J. B. Morgan Postdoctoral Clinical Research Fellow at The Family Institute at Northwestern University. He is both an individual and group supervisor in the Masters 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 - Spring Quarter, 1st Year, MSFT 403-0 Self and Other Systems; Fall Quarter, 2nd Year, MSFT 422-0 Family Research

Supervises - First Year Students, WQ, SPQ, SUQ

Alexandra Hambricht Solomon, PhD, LCP is an Assistant Clinical Professor and a Staff Therapist at The Family Institute at Northwestern University. Dr. Solomon received her Bachelor of Arts in Psychology and Bachelor of Arts in Women's Studies, and graduated with High Distinction and with High Honors in Psychology from the University of Michigan. She then received her PhD in Counseling Psychology from Northwestern University in 2001 as well as a graduate certificate in Gender Studies. During graduate school, she was awarded the Dr. John J.B. Morgan Fellowship and worked at The Family Institute as a research and clinical fellow.

Dr. Solomon teaches Intimate Relations I, a first-year course that teaches students about love, intimacy, and commitment, while preparing them to work competently with couples in the treatment room. She is also an individual supervisor in the MSMFT program. She also teaches an innovative and popular undergraduate course at Northwestern University, Building Loving and Lasting Relationships: Marriage 101. The course has received local, national, and international media attention, and Dr. Solomon was selected by Northwestern University's Class of 2015 to deliver the Last Lecture during Senior Week.

Dr. Solomon's clinical work focuses on couples and individual adults. She was a central investigator in TFI's Family Business Project, has published a number of academic articles and book chapters, and serves as an ad hoc reviewer for several academic journals and publishers. Dr. Solomon is a member of the American Psychological Association (APA) and the American Family Therapy Academy (AFTA). She presents to a variety of audiences, locally and nationally, on topics related to marriage and family and frequently consults to media outlets including Oprah Winfrey Network (#OWNshow), O Magazine, The Atlantic, CBS Early Show, and NPR.

Her first book, *Loving Bravely: 20 Lessons of Self-Discovery to Help You Get the Love You Want*, will be published by New Harbinger Publications in February 2017. This relationship self-help book integrates a variety of clinical perspectives in order to help the reader expand his/her "relational self-awareness" — the cornerstone of a healthy romantic relationship.

Teaches - Winter Quarter, 1st Year, MSFT 411-0 Intimate Relations I

Maru Torres-Gregory, PhD, JD, LMFT, AAMFT Approved Supervisor is a Staff Therapist, Clinical Lecturer, and Group Supervisor at The Family Institute at Northwestern University. Maru received her Bachelor of Science in Languages and Linguistics from Georgetown University with a Double Major in French and Portuguese, her Juris Doctor from the University of Puerto Rico School of Law, and her Master of Science in Marriage and Family Therapy and her PhD in Family Therapy from Nova Southeastern University. Maru completed clinical internships at The Family Institute at Northwestern University, The Brief Therapy Institute, and at the Fort Lauderdale Hospital, Child and Adolescent Unit, in Fort Lauderdale, Florida.

Dr. Torres-Gregory is a member of both the teaching and supervising faculty in the Master of Science in Marriage and Family Therapy. She teaches Ethical, Legal and Professional Issues in Marriage and Family Therapy, has taught Human Development, and is a First Year Group Supervisor. She has also supervised therapists in training individually and in community settings. Dr. Torres-Gregory has clinical experience in diverse settings: private practice, in-patient, and community, and has facilitated both therapeutic and support groups. In addition, she has lectured on various topics such as coaching parents through their children's emotional breakdowns, sibling rivalry, diversity sensitivity training, working in community settings with culturally diverse populations, the clinical application of the cultural metaframework's, and on providing difference-sensitive therapy.

Dr. Torres-Gregory is a Clinical Member of the American Association of Marriage and Family Therapy and holds the Approved Supervisor Designation. Her clinical interests and experience include working with couples, adolescent girls, adult women and men, and families, in issues such as marital conflict, women's issues, body and self-image, disordered eating, self-harm, and relationship issues in general. Prior to becoming a therapist, she practiced law for 5 years.

Teaches - Fall Quarter, 2nd Year, MSFT 428-0 Legal, Ethical, and Professional Issues

Supervises - First Year Students, WQ, SPQ, SUQ

Group Supervisor Biographies

Brandon Bigby, MSMFT, LMFT, AAMFT Approved Supervisor provides both group and individual supervision in the MSMFT program. A licensed marriage and family therapist, Mr. Bigby received a bachelor's degree in French language and linguistics from the University of California at Los Angeles, and is a graduate of the Marital and Family Therapy master's program at the Family Institute. He is currently completing a doctoral degree in human development with concentration in couple and family therapy at Virginia Tech. Mr. Bigby's research focuses on cyberbullying and gay identity development. His clinical interests include depression; LGBTQ individuals, couples, and families; and navigating life transitions. Prior to entering private practice, Mr. Bigby worked as a staff psychotherapist and the training coordinator at Live Oak, Inc. He has taught undergraduate courses on family relationships and human sexuality, as well as provided trainings and presentations on topics including maximizing supervision, multi-systemic/multicultural clinical practice, and trauma-informed practice. Mr. Bigby is a clinical member of the American Association for Marriage and Family Therapy and the American Family Academy.

Supervises - Second Year Students, FQ, WQ, SPQ

Beth Chung, MSMFT, LMFT, AAMFT Approved Supervisor is both an individual and group supervisor in Master of Science in Marriage and Family Therapy program. After earning her bachelor's degrees in Psychology and English, she pursued and earned her master's from TFI's MSMFT program. She currently works in a partial hospitalization setting as a family therapist and clinical coordinator of Dialectical Behavior Therapy and also sees patients in private practice. Beth specializes in mood disorders, adoption issues, behavioral dysregulation, trauma, self-harm, and suicidality and works extensively in the family context. She concentrates her clinical work to children, teens, and young adults with their parents to address life cycle transitions and support families along the process.

Supervises - Second Year Students, FQ, WQ, SPQ

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

Jessica Miro, MSMFT, LMFT, AAMFT Approved Supervisor is a Group and Individual Supervisor in the MSMFT Program. She received a BA from the University of Rochester in Psychology and is a graduate of TFI's MSMFT program. Prior to starting her private practice, Jessica worked for Community Counseling Centers of Chicago in both the outpatient and crisis therapy departments, working with couples, families, and children. She recently expanded her private practice to a small group practice that works with individuals, couples, and families in downtown Chicago. Jessica is an Approved Supervisor of AAMFT, and her areas of special interest include couples' issues, bereavement and loss, difficulties with life transitions, and parenting issues.

Supervises - Second Year Students, FQ, WQ, SPQ

Maryah Qureshi, MSMFT, LMFT, AAMFT Approved Supervisor is a Group Supervisor in the Master of Science in Marriage and Family Therapy Program at The Family Institute. Maryah earned her Bachelor of Arts degrees in Public Policy and Economics at the University of Chicago and then worked in community development finance. She then went on to Northwestern University and completed the Marriage and Family Therapy Master's Program at The Family Institute. In addition to her role at The Family Institute, Maryah is a Staff Clinician at Adler Community Health Services where she trains socially responsible practitioners and develops accessible and culturally appropriate mental health resources for underserved communities. She is also an Adjunct Professor with the Couple & Family Therapy department at Adler University and has a limited private practice in Lincolnwood, IL. For the past decade, Maryah has held clinical, administrative and training roles in clinic, community agency and school-based settings serving couples, families, and individuals. Maryah's areas of clinical interest include couple therapy, divorce and post-divorce issues, intergenerational conflict, life stage transitions, multicultural and immigration issues, women's issues and spirituality. She is also a trained facilitator of the restorative justice practice of Peacemaking Circles.

Supervises - First Year Students, FQ, WQ, SPQ

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. She is a member of the American Family Therapy Association (AFTA), American Association of Marriage and Family Therapy, Illinois Association of Marriage and Family Therapy, and the American Psychological Association. Dr. Rubinowitz is a media expert with over one hundred citations in national and local media, including The New York Times, US News & World Report, Newsweek, Parenting Magazine, Child, Parents, Working Woman, Redbook, Ladies Home Journal, and USA Weekend Magazine. Chicago Tribune, Chicago Sun-Times, Crain's Chicago Business, and other local newspapers and magazines. In the area of broadcast journalism she has been featured on NBC Today Show, NBC Nightly News, and did a fourteen part ABC parenting series that aired nationally. She has been a frequent guest on local TV channels and local and national radio shows including National Public Radio.

Supervises - Second Year Students, FQ, WQ, SPQ

Amy Wu, MSMFT, LMFT, AAMFT Approved Supervisor is a Group and Individual Supervisor in the Master of Science in Marriage and Family Therapy Program at The Family Institute. Amy earned her Bachelor of Science in Education and Social Policy at Northwestern University, and then completed the Marriage and Family Therapy Master's Program at The Family Institute. In addition to her roles at The Family Institute, Amy is also an Assessment and Referral Specialist at Mercy Hospital in Chicago, where she works with children and adults with psychiatric issues in the emergency room. Amy also has past experience as a crisis worker at Community Counseling Centers of Chicago, where she provided community-based crisis intervention and treatment to children, adolescents, and their families. Amy's areas of clinical interest include acculturation and immigration issues, life transitions, parenting support, and crisis stabilization.

Supervises - First Year Students, WQ, SPQ, SUQ

Community Supervisors

Lesley Fisher, 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.

In the therapy room, Ms. Fisher begins with a warm and empathic connection, and from this base she tailors treatment to the needs of each client or family, blending mindfulness, behavioral, cognitive and psychodynamic therapies as necessary. She uses an integrative model of therapy, and is especially skilled at working with meaning and emotion in therapy. To her, therapy is goal-oriented but flexible to allow room for added growth. Ms. Fisher believes that strong relationships between therapist and clients is key; she pays special attention to repairing past relational injuries and creating healthy attachment relationships in the present. She is mindful of cultural issues such as race, sexual orientation, religion, ethnicity and gender.

Luis Hernandez, LMFT, AAMFT Supervisor Candidate is a Licensed Marriage and Family staff therapist at The Family Institute and a member of the Child, Adolescent, and Family Services team. Mr. Hernandez received his Bachelor of Arts in Psychology from Georgia State University. He received his Masters of Science in Marriage and Family Therapy from The Family Institute at Northwestern University. Mr. Hernandez is working towards becoming an AAMFT approved supervisor. He currently provides both individual and community group supervision to Master level Marriage and Family Therapy students at The Family Institute at Northwestern University.

As a Masters level student, Mr. Hernandez was trained in integrative and systemic models of family therapy at the Bette D. Harris Family and Child Clinic. Additionally, he provided home-based, multi-systemic services to under-resourced families through the Community Outreach Program. Prior to joining The Family Institute as a staff therapist, Mr. Hernandez served as a bilingual SASS crisis worker and outpatient therapist at Community Counseling Centers of Chicago

serving under-resourced populations. He provided community-based services to children, adolescents, adults, and their families in a range of environments such as homes, schools, juvenile detention centers, and hospitals throughout Chicago.

Mr. Hernandez's extensive training and work experience has allowed him to work with clients of different ages and cultural backgrounds presenting with a diverse range of symptoms. He is also able to communicate effectively with clients in both English and Spanish and adapt his style and techniques according to individual needs. His approach to therapy is collaborative, empathic, strength-based, and integrative that draws from systemic, cognitive, and humanistic models. Mr. Hernandez strives to offer the most effective skills and tools that will assist clients in managing their presenting problems. He believes that a caring, authentic, and strong connection between clients and the therapist is essential to facilitate meaningful change.

Corina Maria Teofilo Mattson, LMFT, AAMFT Approved Supervisor is a Clinical Supervisor at The Family Institute at Northwestern University. Corina provides group supervision to a cohort of 4 first year students in the clinic as well as a cohort of second year students who provide family therapy support within the community. In addition to her role at The Family Institute, Corina is a Bilingual Therapist and the Director of Programs and Administration at Live Oak, in Chicago. Corina is also an AAMFT Approved Supervisor for which she provides supervisory mentoring to developing Marriage and Family Therapy Supervisors.

Corina graduated with a Bachelor's in Family and Social Science from the University of Minnesota-Twin Cities and received her Master of Science in Marriage and Family Therapy from the University of Wisconsin-Stout in Menomonie, WI. Her clinical training was at the Clinical Services Center in Menomonie, WI and at St. Paul Youth Services in St. Paul, MN. Corina started her career at Pillars, a community mental health agency in the southwest suburbs of Chicago. While at Pillars Corina gained experience facilitating family therapy in both English and Spanish. Since 2012 Corina has worked at Live Oak as the Director of Programs and Administration. In this role Corina continues clinical work focusing on English and Spanish language therapy with Multi-Cultural Couples. In addition to the clinical work Corina facilitates supervision, engages in program development, and manages a range of administrative responsibilities for the organization.

Since 2011 Corina has been a Group Supervisor at the Family Institute at Northwestern, focusing on providing students with exposure to a range of supervisory interventions. In addition to clinical training, Corina provides her students with an education on interacting with the range of providers and resources that are relevant to the clients with whom the students work.

Misty Major LMFT, AAMFT Supervisor Candidate is a Licensed Marriage and Family Therapist and Clinical Supervisor at Live Oak, Inc. Ms. Major received her Bachelor of Science in Psychology from Howard University and received her Masters of Science in Marriage and Family Therapy from The Family Institute at Northwestern University. Ms. Major is working towards becoming an AAMFT approved supervisor. She currently provides both individual supervision at Live Oak and community group supervision to Master level Marriage and Family Therapy students at The Family Institute at Northwestern University.

As a Masters level student, Ms. Major was trained in integrative and systemic models of family therapy at the Bette D. Harris Family and Child Clinic. Additionally, she provided home-based, multi-systemic services to under-resourced families through the Community Outreach Program. Prior to joining Live Oak, Ms. Major served as an outpatient therapist at Community Counseling Centers of Chicago serving children, adolescents, adults, and families who were economically challenged. Following her experiences at C4, she served as a substance abuse counselor for adolescents at Youth Outreach Family Services. There, Ms. Major provided community and home-based individual and family therapy services for adolescents 12-18 experiencing substance abuse. She then worked at Insight Behavioral Health Center in their adolescent Mood and Anxiety Program for Intensive Outpatient and Partial Hospitalization Programs. It is here where she was trained in DBT and Exposure Response Prevention Therapy to treat extreme mood and anxiety issues.

Ms. Major's extensive training and work experience has allowed her to work with clients of different ages and cultural backgrounds presenting with a diverse range of symptoms. Her approach to therapy is to build an authentic, strong relationship that gives room for change and healing and she invites psychological flexibility and curiosity with her clients to help them navigate their life experiences and empower them to shift their story however they see fit. Ms. Major's style is to be holding but challenging. She believes this approach gives clients freedom to know that they can be both vulnerable and capable of navigating their life experiences, and still be worthy of love and care. She believes this is where one can find healing.

Dara Winley, M.S., Ph.D., is a Clinical Scholar Postdoctoral Fellow at The Family Institute and serves as the Community Fellow in the Community Program. Ms. Winley received her Bachelors in Family Science from the University of Maryland, College Park. She then received her Master of Science and Ph.D. in Marriage and Family Therapy from Drexel University. Prior to joining the staff at The Family Institute, Ms. Winley was an outpatient therapist at The Center for Families and Relationships in Philadelphia, PA. Currently, Ms. Winley is a Marriage and Family therapist in the treatment of couples, families, and individuals. She has a particular passion for and commitment to facilitate healthy parent-child/adolescent relationships and alleviate stress and trauma when linked to poverty, discrimination and unhealthy family functioning. Ms. Winley has training in Attachment Based Family therapy and Emotion Focused Therapy. In all these contexts, Ms. Winley's understanding and sensitivity to multiculturalism is a major part of her therapeutic work. Ms. Winley is also an active member of the American Association for Marriage and Family Therapy (AAMFT).

**Master of Science in Marriage and Family Therapy
Yearlong Schedule of Courses 2018 – 2019**

Fall Quarter 09/27/2018 – 12/15/2019					
First Year	Monday	Tuesday	Wednesday	Thursday	Friday
			401-0 Basic Concepts 8:30-11:30am FIB 200 Russell (1)		
	421-0 Systemic Assessment 12:00 – 3:00 pm FIB 200 Black (1)		480-0 Pre-Practicum in Family Therapy 12:30-3:30 pm FIB-300 Kinsman/Roberts (1)	428- Legal, Ethical & Prof Issues 12:30 – 3:30pm FIB-200 Torres-Gregory (1)	
Second Year			422-0 Family Research 8:30 – 12:30pm FIB 200 Sabey (1)		413-0 Intimate Relations II 9:00 – 12:00 pm FIB-300 Rampage (1)
			400-1/2 Professional Identity Seminar 11:30-12:30pm TBD Sher/Earl (0)		
			482-0 Advanced Internship in MFT 12:30-3:30pm Group Supervisor (1)		
Winter Quarter 01/07/2018 – 03/22/2019					
First Year	Monday	Tuesday	Wednesday	Thursday	Friday
			402-0 Methods of Systems Therapy 8:30-11:30am FIB-200 Breunlin (1)	411-0 Intimate Relations I 9:00 – 12:00pm FIB 200 Solomon (1)	
			481-0 Internship in MFT 12:30-3:30pm Group Supervisor (1)	436-0 Family Therapy Treatment Model 12:30 – 3:30 pm FIB 200 Earl (1)	
Second Year			427-0 Family of Origin 8:30 – 11:30am TBD Burgoyne (1)		414-0 Behavioral Medicine 8:30-11:30am TFI 300 Sher (1)
	495-0 Capstone Project Meetings TBD Earl (0)		400-1/2 Professional Identity Seminar 11:30-12:30pm TBD Sher/Earl (0)		
			482-0 Advanced Internship in MFT 12:30-3:30pm Group Supervisor (1)		
Spring Quarter 04/01/2018 – 06/15/2019					
First Year	Monday	Tuesday	Wednesday	Thursday	Friday
			410-0 Human Development 8:30 – 11:30am TBD Earl (1)	403-0 Self & Other Systems 12:30 – 3:30pm FIB 200 Sabey (1)	
			400-1/2 Professional Identity Seminar 11:30-12:30pm TBD Sher/Earl (0)		
			481-0 Internship in MFT 12:30-3:30pm Group Supervisor (1)	430-0 Power, Privilege & Difference 12300 – 3:30pm FIB 200 Hampton (1)	
Second Year			440-0 Substance Abuse 8:30 – 11:30pm FIB 200 Goldsmith (1)		429-0 Sex Therapy 9:00 – 12:00 pm FIB 300 TBD (1)
	495-0 Capstone Project Meetings TBD Earl (0)		400-1/2 Professional Identity Seminar 11:30-12:30pm TBD Sher/Earl (0)		
			482-0 Advanced Internship in MFT 12:30-3:30pm Group Supervisor (1)		CPSY 453-0 Treatment of Trauma 12:30 – 3:30 pm FIB 200 Catherall (1)
Summer Quarter 06/24/2019 – 08/16/2019					
First Year	Monday	Tuesday	Wednesday	Thursday	Friday
			424-0 Group Therapy 8:30-11:30am FIB 200 Roberts (0)		437-0 Child in the Context of the Family 8:30-11:30am FIB 200 Black (1)
			400-1/2 Professional Identity Seminar 11:30-12:30pm TBD Sher/Earl (0)		
			481-0 Internship in MFT 12:30-3:30pm FIB-200 Group Supervisor (1)		

Northwestern University

2018 – 2019 Academic Calendar

Fall Quarter 2018

September

Saturday, September 1, 2018	Fall Tuition Due
Sunday, September 9, 2018	Registration for Continuing Students for Fall Quarter 2018 ends 11:59 p.m.
Monday, September 17, 2018	TGS Graduate Student Orientation
Friday, September 21, 2018	New Student Orientation (Wildcat Welcome)
Monday, September 24, 2018	New Graduate Student Fall Registration begins 9 a.m.
Tuesday, September 25, 2018	New Undergraduate Student Fall Registration
Thursday, September 27, 2018	Change of Registration (Drop/Add)/Late registration for returning students begins
Thursday, September 27, 2018	Fall classes begin 8 a.m.

October

Wednesday, October 3, 2018	Last day for students in The Graduate School to change grading status from grade to P-N or vice versa for Fall Quarter
Wednesday, October 3, 2018	Last day to add a class or change a section for Fall
Wednesday, October 3, 2018	Last day to change status to or from part time with tuition adjustment
Wednesday, October 3, 2018	No reductions are made to bills for dropped or swapped classes after this date.
	Last day for a tuition refund
Friday, October 12, 2018	Last day for undergraduates to change grading status from grade to P-N or vice versa for Fall
Monday, October 15, 2018	Undergraduate petition to graduate due for Winter 2019
Monday, October 29, 2018	Winter quarter courses viewable for students in CAESAR for the following: Communication, Education, Engineering, Journalism, & Music Graduate Courses, Non-Degree, TGS, and undergraduate Courses

November

Friday, November 2, 2018	Application for a degree due to The Graduate School to receive a degree in Fall
Friday, November 2, 2018	Last day to drop a class for Fall. (No tuition adjustment after October 3)
Monday, November 5, 2018	Pre-registration for Winter Quarter begins
Monday, November 12, 2018	Registration for Winter 2019 begins
Wedy, November 21, 2018	Thanksgiving vacation begins 6 p.m.
Thursday, November 22, 2018	Thanksgiving day
Monday, November 26, 2018	Fall Classes resume 8 a.m.
Friday, November 30, 2018	Dissertation, PhD Final Exam, and change of grade forms due to TGS for Fall PhD candidates
Friday, November 30, 2018	Undergraduate Withdrawal Petition Deadline 5 p.m.

December

Monday, December 3, 2018	WCAS Reading Period begins
Friday, December 7, 2018	Master's completion form due for TGS Fall master's candidates
Saturday, December 8, 2018	Fall classes end
Sunday, December 9, 2018	WCAS Reading Period ends
Monday, December 10, 2018	Fall examinations begin
Saturday, December 15, 2018	Fall examinations end
Saturday, December 15, 2018	Winter Break Begins
Monday, December 17, 2018	Fall grades due at 3 p.m.
Friday, December 21, 2018	Fall Degrees Conferred
Friday, December 21, 2018	Undergraduate petition to graduate due for Spring 2019

Winter Quarter 2019

January

Tuesday, January 1, 2019	Winter Tuition Due
Monday, January 7, 2019	Winter Change of Registration (Drop/Add)/Late registration begins
Monday, January 7, 2019	Winter Classes begin 8 a.m.
Monday, January 7, 2019	Winter Recess ends
Friday, January 11, 2019	Last day for students in The Graduate School to change grading status from grade to P-N or vice versa for Winter Quarter
Friday, January 11, 2019	Last day to add a class or change a section for Winter
Friday, January 11, 2019	Last day to change status to or from part time with tuition adjustment
Friday, January 11, 2019	No reductions are made to bills for dropped or swapped classes after this date.
	Last day for a tuition refund
Monday, January 21, 2019	Suspension of classes for observance of Martin Luther King Jr. Day
Friday, January 25, 2019	Last day for undergraduates to change grading status from grade to P-N or vice versa for Winter

February

Friday, February 8, 2019	Application for a degree due to The Graduate School to receive a degree in Winter
Monday, February 11, 2019	Spring quarter courses viewable for students in CAESAR for the following: Communication, Education, Engineering, Journalism, & Music Graduate Courses, Non-Degree, TGS, and undergraduate Courses
Friday, February 15, 2019	Last day to drop a class for Winter. (No tuition adjustment after January 11)
Monday, February 18, 2019	Pre-Registration for Spring 2019 begins
Monday, February 25, 2019	Registration for Spring 2019 begins

March

Friday, March 8, 2019	Dissertation, PhD Final Exam, and change of grade forms due to TGS for Winter PhD candidates
Friday, March 8, 2019	Undergraduate Withdrawal Petition Deadline 5 p.m.
Tuesday, March 12, 2019	WCAS Reading Period Begins
Friday, March 15, 2019	Master's completion form due for TGS Winter master's candidates
Saturday, March 16, 2019	Winter Classes End
Sunday, March 17, 2019	WCAS Reading Period ends
Monday, March 18, 2019	Winter Examinations Begin
Saturday, March 23, 2019	Spring Break Begins
Saturday, March 23, 2019	Winter examinations end
Monday, March 25, 2019	Winter grades due at 3 p.m.
Friday, March 29, 2019	Winter Degrees Conferred

April

Monday, April 1, 2019	Spring Break Ends
Monday, April 1, 2019	Spring Change of Registration (Drop/Add)/Late registration begins
Monday, April 1, 2019	Spring Classes begin 8 a.m.

Spring Quarter 2019

Monday, April 1, 2019	Spring Tuition due
Friday, April 5, 2019	Last day for students in The Graduate School to change grading status from grade to P-N or vice versa for Spring Quarter
Friday, April 5, 2019	Last day to add a class or change a section for Spring
Friday, April 5, 2019	Last day to change status to or from part time with tuition adjustment
Friday, April 5, 2019	No reductions are made to bills for dropped or swapped classes after this date.
	Last day for a tuition refund
Monday, April 8, 2019	Summer quarter courses viewable for students in CAESAR for the following: Communication, Education, Engineering, Journalism, & Music Graduate Courses, Non-Degree, TGS, and undergraduate Courses
Friday, April 12, 2019	Application for a degree due to The Graduate School to receive a degree in Spring
Monday, April 15, 2019	Registration for Summer Session 2019 begins
Friday, April 19, 2019	Last day for undergraduates to change grading status from grade to P-N or vice versa for Spring

Saturday, April 20, 2019	Passover begins
Sunday, April 21, 2019	Easter
May	
Monday, May 6, 2019	Fall quarter courses viewable for students in CAESAR for the following: Communication, Education, Engineering, Journalism, & Music Graduate Courses, Non-Degree, TGS, and undergraduate Courses
Friday, May 10, 2019	Dissertation, PhD Final Exam and change of grade forms due to TGS for Spring PhD candidates
Friday, May 10, 2019	Last day to drop a class for Spring. (No tuition adjustment after April 8)
Monday, May 13, 2019	Pre-Registration for Fall 2019 begins
Friday, May 17, 2019	Master's completion form due for TGS Spring master's candidates
Monday, May 20, 2019	Registration for Fall 2019 begins
Monday, May 27, 2019	Memorial Day (no classes)
Friday, May 31, 2019	Undergraduate Withdrawal Petition Deadline 5 p.m.
June	
Saturday, June 1, 2019	Summer Tuition due
Tuesday, June 4, 2019	WCAS Reading Period begins
Saturday, June 8, 2019	Spring classes end
Sunday, June 9, 2019	WCAS Reading Period ends
Monday, June 10, 2019	Spring examinations begin
Friday, June 14, 2019	Undergraduate petition to graduate due for Fall 2019
Saturday, June 15, 2019	Spring examinations end
Monday, June 17, 2019	Spring Grades Due at 3 p.m.
Thursday, June 20, 2019	Baccalaureate
Friday, June 21, 2019	Commencement
Friday, June 21, 2019	Spring Degrees Conferred
Monday, June 24, 2019	Summer Change of Registration (Drop/Add)/Late registration begins

Summer Quarter 2019

Monday, June 24, 2019	Summer Classes Begin
July	
Thursday, July 4, 2019	Independence Day (no classes)
Friday, July 19, 2019	Application for a Degree due to The Graduate School to receive a degree in Summer
August	
Saturday, August 3, 2019	Six-week session ends
Friday, August 9, 2019	Dissertation, PhD Final Exam, and change of grade forms due to TGS for Summer PhD candidates
Friday, August 16, 2019	Master's completion form due for TGS Summer master's candidates
Saturday, August 17, 2019	Eight-week session ends
Saturday, August 31, 2019	Ten-week session ends
September	
Friday, September 6, 2019	Summer Degrees Conferred

September 2018				
1	Thursday	Fall Quarter Tuition Due for Continuing Students		
3	Monday	Labor Day – TFI CLOSED		
5	Wednesday	MFT 2 Group Supervision Begins	12:30 pm – 3:30 pm	Sup Office
7	Friday	Grad International Student Orientations – Session 3	9:30 am – 12:00 am	Norris Center
9	Friday	Fall Quarter Registration ends for continuing students	5:00 pm	CAESAR
11	Tuesday	MSMFT Meet and Greet w/ Director	4:00 pm – 6:00 pm	TFI 300
12	Wednesday	MFT 1 New Student Orientation	11:30 am – 4:00 pm	TFI 200
12	Wednesday	MFT Student / Faculty Happy Hour	4:00 pm – 6:00 pm	Giordano's Pizza
17	Wednesday	The Graduate School New Student Orientation	8:30 am – 5:00 pm	Pick-Staiger Concert Hall
20	Thursday	VM/Email Training – Students will be assigned a time		TFI LL30
21	Friday	MFT1 Orientation II – Curriculum Walk Through	9:30 am – 10:15 am	TFI 200
21	Friday	MFT1 Orientation II – Diversity “Getting to Know You”	10:30am – 12:30 pm	TFI 200
22	Saturday	MFT 2 Welcome Back	3:00 pm – 6:00 pm	Doug's House
24	Thursday	New Student Registration, Fall Quarter	1:00 pm – 5:00 pm	CAESAR
24	Monday	MFT1 Orientation III – Part 1 - Building Community	10:00 am – 12:00 pm	TFI 200
24	Monday	MFT Mentor/Mentee Lunch	12:00 pm - 1:00 pm	TFI 200
24	Monday	MFT 1 – Intro NU Career Advancement – B.Boettcher	1:00 pm – 1:15 pm	TFI 200
24	Monday	MFT 1 Orientation III – Part 2 Live Consultation	1: 15pm – 3:30 pm	TFI 200
26	Wednesday	Classes for Fall Quarter begin	8:30 am	LL00/200/300
27	Tuesday	Fall Quarter Add/Drop Period begins		CAESAR
28	Friday	IT Training (Camera/Flash drive, MRM, & Sharepoint) Students will be assigned a time -	10:00 am – 3:00 pm	TFI LL30
TBD	Wednesday	STIC Consultation w/ Jacob Goldsmith	11:30 am – 12:30 pm	TFI 200
October 2018				
3	Monday	Fall Quarter Add/Drop Period ends & Late Registration for Continuing Students ends		CAESAR
10	Wednesday	MFT 2 Program Meeting	11:30 am – 12:30 pm	TFI 300
12	Friday	MFT Open House	4:00 pm – 6:00 pm	TFI 300
17	Monday	MFT1 Program Meeting	8:30 am – 6:00 pm	TFI 300
TBD	Wednesday	STIC Consultation w/ Jacob Goldsmith	11:30 am – 12:30 pm	TFI 200
November 2018				
5	Monday	MFT 1 Clinic Orientation	8:30 am – 11:30 pm	TFI 200
9	Friday	MFT Open House	4:00 pm – 6:00 pm	TFI 300
12	Monday	Registration for Winter Quarter begins		CAESAR
16	Friday	MFT 1 TIER Training – Students will be assigned time	9am - 11:30am 1pm - 3:30pm	TFI LL30
21	Wednesday	No Classes in session -No Group Supervision Thanksgiving Vacation begins	12:30 pm	
22	Thursday	Thanksgiving Day	TFI CLOSED	
23	Friday	Thanksgiving Holiday	TFI CLOSED	
26	Monday	Class for Fall Quarter Resume	8:30 am	

TBD	Wednesday	MFT STIC Consultation w/ Jacob Goldsmith	11:30 am – 12:30 pm	TFI 200
December 2018				
1	Friday	Educational Paperwork Due		
5	Wednesday	CENTER HOLIDAY PARTY	11:30 am -1:30 pm	TFI 300
7	Friday	MFT Open House	4:00 pm – 6:00 pm	TFI 300
14	Friday	Last day of classes for Fall Quarter		
17	Monday	Fall Quarter grades due online on CAESAR	3:00 pm	
19	Wednesday	Clinic Group supervision will be held	12:30 pm – 3:30 pm	Supervisor office
24	Monday	TFI Close at noon (7:30-12:00pm)		
25	Tuesday	TFI Closed for Christmas Holiday		
26	Wednesday	No Group Supervision		
31	Monday	TFI Close at noon (7:30-12:00pm)		
31	Monday	Application Deadline for MSFT Program Cohort of 2017	Midnight	
TBD		MFT 1 STIC Training 1	1:00 pm - 3:00 pm	TFI 300
TBD		MFT 1 STIC Training 2	1:00 pm – 2:30 pm	TFI 300
January 2019				
1	Tuesday	TFI Closed for New Year Holiday		
2	Wednesday	Tuition Due for Winter Quarter		
2	Wednesday	No Group Supervision		
7	Monday	Winter Quarter Add/Drop Period begins	8:00 am	CAESAR
7	Monday	Classes for Winter Quarter begin	8:30 am	LL00/200/300
9	Wednesday	Group Supervision will Commence		
11	Friday	Last day for add/drop		CAESAR
16	Wednesday	MFT 2 Program Meeting	11:30 am -12:30 pm	TFI 300
23	Wednesday	MFT 1 Program Meeting	11:30 am -12:30 pm	TFI 300
February 2019				
22	Friday	MFT 2 - Loan Repayment w/ Ken Brown	11:30 am – 12:30 pm	TFI 200
25	Monday	Registration for Spring Quarter begins		CAESAR
TBD	Friday	MFT Admission Interviews (TENTATIVE)	9:00 am - 4:00 pm	TFI 134
TBD	Wednesday	Project Strengthen Meeting	11:30 am – 12:30 pm	TFI 200
TBD	Wednesday	STIC Refresher w/ Jacob Goldsmith	11:30 am – 12:30 pm	TFI 200
TBD	Wednesday	MFT 1 – Clinic meeting	11:30 am – 12:30 pm	TFI 200
March 2019				
16	Friday	Educational Paperwork Due		
22	Friday	Last day of classes for Winter Quarter		
25	Monday	Winter Quarter grades due online on CAESAR	3:00 pm	CAESAR
27	Wednesday	Spring Break: No Clinic Group Supervision		

April 2019				
1	Monday	Tuition Due for Spring Quarter		
1	Tuesday	Spring Quarter Add/Drop Period begins & Late Registration for Continuing Students begins	8:00 am	CAESAR
1	Monday	Classes for Spring Quarter begin	8:00 am	LL00/200/300
5	Friday	Application for Degree for due to TGS		CAESAR
5	Friday	Spring Quarter Add/Drop Period Ends	8am	
10	Wednesday	MFT 2 Program Meeting	11:30 am – 12:30 pm	TFI 300
15	Monday	Registration for Summer Quarter begins		CAESAR
17	Wednesday	MFT 1 Program Meeting	11:30 am – 12:30 pm	TFI 300
TBD	Wednesday	Clinic Meeting for Exiting Students	11:30 am – 12:30 pm	TFI 200
May 2019				
3	Friday	COUN and MSFT Masters Degree Candidacy Forms & all Graduate's Change of Grade forms due to TGS		CAESAR
13	Monday	Advanced Registration for Fall Quarter 2018		CAESAR
27	Monday	Memorial Day; No classes	TFI CLOSED	
June 2019				
1	Saturday	Tuition Due for Summer Quarter		
1	Friday	Educational Paperwork Due		
45	Friday	Spring Quarter. Ends	6:00 pm	
17	Monday	Spring Quarter grades due online on CAESAR	3:00 pm	CAESAR
19	Wednesday	Cap & Pickup	10:00 am – 7: 00 pm	Norris
19	Wednesday	MFT Graduates Class Day Celebration	12:00 pm – 2:30 pm	
21	Friday	Northwestern University Commencement	10:30 am	Ryan Field
22	Saturday	COUN & MSFT Commencement & Brunch	8:30 am – 12:00 pm	Millar Chapel & TF
24	Monday	Classes for Summer Session begin	8:00 am	
24	Monday	Summer Quarter Add/Drop Period begins & Late Registration for Continuing Students begins	8:00 am	
27	Wednesday	MFT 1 Summer Quarter Program Meeting	11:30 am – 12:30 pm	TFI 300
29	Friday	Summer Quarter Add/Drop Period ends & Late Registration for Continuing Students ends	8:00 am	
TBD	TBD	Exit Interviews w/ Director		TFI 332
July 2019				
4	Thursday	TFI Closed for Independence Day	TFI CLOSED	
August 2019				
10	Friday	Educational Paperwork Due		
16	Friday	Summer Quarter Courses End		
21	Wednesday	Summer Break-No Clinic Group Supervision		
28	Wednesday	Summer Break-No Clinic Group Supervision		

FIRST YEAR STUDENT EDUCATION PAPERWORK DEADLINES
2018 – 2019

The following forms must be completed at the end of each month and submitted to the Education Office by the 15th of each month (after the PAR is received). For detailed instructions, see “Documentation of Supervised Clinical Practice.”

1. Procedure Analysis Report (E8), signed by group supervisor
2. Team & Co-Therapy Cases Form (E10), signed by group supervisor
3. Group Therapy Cases Form (E18), signed by group supervisor monthly
4. Supervision Hours Form (E7) for Individual Supervision, signed by individual/community supervisor
5. Supervision Hours Form (E7) for Group Supervision, signed by group supervisor
6. Self & Supervisor Evaluations will be completed at the end of each Quarter of the Internship.

Date	Assignments
September 19 th	Classes Begin – Fall Quarter 2018
November 22 nd	Thanksgiving Break –AM CLASSES MEET, No Supervision Groups in PM
December 26 th	Winter Break - No class or supervision groups
January 2 nd	Winter Break - No class or supervision groups
January 9 th	Supervision Resumes
January 9 th	Classes Begin - Winter Quarter 2019
January 31 st	Supervision Learning Contracts due
April 1 st	Basic Skills Evaluation, Student Evaluation of Supervisor, & Group Supervisor Eval of Supervisee Due
March 16 th	Educational Paperwork – PAR reports, Supervision hours, Team hours, Lives
March 22 nd	END OF WINTER QUARTER
March 27 th	Spring Break - No class or supervision groups
April 1 st	Classes Begin – Spring Quarter 2019
June 8 th	Educational Paperwork – PAR reports, Supervision hours, Team hours, Lives
June 15 th	END OF SPRING QUARTER
June 24 th	Classes Begin – Summer Quarter 2019
August 1 st	Basic Skills Evaluation, Student Evaluation of Supervisor, & Group Supervisor Evaluation of Supervisee Due
August 9 th	Educational Paperwork – PAR reports, Supervision hours, Team hours, Lives
August 18 th	Summer Quarter Classes End
August 21 st	Summer Break - No supervision groups
August 28 th	Summer Break - No supervision groups
All written work <u>must</u> be submitted by August 31, 2019 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.*

**SECOND YEAR STUDENT EDUCATION PAPERWORK DEADLINES
2018-2019**

The following forms must be completed at the end of each month and submitted to the Education Office by the 15th of each month (after the PAR is received). For detailed instructions, see “Documentation of Supervised Clinical Practice.”

1. Procedure Analysis Report (E8), signed by group supervisor
2. Team & Co-Therapy Cases Form (E10), signed by group supervisor
3. Group Therapy Cases Form (E18), signed by group supervisor
4. Supervision Hours Form (E7) for Individual Supervision, signed by individual/community supervisor
5. Supervision Hours Form (E7) for Group Supervision, signed by group supervisor
6. Self & Supervisor Evaluations will be completed at the end of each Quarter of the Internship.

Date	Assignments
September 26th	Classes Begin – Fall Quarter 2018
November 22nd	Thanksgiving Break – No Supervision Groups
December 8th	Educational Paperwork Due– PAR reports, Supervision hours, Team hours, Lives
December 26th	Winter Break - No class or supervision groups
January 2nd	Winter Break - No class or supervision groups
January 7th	Classes Begin – Winter Quarter 2019
January 31st	Basic Skills Evaluation, Student Evaluation of Supervisor, & Group Supervisor Evaluation of Supervisee
March 16th	Educational Paperwork Due – PAR reports, Supervision hours, Team hours, Lives
March 22nd	END OF WINTER QUARTER
March 27th	Spring Break - No class or supervision groups
May 31st	Basic Skills Evaluation, Student Evaluation of Supervisor, & Group Supervisor Evaluation of Supervisee
May 31st	All clinical and education paperwork due.
June 15th	END OF SPRING QUARTER
June 21st	Northwestern University Commencement
June 22nd	Center for Applied Psychological and Family Studies Graduation
<p style="text-align: center;">All written and clinical work <u>MUST</u> be submitted by May 31, 2019 to be eligible for June graduation. See “Graduation Requirements” and “Exit Procedure Policy.”</p>	

****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 to the MFT Education Office as detailed previously in this manual. Below are descriptions of how to use each Education form, and samples of each form follow. All of these forms are available in the lower drawer of the Education filing cabinet.

Submit all your encounter forms to the front desk before the monthly deadline. Once you receive your Procedure Analysis Report (PAR) in your confidential hanging file folder, review it for accuracy, correct any discrepancies with the comptroller, sign off on it and secure your group supervisor's signature. Be sure that all other completed forms have the necessary supervisor signatures before submitting them to the MFT Office. Place all paperwork in upper drawer of the Education filing cabinet in the student lounge in the folder marked with the trainee's name. All paperwork for the previous month is due on 15th of the current month. All contact hours and written work will be recorded monthly. Quarterly, a FIASCO Education Summary Spreadsheet reflecting all of the paperwork you have submitted to the MFT Office since the beginning of the program will be distributed. Trainees are encouraged to review this spreadsheet and report any concerns to the Asst. Director of Administration for Education as soon as possible.

The Class of 2020 will use an application called Time2Track 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. [Link to Time2Track Webpage.](#)

E2 and E4: 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 student should bring a blank form to each supervisor for discussion. Together, they should complete items 2, 8, 9 and sign. The student should submit the completed contract to the MFT Office before the end of Fall Quarter each year.

E5: BASIC FAMILY THERAPY SKILLS EVALUATION DEVICE

As detailed under "Evaluation Policy," the student should use this form to evaluate him/herself twice per year in relation to the goals established in the learning contract, and check "self" in the top left. The supervisor should also use this form to evaluate the student twice per year, and check "supervisor" in the top left. If the supervisor wishes to collaborate, both self and supervisor evaluations can be done on the same sheet of paper; be sure to check "consensus." The forms must be initialed by both the student and the supervisor on the top right, 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 to the MFT Office, where they will be filed with the student's academic records for use by the Program Director and supervisors.

E6: 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. Completed evaluations are submitted to the MFT Office. A copy will be forwarded to the supervisor and the original will be filed with the supervisor's faculty records for use by the Program Director.

E8: PROCEDURE ANALYSIS REPORT (PAR)

Once per month trainees receive printouts of a computer report that lists the Family Institute client hours for which they have turned in encounter forms for the previous month. Review this report to ensure the information is accurate. If there is an error, see the Comptroller to have it corrected, providing a copy of the relevant encounter form to verify the changes that need to be made. Please remember to verify that hours were categorized correctly into individual, couple, or family sessions. When report is accurate, obtain group supervisor's signature on one copy. The second copy is for trainee's own records. Submit the signed report to the MFT Office monthly.

E11: ACADEMIC CREDIT FORM

Trainees document demonstrations of clinical work (lives and videos) using this form. More than one item can be entered on each form, but an original supervisor's or instructor's signature must be obtained for each item.

E13: BRIEF CASE ASSESSMENT OUTLINE

This outline should be used as a guide in writing the two required short assessments in the first year.

E20 and E21: 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. Completed forms should be placed in education folder.

E22: LIVE INTERVIEW CASE SUMMARY (Brief Version)

Trainees complete this summary in conjunction with presenting of their live interview during both years of training. A copy must be submitted to the education department for your permanent education file.

E23: LIVE INTERVIEW TREATMENT SUMMARY (Formal Write-Up)

Trainees are required to submit this formal write-up for ONE live interview during both years of training. A copy must be submitted to the education department for your permanent file.

E24: MSMFT GROUP SUPERVISOR EVALUATION OF SUPERVISEE

Group supervisors complete this evaluation of trainees each quarter and submit to faculty of record. Evaluation score is conjoined with a grade that will show on your transcript under the Internship course.

E25: LIVE SUPERVISION RATING FORM

Group supervisor completes this document as a record and evaluation of trainees Live Interviews. A copy must be submitted to the education department for your permanent file.

E26: STIC PRESENTATION RATING FORM

Group supervisor completes this document as a record and evaluation of trainees use of the STIC – one presentation required each academic year. A copy must be submitted to the education department for your permanent file.

E28: CASE PRESENTATION FORMAT

During the group supervision process, trainees are expected to use portions of this format when discussing their clinical work.

**GROUP, INDIVIDUAL, AND COMMUNITY
LEARNING CONTRACT PACKET**

Please have each respective supervisor who you are assigned to review and sign the learning contracts. Please turn each of these forms to the education office by the end of Fall Quarter. They will distribute the entire packet to your assigned supervisors.

Remember to make a copy of this packet for your record.

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

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:**

i.
ii.
iii.

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

i.
ii.
iii.

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

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 supervision 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:

i.
ii.
iii.

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

i.
ii.
iii.

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

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).
 - i. Supervisee self-evaluation
 - ii. Supervisor evaluation of student
 - iii. 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:

iv.
v.
vi.

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

i.
ii.
iii.

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
DEMONSTRATIONS OF CLINICAL WORK

According to program requirements, students must demonstrate clinical work to supervisors multiple times each year and provide documentation to the MFT Education Department.

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.

In order to receive credit for demonstrations of clinical work, students must follow these procedures:

1. Complete an Academic Credit Form (E11). Since the Academic Credit Forms remain in the permanent academic files, do not enter identifying information about clients - use first name and last initial only.
2. Obtain the signature of the supervisor who viewed the live interview or tape.
3. Submit the Academic Credit form to the MFT Office by placing it in the upper drawer of the Education filing cabinet, in the folder with the trainee’s name. It is recommended that trainees keep copies of all paperwork submitted to the MFT Office.
4. Submit all your encounter forms to the front desk before the monthly deadline. Once you receive your Monthly Procedure Analysis Report (PAR) in your confidential hanging file folder, review it for accuracy, correct any discrepancies with the comptroller, sign off on it and secure your group supervisor’s signature. Be sure that all other completed forms have the necessary supervisor signatures before submitting them to the MFT Office. Place all paperwork in upper drawer of the Education filing cabinet located in the student lounge in the folder marked with the trainee’s name. All paperwork for the previous month is due on 15th of the current month. All contact hours and written work will be recorded monthly. On a quarterly basis, an Education Summary Spreadsheet reflecting all of the paperwork you have submitted to the MFT Office since the beginning of the program will be distributed. Trainees are encouraged to review this spreadsheet and report any concerns to the Education Office as soon as possible.

Master of Science in Marriage and Family Therapy Program
SAMPLE ACADEMIC CREDIT FORM

Student: Mary Doe

Supervisor: Bob Smith

Year One

Live Demonstration of Clinical Work (2 minimum)	Date Presented	Approved By (Signature)
1. Couples Case Live		Group Supervisor
2. Family Case Live		Group Supervisor
Formal Live Write-up (1 required)	Date Presented	Approved By (Signature)
1. Couple Case Video		Group Supervisor
STIC Presentations	Date Presented	Approved By (Signature)
2. STIC		Group Supervisor

Year Two

Live Demonstration of Clinical Work (2 minimum)	Date Presented	Approved By (Signature)
1. Couples Case Live		Group Supervisor
2. Family Case Live		Group Supervisor
Formal Live Write-up (1 required)	Date Presented	Approved By (Signature)
1. Couple Case		Group Supervisor
STIC Presentations	Date Presented	Approved By (Signature)
1. STIC		Group Supervisor

**Master of Science in Marriage and Family Therapy Program
ACADEMIC CREDIT FORM**

Student: _____

Supervisor: _____

Year One

Live Demonstration of Clinical Work (2 minimum)	Date Presented	Approved By (Signature)
1.		
2.		
Formal Live Write-up (1 required)	Date Presented	Approved By (Signature)
1.		
STIC Presentations	Date Presented	Approved By (Signature)
2.		

Year Two

Live Demonstration of Clinical Work (2 minimum)	Date Presented	Approved By (Signature)
1.		
2.		
Formal Live Write-up (1 required)	Date Presented	Approved By (Signature)
1.		
STIC Presentations	Date Presented	Approved By (Signature)
1.		

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

Beginning with the class entering the program in Fall of 2016, graduation requirements will include a Capstone Project, which satisfies a key requirement of our accrediting body, the Commission on Accreditation of Marriage and Family Therapy Education (COAMFTE). 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 (formerly known as Integrative Problem Centered Metaframeworks), 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.

- I. **Case study.** Through the written presentation of a particular case, the student demonstrates comprehension of and competence with Integrative Systemic Therapy (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 the use of self.

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 you;
- 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.

- II. **Study of a special problem or population.** This capstone option involves the study of a particular special problem or population and the application of Integrative Systemic Therapy 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 integrative, systemic therapy 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 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.
- III. **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 for inclusion. 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 that accompanies. This commentary for each of the eight selected products (2-5 pages each) will total to 25-30 pages. The commentary will focus primarily on its significance for the student's development as Marriage and Family Therapist trained in Integrative Systemic Therapy.

Timeline for the Capstone

During summer quarter of their first year, students make the decision to pursue one of the three options. The student submits 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 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 INTERVIEW CASE SUMMARY (Brief Version)

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
The Family Institute at Northwestern University**

LIVE INTERVIEW TREATMENT SUMMARY (Formal Write-Up)

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.

1. Identifying Data
 - a. Names
 - b. Ages
 - c. Occupation
 - d. Relationship Status
 - e. Ethnicity
 - f. Religion
 - g. Cultural Background
 - h. Sexual Orientation
2. Relevant Treatment History
 - a. Current Treatment
 - i. # of sessions
 - ii. Modalities
 - iii. Frequency
 - iv. Level of Engagement
3. Simple Genogram and Family History
 - a. Family configuration relevant to treatment
 - b. Direct/Indirect System
 - c. Historically oriented Family of Origin genogram (if relevant)
4. Presenting Problems
 - a. Statement of problem (initial presenting problem and current presenting problem)
 - b. Frequency, intensity and duration of current problem
 - c. Time and context of onset
 - d. Description of problem sequences

5. Case Formulation: PCM Blueprint for Therapy
 - a. Treatment Goal/Alternate Adoptive Sequence
 - b. Hypotheses: utilizing the Problem Centered Metaframework Model, addressing both the Web of Constraints and Strengths.
 - c. Planning: current position on the matrix and a discussion of how you have arrived there
 - d. Conversing: recent attempts at the intervening and a characterization of the dynamics in your conversations
 - e. Feedback: response to these conversations and a discussion of the information you have gathered and how this informs your hypothesis
6. Alliance and Interface
 - a. Tasks
 - b. Goals
 - c. Bonds
 - d. Personal, FOO, and cultural issues raised for Therapist
7. Issues and Questions for Supervisory Feedback

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

Pre-Practicum Live Supervision Rating Form

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**

Case Presentation Format

- I. For the first presentation of a case:
 - A. Caller
 - B. Presenting concern (s)
 - C. Members of client system (family), ages, identifying information
 - D. Who attended initial sessions (direct client system) and why

- II. For all case presentations:
 - A. Reason for presenting/Therapist concerns
 - B. Members of client system (family), ages, identifying information
 - C. Presenting problem(s)
 - a. Initial
 - b. Current
 - D. Current direct system (reconsidering the direct system: who to convene)
 - E. Sequence (s)
 - a. Specific problem sequence(s)
 - b. Alternative adaptive sequence(s)
 - c. Outcome of attempts to Enact an alternative adaptive sequence
 - d. Strengths and resources noted
 - F. Current/recent hypotheses about what constrains problem resolution
 - a. Formulation of constraints (Web): hypothesizing metaframeworks at various levels of the system
 - G. Current/recent plans for intervention
 - a. Position(s) on matrix: planning metaframeworks and context of therapy
 - b. Conversing/intervening patterns
 - c. Feedback
 - i. Response to conversing/intervening
 - ii. Alliance
 - iii. Specific STIC data, if any
 - iv. 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

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.

1. Identifying data (please include simple genogram)
 - Names
 - Ages
 - Occupation
 - Relationship status
 - Ethnicity
 - Cultural background
 - Sexual orientation
2. Treatment History (previous treatment)
3. Presenting problems (initial presenting problem & current presenting problem)
 - Frequency
 - Intensity
 - Duration
 - Time & context of onset
4. Case Formulation: PCM Blueprint for therapy
Hypothesis utilizing the Problem Metaframework Model, addressing both the web of constraints and strengths.
 - Treatment Goals
 - Planning: current position on the matrix
 - Conversing: recent attempts at intervening
 - Feedback: response to these conversations
5. 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?
6. Demonstrate what the alliance scales tell you about the alliance.
 - Self or Self/Group
 - Other
 - Within
 - Group
 - 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?
7. 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

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 Program
DOCUMENTATION OF SUPERVISED CLINICAL PRACTICE**

Monthly Summary of Hours and Experience Form

All trainees must document supervised clinical practice monthly according to the procedures below, as applicable by program. The Monthly Summary of Hours and Experience Form (E1) is submitted to the MSFT Office by placing it in the upper drawer of the MFT filing cabinet located in the student lounge in the folder with the trainee's name. You should attach the monthly PAR Report to this form and place in file, it will then be collected after the 30th of each month, recorded and filed in the MSFT Office. Every quarter, trainees will receive an Education Summary Spreadsheet which reflects all paperwork processed by the MSFT Office.

Trainees are required to keep copies of all paperwork submitted.

A. Clinical Hours

Each month trainees will document every direct clinical contact hour using one or more of the following methods, depending on how clinical hours are accumulated. Clinical contact is defined as face-to-face (therapist and client) therapeutic meetings. Activities such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision are **not** considered direct client contact. Direct clinical contact hours must always be categorized into individual, couple, or family context. The context for each session is defined by the clients physically present in the therapy room.

Once per month you will receive two copies of the Procedure Analysis Report (PAR) (Form E8) that lists the Family Institute client hours for which you have turned in encounter forms for the last month. (For information about encounter forms, refer to the Clinical Procedures Manual.) Review the PAR Totals to ensure the information is accurate. Please remember to verify that hours were categorized correctly into individual, couple, or family sessions.

If there is an error, please contact Nida Siddiqui nsiddiqui@family-institute.org or Samantha Clark sclark@family-institute.org to have it corrected in the medical records system. You must provide a copy of the corresponding encounter form to verify the changes that need to be made. If approved, a new report will be printed and put in your box after corrections are entered into the medical records system.

When your report is accurate, record the hours for each category in the section "Clinical Hours" on the Monthly Summary of Hours and Experience Form, obtain your group supervisor's signature on one copy, (the second copy is for your own records) and attach the signed copy to the Summary Form.

B. Team Therapy Cases

This section should be completed to document all team case work (Team cases are presented in your group supervision). The primary therapist for a team case is the therapist who has face-to-face clinical contact with the client and submits encounter forms. The other members of the team get alternative hours for participation in the case by submitting the hours on the form. Team therapists should indicate the number of face-to-face clinical hours that the primary therapist spent with the client each month. However, if a team therapist did not attend group supervision, he/she should not submit the team clinical hour(s) for that week. Only 100 Team Therapy Hours will be counted toward your 500 hours.

C. Co-Therapy Cases

For trainees who provide co-therapy to Institute clients and for trainees who actively participate in team cases during group supervision at the Institute.

When trainees see a co-therapy case (the client is treated by a team of more than one therapist physically present in the therapy room), only one therapist should submit an encounter form for each session. The other therapist should complete the Team and Co-Therapy Cases Section on the Monthly Summary of Hours and Experience Form in order to get credit for the hour of clinical contact. Remember to indicate the name of the primary therapist (the therapist who turned in an encounter form for the session) and the context (individual, couple, or family) for the session.

The same section should be completed to document team case work. The primary therapist for a team case is the therapist who has face-to-face clinical contact with the client and submits encounter forms. The other members of the team get alternative hours for participation in the case by submitting the hours on the form. Team therapists should indicate the number of face-to-face clinical hours that the primary therapist spent with the client each month. However, if a team therapist did not attend group supervision, he/she should not submit the team clinical hour(s) for that week. See "Alternative Hours Guidelines" for more information.

D. Group Therapy Cases

When trainees lead a therapy group, only one therapist should submit an encounter form for each session. Both therapists, however, should complete the Group Therapy Hours on the Monthly Summary of Hours and Experience Form. If a therapist leads two groups, a separate chart should be filled out for each group. Remember to indicate the co-therapist for each group, and to obtain the signature of the supervisor for each group before submitting to the Education Department.

E. Group Supervision

Trainees document group supervision monthly by completing the Supervision Hours section for the month. It is important to keep weekly documentation of the type of hours completed during weekly supervision. The total number of hours must be categorized into live, case, audio or video, tallied for the month and documented on the form

Live supervision is based on direct observation of one of the team members while conducting a clinical interview. Case supervision is based on a trainee's verbal presentation of clinical material. Video supervision is based on a video tape segment of a trainee's clinical interview, and audio supervision is based on an audio tape of a clinical interview.

In all types of supervision, both the trainee who presents the clinical material and the other team members receive credit for supervision, provided that all team members actively participate in the process. For example, if one trainee presents ten minutes of video tape and the team then discusses it for fifty minutes more, all members of the team receive one hour of video supervision.

F. Individual Supervision

Trainees document individual supervision monthly by completing the Individual Supervision Hours section for the month. It is important to keep weekly documentation of the type of hours completed during weekly supervision. The total number of hours must be categorized into live, case, audio or video, tallied for the month and documented on the form.

G. Community Supervision

Trainees in programs that require community supervision document it monthly using the document community supervision monthly by completing the Community Supervision Hours section for the month. It is important to keep weekly documentation of the type of hours completed during weekly supervision. The total number of hours must be categorized into live, case, audio or video, tallied for the month and documented on the form.

H. Trainee and Supervisor Signatures

The Clinic Trainee and Group Supervisor should review the hours on the PAR and the Monthly Summary of Hours and Experience Form, the Group Supervisor is responsible for all aspects of the clinic hours a trainee accumulates. Once the hours are reviewed and approved, the group supervisor will sign off on the form. The Individual and Community Supervisors will sign the document after reviewing the supervision hours that a trainee has documented. Once all supervisors have signed off on the form and the PAR, the trainee should sign, make a copy, and file the document in the hanging file in the lower level so that it may be logged in the education office.

The Family Institute at Northwestern University
Master of Science in Marriage and Family Therapy Program
Monthly Summary of Hours and Experience
SAMPLE

Name of MFT Clinical Trainee:				
Last Student	First MSFT	Year in Program: 2nd Year		
Group Supervisor: Amy Wu		Individual Supervisor: Jayne Kinsman		Community Supervisor:
Clinical Site: Evanston Millennium Park Northbrook Westchester				Month of Service: September 2017

Clinical Hours from PAR Report (A)				
Month/Year	Total Hours	Individual	Couple	Family
September 2017	34	24	8	2

Team Therapy Cases (B)				
Session Date	Primary Therapist	Individual	Couple	Family
09/12/2017	Any Student		1	
09/18/2017	Any Student		1	
09/21/2017	Another Student			1
09/24/2017	Another Student			1
09/30/2017	Any Student		1	
Total Hours			3	2

Co-Therapy Cases (C)				
Session Date	Co-Therapist	Individual	Couple	Family
Total Hours				

Group Therapy Cases (D)				
Session Date	Group Name	Individual	Couple	Family
Total Hours				

Group Supervision Hours (E)					
Month/Year	Total Hours	Live	Case	Audio	Video
Sept. 2017	12	2	8	0	2

Individual Supervision Hours (F)					
Month/Year	Total Hours	Live	Case	Audio	Video
Sept. 2017	4	0	2	0	2

Community Supervision Hours (G)					
Month/Year	Total Hours	Live	Case	Audio	Video

Trainee Signature: MSFT Student Date: 10/01/2017

Group Supervisor Signature: Group Supervisor Date: 09/30/2017

Individual Supervisor Signature: Individual Supervisor Date: 10/01/2017

Community Supervisor Signature: _____ Date: _____

**The Family Institute at Northwestern University
Master of Science in Marriage and Family Therapy Program
Monthly Summary of Hours and Experience Form (E1)**

Name of MFT Clinical Trainee:				
Last		First		Year in Program:
Group Supervisor:		Individual Supervisor:		Community Supervisor:
Clinical Site: Evanston Millennium Park Northbrook Westchester				Month of Service:

Clinical Hours from PAR Report				
Month/Year	Total Hours	Individual	Couple	Family

Team Therapy Cases				
Session Date	Primary Therapist	Individual	Couple	Family
Total Hours				

Co-Therapy Cases				
Session Date	Co-Therapist	Individual	Couple	Family
Total Hours				

Group Therapy Cases				
Session Date	Group Name	Individual	Couple	Family
Total Hours				

Group Supervision Hours					
Month/Year	Total Hours	Live	Case	Audio	Video

Individual Supervision Hours					
Month/Year	Total Hours	Live	Case	Audio	Video

Community Supervision Hours					
Month/Year	Total Hours	Live	Case	Audio	Video

Trainee Signature: _____

Date: _____

Group Supervisor Signature: _____

Date: _____

Individual Supervisor Signature: _____

Date: _____

Community Supervisor Signature: _____

Date: _____

THE FAMILY INSTITUTE

Doe, Jane

Procedure	Serv Date	Patient	Diagnosis	Units	Charge		
1	INDIVIDUAL						
90834, A	Psychotherapy – 45 Min - Adult						
	12/05/2016	65231	Bluth, George	799.90A	Diagnosis Deferred	1.00	50.00
	12/05/2016	23366	Pritchett, Jay	799.90A	Diagnosis Deferred	1.00	10.00
	12/11/2016	56587	Bunch, Rebecca	799.90A	Diagnosis Deferred	1.00	20.00
	12/11/2016	45789	Alderson, Elliot	799.90A	Diagnosis Deferred	1.00	10.00
	12/15/2016	36925	Soprano, Anthony	799.90A	Diagnosis Deferred	1.00	75.00
						5.00	165.00
Class Total:						5.00	165.00
5	FAMILY						
90847, B1	Family Psychotherapy – Married Couple						
	12/05/2016	58302	Jenner, Kris	799.90A	Diagnosis Deferred	1.00	50.00
	12/05/2016	12645	Lyon, Lucious	799.90A	Diagnosis Deferred	1.00	25.00
	12/11/2016	98765	Underwood, Frank	799.90A	Diagnosis Deferred	1.00	50.00
	12/15/2016	11223	Pearson, Rebecca	799.90A	Diagnosis Deferred	1.00	30.00
						4.00	155.00
Class Total:						4.00	155.00
Provider Total:						9.00	320.00

**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 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 (Forms E2 and E4) 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*® (Form E5). 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*® (Form E5). 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* (Form E6) 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 Outreach Programs follow the evaluation process delineated in the learning contract for Community Programs. Students should consult the Community Outreach 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.

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
1.	Knowledge Base						
2.	Systems Perspective						
3.	Familiarity with Therapy Models						
4.	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
1.	Joining						
2.	Assessment						
3.	Hypothesizing						
4.	Interventions						
5.	Communication Skills						
6.	Personal Skills						
7.	Session Management						

Comments:

BASIC FAMILY THERAPY SKILLS EVALUATION DEVICE®

Professional Skills		Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectations	Exceptional Skills
1.	Supervision						
2.	Recognition of Ethical Issues						
3.	Paperwork						
4.	Professional Image						
5.	Professional Conduct						

Comments:

Evaluation Skills		Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectations	Exceptional Skills
1.	Evaluation of Therapy						
2.	Evaluation of Self						

Comments:

Theory _____ (Use Preferred Model)		Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectations	Exceptional Skills
1.	Knowledge of Theory						
2.	Utilizes Theory in Practice						
3.	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 Program Director to discuss considerations for remediation.

A: *Most often exceeds 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 evidences 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: *Most often meets expectations.* Student is generally conscientious in his/her personal and professional growth. Student evidences 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: *Frequently does not meet expectations.* 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 underperforming 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.

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

MSMFT Group Supervisor Evaluation of Group Supervisee

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:

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

MSMFT Group Supervisor Evaluation of Group Supervisee

Student: _____

Supervisor: _____

Please circle a number rating for each category.

3= Exceeds Expectations

2 = Meets Expectations

1 = Below Expectations

Internship Skills:

- | | | | |
|---|----------|----------|----------|
| a. Open to supervision process & works collaboratively with supervisor on his/her learning contract. | 3 | 2 | 1 |
| b. Able to accept feedback on therapy process & willing to explore difficulties in supervision in a non-defensive manner. | 3 | 2 | 1 |
| c. Attends regularly and is prompt. | 3 | 2 | 1 |
| d. Provides constructive feedback and support to peers. | 3 | 2 | 1 |
| e. Is prepared for the supervision session. | 3 | 2 | 1 |
| f. Able to think systemically and theoretically. | 3 | 2 | 1 |
| g. Convenes family members as needed by systemic conceptualization. | 3 | 2 | 1 |
| h. Conceptualizes and intervenes using IST framework. | 3 | 2 | 1 |
| i. Is aware & able to articulate growing edges. | 3 | 2 | 1 |
| j. Uses supervision to examine and understand transference & counter transference issues and how this impacts system. | 3 | 2 | 1 |
| k. Completes all required MSMFT paperwork in a timely manner. | 3 | 2 | 1 |
| l. Completes all clinical record keeping in timely manner. | 3 | 2 | 1 |
| m. Presents self in professional manner. | 3 | 2 | 1 |
| n. Attendance at all required clinical meetings. | 3 | 2 | 1 |
| o. Abides by all ethical standards of the profession & TFI policies. | 3 | 2 | 1 |
| p. 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 |
| q. Is proactive in bringing live interviews to supervision in required time frame. | 3 | 2 | 1 |
| r. Brings STIC data to supervision | 3 | 2 | 1 |

- | | |
|---|------------------|
| s. Has audio/video tapes to review on a regular basis. | 3 2 1 |
| t. Given supervisee's current level of development rate
his/her level of performance compared to what you'd expect from a
therapist at this level. | 3 2 1 |

Total Score: _____ Quarter Grade: _____

60-51 = A 50-46 = A- 45-41 = B+ 40-31 = B 30-26=B- 25-21=C+ 20=C

***** 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.***

When complete please turn in form to the MSMFT education office.

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

MFT Mid-Period Intern Review

Description: The mid-period intern review is an interim report completed by group supervisors to inform the internship coordinators of student grades to be submitted.

For 1st Year MFT interns this review is completed in the Spring Quarter.

For 2nd Year MFT interns the review is completed in Winter Quarter.

Please indicate by marking an **X** at the appropriate statement regarding your student's progress and professional skills for this quarter. Include a brief narrative comment to clarify your assessment.

Student Name: _____ **Date:** _____

____ Student continues to make normative and steady progress in his/her clinical and professional skills since last evaluation. *(No change in grade for this quarter)*

____ Student has made significant improvements in his/her clinical and/or professional skills since last evaluation. The grade for this quarter should be: ____.

____ Student has underperformed in his/her clinical and professional skills since last evaluation. The grade for this quarter should be: ____.

Comments: _____

Supervisor Signature _____

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

STUDENT EVALUATION OF SUPERVISOR FORM

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 circling 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

Please return this form to your Education Folder.

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

[SURVEY MONKEY MFT 1 CLASS OF 2020 – END OF YEAR PROGRAM EVALUATION](#)

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

[SURVEY MONKEY MFT 2 CLASS OF 2019 – END OF PROGRAM REVIEW](#)

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

Exit Procedure Instructions

Step 1: One month before exit, check TFI accounting reports to be sure client account balances are accurate To be done by clinic trainee in consultation with clients and Director of Administration, Finance			Date to complete by
<input type="checkbox"/>	1.	During the first week of each month, you will receive in your confidential hanging file folder, two printouts from the Comptroller, Samantha Clark; 1.) the Summary Aging Report which shows client balances due and 2.) the Guarantor Summary Report which shows client credits owed. Please ALWAYS review these reports for accuracy and if you find a discrepancy, notify Samantha at 847/ 733-4300 x1272 or at sclark@family-institute.org immediately for assistance in correcting the situation.	<i>To be done the last month at TFI</i>
<input type="checkbox"/>	2.	It is important that you ALWAYS have ongoing communication with your client(s) about the account balance(s) and in cases where a balance is due, you make a plan with the client(s) for the balance(s) to be paid , especially as you plan to terminate with your client(s).	
<input type="checkbox"/>	3.	During your last month at TFI you will receive a set of final reports. Note that only balances remaining on your open cases will show up on these reports. Review your reports carefully and if you find errors report them immediately to Samantha. Also, if you are unsure if you have a sufficient payment plan in place with a client contact Samantha. DO NOT WAIT UNTIL EXIT DAY! Fix problems now.	
<input type="checkbox"/>	4.	Please bring your final Summary Aging Report and Guarantor Summary Report to Exit Day . Samantha will use these reports to go over each of your open cases and discuss the status of your account balances ; whether they were paid in full upon termination or if not, if you had a sufficient payment plan in place with the client. Upon approval, Samantha will sign your Exit Procedures Form.	
Step 2: Be sure that all cases open under your doctor number should be open To be done by clinic trainee in consultation with Manager of Clinical Services			Date to complete by
<input type="checkbox"/>	1.	During your last month at TFI you will receive a set of final reports from TFI Medical Records Department with a list of all of the cases that are currently open in TFI Clinic under your doctor number .	<i>To be done the last month at TFI</i>
<input type="checkbox"/>	2.	Please check this final report carefully and if a case is open under your doctor number that should not be open (e.g., you closed the case 3 months ago, or you never opened the case at all) contact for assistance in correcting the situation. DO NOT WAIT UNTIL EXIT DAY! Fix problems now.	
Step 3: Complete a Case Closing Form for each open case To be done by clinic trainee in consultation with Group Supervisor			Date to complete by
<input type="checkbox"/>	1.	During the final months of your work as a clinic trainee, you will work in consultation with your Group Supervisor to begin to complete a Case Closing Form for each case listed as "open" under your doctor number and you will indicate on the form whether you will transfer the case to another TFI therapist or close the case .	<i>To be done in May</i>
<input type="checkbox"/>	2.	Allow plenty of time to properly complete the Case Closing Form, which requires the following DETAILED INFORMATION: client name & account number, 1 st date & last date of service with therapist, whether children were involved in the case, follow up services (transfer, remaining account balances), signature of therapist & signature of student's group supervisor...detailed in next step.	
Step 4: Terminate client cases & group sup. signs related forms To be done by clinic trainee in consultation with Group Supervisor			Date to complete by
<input type="checkbox"/>	1.	The ideal last day for MSMFT students to see client cases is May 25th , so please plan ahead to schedule your client terminations accordingly. <u>NOTE: Your group supervisor cannot sign your Case Closing Forms & Final Education FIASCO Reports, if you are still seeing a client(s) so wrap up your cases by the end of May!</u>	<i>Cases terminated by May 25th & all forms Signed at the last Supervision</i>
<input type="checkbox"/>	2.	At all final Group Supervision Meetings please bring your case files, Case Closing Forms, Exit Procedures Form, and Final Education FIASCO Report so that your Group Supervisors can review your cases and sign the forms.	

<input type="checkbox"/>	3. Place each signed Case Closing Form inside of the front cover of the case file.	Group
<input type="checkbox"/>	4. Have your Group Supervisor sign your Exit Procedures Form & Final FIASCO Education Spreadsheet.	
Step 5: Look for your <i>Exit Day</i> time-slot and for an <i>Exit Interview</i> time-slot To be done by clinic trainee in consultation with the Education Manager		Date to complete by
<input type="checkbox"/>	1. In May you will receive a time slot for your <i>Exit Day Procedure and for your Exit Day Interview. Please check the master Education Calendar for the date and location of Exit Day</i>	Mid-May
<input type="checkbox"/>	2. If your timeslot for your exit procedure or your timeslot for your interview do not work for you, you may swap timeslots with a colleague.	
Step 6: Be sure that you have met MSFT Graduation Requirements To be done by clinic trainee in consultation with the Program Director & Education Manager		Date to complete by
<input type="checkbox"/>	1. On a regular basis, the Assistant Director, Kristen Catuara, generates a summary report of your progress toward meeting your program requirements; both written work (case assessments & evaluations) as well as clinical work (clinical & supervision hours).	Throughout May
<input type="checkbox"/>	2. It is your responsibility to review the report for accuracy and let the Kristen know if there is a discrepancy in the report and make an appointment to ask for her assistance to make the correction. It is also your responsibility to be sure that your paperwork is submitted on time so that the reports contain up-to-date information!	
<input type="checkbox"/>	3. Be sure your clinical contact hours are complete; 500 clinical hours including at least 250 couple/family.	
<input type="checkbox"/>	4. Be sure your supervision hours are complete; 125 hours of live, video or audio supervision- 25 which are live/video	
<input type="checkbox"/>	5. Be sure your evaluations are complete including your end of the year program evaluation.	
<input type="checkbox"/>	6. Be sure your 23 units of coursework are complete	
<input type="checkbox"/>	7. Be sure your course attendance is 80% or better for classes and group supervision.	
<input type="checkbox"/>	8. If you anticipate a problem meeting any of your program requirements, immediately make an appointment with the MFT Program Director for assistance.	
Step 7: Gather the materials required for submission at <i>Exit Day</i> To be done by clinic trainee		Date to complete by
<input type="checkbox"/>	1. Gather all of your "open" case files with a completed Case Closing Form , signed by your Group Supervisor & placed inside the front cover of each file.	Throughout May
<input type="checkbox"/>	2. Look for a printout of your open cases called the "Open Case Files" report – follow the instructions on the report and bring it to Exit Day.	
<input type="checkbox"/>	3. Look for a printout from the Director of Administration, Finance with instructions for anything you need to do to take care of client balances or credits – follow the instructions on the report and bring it to Exit Day.	
<input type="checkbox"/>	4. Prepare to return your unused Encounter Forms .	
<input type="checkbox"/>	5. Prepare to return your locker key and empty the locker of its contents.	
<input type="checkbox"/>	6. Prepare to return your final PAR Procedure Analysis Report & the final monthly Supervision Hours Form .	
<input type="checkbox"/>	7. Prepare to return your Training Manual and its contents.	
<input type="checkbox"/>	8. Prepare to return your Final Education FIASCO Spreadsheet signed by your Group Supervisor	

	<input type="checkbox"/>	9. Prepare to return your three videotapes used in the TFI clinic.	
	<input type="checkbox"/>	10. Prepare to return your confidential hanging mail file folders and remove the file label & contents.	
	<input type="checkbox"/>	11. Prepare to bring your Exit Procedures Form signed by the your Group Supervisor and filled out with your forwarding address to be used by TFI to forward mail &/or calls received after your exit and for Family Institute correspondence.	
	<input type="checkbox"/>	12. Return all of your NU library books prior to <i>Exit Day</i> .	
Step 8: Attend Exit Day To be done by clinic trainee			Date to complete by
	<input type="checkbox"/>	1. Be sure to bring your Exit Procedures Form with you to Exit Day along with all of the items listed in step 7.	<i>Monday, week of graduation</i>
	<input type="checkbox"/>	2. Arrive in LL00 approximately 5 minutes early - no need to come sooner. If you miss your timeslot, you will be added to the extra timeslots at the end of the day.	
	<input type="checkbox"/>	3. Inside LL00 there will be stations set up to collect all of your materials listed in step 7 and then you will attend an Exit Interview with the MSMFT Program Director in Room 214.	
	<input type="checkbox"/>	4. The MFT Program Director will keep your form following the Exit Interview . This step completes the Exit process.	
	<input type="checkbox"/>	5. We have allowed for extra time at the end of the Exit Day procedures to assist students with special needs, <i>so no worries, you will be able to exit!</i>	

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:

- Providing the highest quality mental health services to those who suffer, including those who cannot pay.
- Reaching out to help underserved populations, including racial ethnic minorities and lesbian, gay, bisexual and transgender families.
- Training and mentoring the mental health innovators and leaders of tomorrow.
- Investigating how psychotherapy works and developing new breakthroughs in treatment.
- 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.

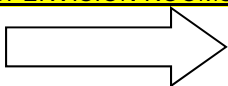
Graduate Degree Programs

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.

LIVE SUPERVISION ROOMS



108 = [Beth](#), [Linda](#)
110 = [Amy](#), [Brandon](#), [Qureshi](#)
118 = [Janet](#), [Ryan](#)

124 = [Carol](#), [Maru](#), [Fellows](#)
132 = [Shayna](#), [Carl](#)
134 = [Jessica](#), [Allen](#), [Jacob](#)

ATI Advanced Telecommunications of Illinois, Inc.

ShoreTel Voice Mail Operating Instructions

Voice Mail Telephone Number: _____ Voice Mailbox Number: _____

**NOTE: EMPLOYEE NEEDS TO SET UP THEIR VOICEMAIL MAILBOX
PRIOR TO INSTALLING SHORETEL COMMUNICATOR ON THEIR DESKTOP!!!**

TO SET UP YOUR MAILBOX FOR THE FIRST TIME

- a. **From inside the office** - Press **Voice Mail**, and wait for the first word of the prompt.
From outside the office - Dial the Main telephone number, wait for beginning of company greeting and Press *
- b. If logging in from your extension, skip to step (c). Otherwise, if voicemail asks you for your extension number, enter that. If logging in from someone else's phone, press # then your mailbox number.
- c. Enter the default password, which is **1234** followed by #
- d. Enter your new password and press #.
- e. Repeat to confirm password.
- f. Record your first and last name for directory and press #, then press one of the following options

Accept
1 Review
2 Re-record
3 Delete
* Cancel
- g. To record a personal greeting, press 7 (personal options), 1 (record greeting)

TO SKIP THROUGH A PERSONAL GREETING TO LEAVE A MESSAGE, PRESS #.



ShoreTel Voice Mail Operating Instructions

Voice Mail Telephone Number: _____ Voice Mailbox Number: _____

1. TO ACCESS YOUR MAILBOX (FROM INSIDE THE OFFICE)

- a) Press Voice Mail, wait for voicemail to answer.
- b) If logging in from your extension, skip to step (c). If logging in from someone else's extension, press # then your mailbox number. If logging in from an unassigned extension, enter your mailbox

number.

c) Enter your password followed by #.

TO ACCESS YOUR MAILBOX (FROM OUTSIDE THE OFFICE)

a) Dial the Main telephone number, wait for beginning of company greeting.

b) Press *.

c) Enter your mailbox number.

d) Enter your password followed by #.

2. TO LISTEN TO MESSAGES

a) Access your mailbox. (Procedure #1)

b) Press 1 to listen to new messages or 3 to listen to saved messages.

c) After the message has played, you have the following options:

1 to replay

2 to save the new message

3 to delete the message (you can recover deleted messages before midnight through Personal Call Manager)

4 to forward a copy of the message to another subscriber plus your comments

After recording your comments press:

if correct

1 review

2 Re-record

* Cancel recording

After addressing the message, press 1 to mark it urgent, or simply hang up to send the message

5 to reply to subscriber that sent you the message you have the following options

1 to leave a reply voicemail message

2 to make a return call (transfers to caller's extension or phone number)

* to return to the previous menu

6 to play the introductory message envelope again

7 to back up/rewind

8 to pause (press any key to continue)

9 to skip ahead/fast forward within the message

0 followed by 0 to transfer to assistant

to listen to the next message

* to cancel message review

3. TO SEND MESSAGES

a) Access your mailbox.

b) Press 2 to make a message. Record your message.

c) While recording your message you have the following options:

* Cancel

Done

1 Review

2 Re-record

d) After recording your message, enter the recipient's mailbox number OR system distribution list OR

Press 0 for additional addressing options.

1 to look up recipient by name in the directory

2 to specify a personal distribution list

3 to broadcast to all extensions

* to cancel addressing options

e) Delivery Options after the message is addressed:

1 to mark / unmark urgent

2 to request return receipt

4. **PERSONAL OPTIONS:** Allows mailbox customization for greetings, call handling modes, directory name, password, message envelope contents and recovering deleted messages. To program personal options:
- a) Access your mailbox. (Procedure #1)
 - b) Press 7 to select the Personal Options
 - c) **Press 1 to record your personal greeting followed by #** (this is linked to the current active call handling mode)
After you recorded your greeting you have the following options:
 - # to accept
 - 1 to review
 - 2 to re-record
 - 3 to delete
 - * to cancel.
 - d) **Press 2 to choose call handling mode**
 - 1 Standard (phone rings 4 times, then goes to voicemail)
 - 2 In a meeting (caller goes to voicemail immediately)
 - 3 Out of office (caller goes to voicemail immediately)
 - 4 Extended Absence (caller goes to voicemail immediately)
 - 5 Custom (programmable)
 - * Cancel
 - e) **Press 3 to reassign your extension to a phone (need permission)**
 - 1 Assign to current phone
 - 2 Unassign the extension (reverts to the extension originally assigned to it)
 - 3 Assign your extension to your last external number
 - f) **Press 4 to change your password**
Enter your new password and press #. Repeat to confirm.
Press * to cancel
 - g) **Press 5 to enable/disable message envelope**
Use this option to turn on/off the envelope information which contains date/time, caller ID and/or recorded name of the person who left you the voicemail message.
 - h) **Press 6 to change your directory name.** The current name will play if one is recorded.
After recording your name you have the following options:
 - # to accept
 - 1 to review
 - 2 to re-record
 - 3 to delete
 - * to cancel
 - i) **Press 7 to listen to deleted messages**
During playback, press 2 to restore deleted message
 - j) **Press 8 to remove deleted messages**
 - 1 to confirm
 - * to cancel

SAMPLE VOICE MAIL GREETINGS

Hi, this is _____. I'm either on the phone or away from my desk. Please leave a message for me after the tone and I will return your call as soon as possible. Thank you.

Hi, this is _____. Today is Monday, March 6th and I will be out of the office until 2:00 this afternoon. Please leave a detailed message after the tone with your name and phone number and I will return your call as soon as I can. If you need immediate assistance, please dial 0. To be connected to my cell phone, please press 1 (has to be configured by the administrator). Thank you.

Hi, you've reached the voice mail box of _____. I am unavailable to take your call right now, but please leave a message at the tone and I will return your call within 24 hours. Thank you.

Hi, this is _____. Today is Monday, March 6th and I will be out of the office all day on appointments. However, I will be checking in for messages, so please leave one at the tone and I will return your call as soon as I can. Thank you for calling.

Hi, this is _____. I will be out of the office until Monday, March 6th. If your call requires immediate attention, please press 0 0 for the receptionist. Otherwise, leave a message for me after the tone and I will return your call on Monday, March 6th. Thank you.

Hi, this is _____. (If you wish to bypass this greeting in the future, press # immediately.) I am in the office, but away from my desk. Please leave a message for me after the tone and I will return your call as soon as I can.

ATI Advanced Telecommunications of Illinois, Inc.
ShoreTel IP Phone Operating Instructions for
THE FAMILY INSTITUTE

1. **TO PLACE OUTSIDE CALLS** – Lift handset, dial 9, dial number. When dialing without lifting handset, press **DIAL** soft key after you enter the number to speed up the process.
NOTE: TO DIAL 911, ONLY NEED TO PRESS 911.
2. **TO ANSWER A CALL RINGING ON YOUR PHONE** - Lift handset *or* press **ANSWER** soft key.
TO SEND A RINGING CALL IMMEDIATELY TO VOICEMAIL
Press **TO VM** soft key while call is ringing in to your phone.
TO PICKUP A RINGING PHONE – Press **PICKUP** soft key, enter the extension that's ringing.
3. **TO PLACE INTERNAL CALLS** – (Lift handset) Dial extension number.

4. **TO PLACE A CALL ON HOLD** - While on call, press **HOLD** or another Call appearance key. You will get a reminder ring after 15 seconds, then every minute after that.
TO RETRIEVE A CALL ON HOLD - Press the Call appearance key that's flashing *or* the **HOLD** key and then lift handset.
5. **CALL WAITING** – You will get a beep in your ear and your **CALL** appearance keys will flash to indicate 2nd call. To answer call and retain your first call - press the new call appearance key. Call will forward to VM after 4 rings if unanswered. To send the incoming call to voicemail immediately, press **TO VM** soft key.
6. **TO TRANSFER A CALL TO ANOTHER EXTENSION**
If you do not wish to announce the call => While on call, press **TRANSFER**, dial extension number, press **Transf** soft key OR press hookflash key and then hang up.
If you wish to announce the call => While on call, press **TRANSFER**, dial extension number, press **Conslt** soft key, announce the caller, press **Yes** soft key and then hang up.
Please note: If not answered after 4 rings, call will forward to voicemail.
TO RECONNECT TO CALLER - Press flashing **CALL** appearance key of original caller.
TO TRANSFER A CALL TO ANOTHER EXTENSION'S MAILBOX - While on call, press **TRANSFER**, dial extension number, press **MORE** soft key, press **TO MB** soft key, hang up.
7. **TO PARK A CALL ON AN EXTENSION**
While on a call, press **PARK** soft key, dial co-worker's extension number, hang up (call is now holding/parked on co-worker's phone). Calls will recall to the extension that parked them after 90 seconds and then go to the extension's voicemail.
TO RETRIEVE A PARKED CALL - **At the phone where the call is holding/parked:** Lift handset and press the flashing key.
At any other telephone: Press **UNPARK** soft key, dial the extension number where call is holding/parked, press **UNPARK** soft key twice.
8. **CONFERENCE CALLING (maximum of 3 parties)** - While on call, press **CONFERENCE**, place 2nd call, when ready to connect, press the **CONFERENCE** key again.

O USE THE DIRECTORY

Press the **DIRECTORY** key. Scroll through the options with the bar on the left side of the phone screen. When you see the extension you wish to call, press the **DIAL** soft key. Press **CANCEL** to return to the home screen.

9. **CALL LOG** - Press **REDIAL**. You can scroll through received (From), missed (M) and dialed (To) calls (20 numbers). Press **DIAL** once you have selected the number you wish to dial.
10. **CALL HANDLING MODES** – Press the **MODE** soft key, scroll through the 5 available options:
Standard – Calls ring for 4 times before going to your voicemail.
In A Meeting – Calls immediately go to your voicemail.
Out Of Office – Calls immediately go to your voicemail.
Extended Absence – Calls immediately go to your voicemail.
Custom – Can be customized to send the call to another extension or outside number.
11. **OPTIONS (configure certain options on your phone)**
Press **Options**, enter your mailbox password, press OK soft key. Select following options to configure using the scroll bar on the left:
Change Ring – To change your ring tone, select this option, press Edit soft key, scroll through the available ring tones, press OK soft key.
Program Button – To program the buttons on the phone, select this option, press the key you wish to program, scroll through the available features, select the feature you wish to program, press OK soft key.

13. **TO USE THE SPEAKERPHONE** – When off hook, press speakerphone key and hang up handset. Use speakerphone key to hang up the call.



Indicates you have voicemail messages

Indicates you have missed calls



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.

TIME²TRACK

Quick Start Guide

For Students, Interns, Postgrads, & Professionals



Version 1.0
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What is Time2Track?

Time2Track helps you track and organize your clinical training and work experiences. It's our job to make your life easier so you can spend less time tracking your hours and more time doing other stuff.

Why do I need to track my hours?

As a student, intern, postgraduate, or professional, you'll be required to track detailed information about your clinical training and work experiences. This information will be used to complete your educational program's requirements and when you're applying for internships, jobs, state licensure, and credentialing. You'll need to keep track of your practicum, internship, postgraduate, and professional experiences, and you can do all that in your Time2Track account.

Signing Up: Existing Users

Connect an Existing Time2Track Account to Your Program

If you already have a Time2Track free trial or paid account, don't worry – you can connect your current Time2Track account with your program. There's no need to open a separate account.

Use an Authorization Key

If your program sent you an authorization key, that means they have purchased a Time2Track subscription for you. Follow the steps below to add the new subscription to your account and connect your account to your program.

1. Sign into your current account at time2track.com/login
2. Click "Subscription" under the gear icon in the top right corner
3. Select the "Authorization Key" option
4. Enter your program's Authorization Key
5. Click Submit

Use a Credit Card

If your program didn't send you an authorization key, that just means that you'll purchase your own Time2Track subscription.

1. Sign into your current account at time2track.com/login
2. Click the gear icon in the top right corner to access your Account Profile
3. Change your School to the correct program listing. You should have received an email from your program with the exact name. This is what connects you to your program's Time2Track account, so it's very important that it is correct.
4. If you have not yet purchased a Time2Track subscription, click "Subscription" under the gear icon to purchase.

Signing Up: New Users

Open a New Time2Track Account

If you don't already have a Time2Track account, you'll just need to create one.

Use an Authorization Key

If your program sent you an authorization key, that means they have purchased a Time2Track subscription for you. Follow the steps below to set up your account and connect to your program.

1. Go to time2track.com/signup/key
2. Complete the form with your information
3. Enter your program's Authorization Key
4. Click "Finish"

Use a Credit Card

If your program didn't send you an authorization key, that just means that you'll purchase your own Time2Track subscription.

1. Go to time2track.com/signup
2. Enter your information and make sure to select the correct program listing as your School. You should have received an email from your program with the exact name. This is what connects you to your program's Time2Track account, so it's very important that it is correct.
3. Click "Next"
4. Follow the prompts to select your plan and enter your payment information.

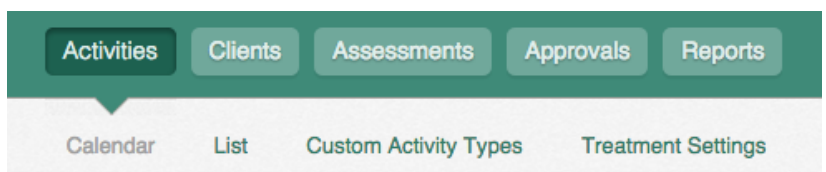


What is Online Approval?

Time2Track Online Approval is an optional feature that lets you submit your hours to your supervisor for approval electronically through Time2Track. Online Approval has to be initiated and set up by your program, so check with them if you don't see the Approvals tab. If your program is not using Online Approval, you can still get your hours approved by printing a report for your supervisor to sign.

Set Up Online Approval

Before you get started logging activities, you need to check if your program is using Online Approval. At the top of your screen, you should see some tabs starting with Activities.



Don't see an Approvals tab? Skip to the "Customize Time2Track" section on page 8.

Do you see a tab called Approvals? If so, that means your program is using Online Approval. Move on to the "Set Up Your Training or Work Experience" section on the next page.

Your Practicums

Add a Practicum

Doctoral

Course	Training Site	Preferred Supervisor	Term
First Year Practicum	Greenville Memorial Hospital	Maggie Wilkerson	Summer 2015
Second Year Practicum	McLeod Hospital	Maggie Wilkerson	Fall 2015

Do you have previously logged activities that need to be approved?

If you started using Time2Track on your own, chances are you need to add practicum and supervisor information to your previously logged activities. You can do this easily with our bulk editing tool. [Click here](#) for detailed instructions.

Set Up Your Training or Work Experience

Now that we know your program is using Online Approval, you need to set up a practicum. In Time2Track, a “practicum” refers to training or work experiences like practicums, field placements, externships, internships, or other type of work experience.

1. Click “Practicums” under the gear icon
2. Select your Level
3. Select the appropriate Course, Training Site, and Term
4. Indicate your preferred Supervisor – this will be used as your default (you can always change it later)
5. Click “Save”
6. If you’re training at multiple sites, go ahead and add separate Practicums for those as well.

Keep in mind that the options you see for Course, Training Site, Supervisor, and Term are added by your program. If you don’t see the option you need, contact your program’s Time2Track Administrator and they can add it for you.

Customize Time2Track

Time2Track lets you customize your Activity Types and Treatment Settings so you can better define your clinical experiences. You can add some custom activity types and treatment settings now, or add them at any time.

Custom Activity Types

Custom activity types are great for further describing your clinical experiences. For example, if you're performing a specific type of therapy like Grief Therapy or Play Therapy, you can add those as custom activity types in Time2Track.

To Add Custom Activity Types:

1. Click the Activities tab
2. Click "Custom Activity Types" then "Add a Custom Activity Type"
3. Name your Custom Activity Type (eg. Play Therapy) and choose a Time2Track activity type (for reporting purposes).
4. Click "Save"

Custom Treatment Settings

Custom Treatment Settings are useful especially when your program is not using Online Approval. You can use Custom Treatment Settings to keep track of your specific training sites and supervisors for reporting purposes.

To Add Custom Treatment Settings:

1. Click the Activities tab
2. Click "Treatment Settings" then "Add a Treatment Setting"
3. Name your Custom Treatment Setting. You could use something like "Charleston General Hospital – Mental Health Clinic" or you could include your supervisor's name like this "Charleston General Hospital – Mental Health Clinic – Sigmund Freud".
4. Choose a Time2Track setting type (for reporting purposes)
5. Click "Save"

Client Codes

Time2Track does not store identifying client information, so you'll use codes to identify your clients. Each Client Code can contain up to 6 letters or numbers. You can use client initials, initials of the training site, or any other information you'd like to build your own client coding system. [Click here to learn more.](#)

Add a New Activity

Level * Doctoral (change)

Date * August 14, 2015

Practicum Second Year Practicum at McLeod Hospital

Supervisor Maggie Wilkerson

Treatment Setting * Medical Clinic/Hospital

Activity Type * Individual Therapy

Client * WR87SD ... or Add a new client

Hours * 1.5

+ Assessments

+ Schedule as recurring

Add Add & Enter Another Cancel

August 2015

S	M	T	W	Th
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

Intervention

Assessment

Support

Supervision

August Total

Log Your Experiences

Now you're ready to start logging your clinical training and work experiences in Time2Track. In Time2Track, clinical and work experiences are called **Activities**. An Activity contains details about your experience, including clients and assessments.

To add an activity to Time2Track, you just need to fill the details of what you did. Some of the fields will be "remembered" by Time2Track the next time you add an activity to make things even faster. You can always change those fields if needed.

Add an Activity

1. Go to the Activities tab, then click "Add an Activity"
2. Enter the details of your activity.
***If your program is using Online Approval, you'll see additional fields for Practicum and Supervisor. Your supervisor will default to the preferred supervisor you chose when you added your practicum, but you can change it for individual activities if needed.*
3. Add your Client. A client can be an individual person or a group of people like a couple, family, or group. You can add members of a couple, family, or group to Time2Track as Individuals, then group them together appropriately. Check out the Clients tab for more advanced client management options.
4. Hours are entered in decimal format. For example, 15 minutes is .25, 30 minutes is .5, and 45 minutes is .75.
5. Add any assessments you administered during this activity. You can start typing to search our database of assessments, or continue typing to add your own.
6. Click "Add Activity" or "Add and Enter Another"

Status

Unconfirmed

Confirmed

Scheduled

Date Range

All time

Advanced Filters

Choose bulk action...

<input checked="" type="checkbox"/>	Status	Approval Status	Date ▼	Term	Type / Client	Setting / Practicum / Supervisor	Level	Hours	
<input checked="" type="checkbox"/>	Unconfirmed	Unsubmitted	December 31, 2014		Administration	Medical Clinic/Hospital Second Year Practicum at McLeod Hospital Maggie Wilkerson	Doctoral	0.5	<input checked="" type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/>	Unconfirmed	Unsubmitted	December 31, 2014		Clinical Writing/Progress Notes	Medical Clinic/Hospital Second Year Practicum at McLeod Hospital Maggie Wilkerson	Doctoral	1.0	<input checked="" type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/>	Unconfirmed	Unsubmitted	December 30, 2014		Administration	Medical Clinic/Hospital Second Year Practicum at McLeod Hospital Maggie Wilkerson	Doctoral	0.5	<input checked="" type="checkbox"/> <input type="checkbox"/>

Add Scheduled Activities

If you have activities that occur at regular intervals, you can add these to Time2Track as recurring activities. For example, if you have group supervision every Friday at 2:00pm for 2 hours, you can add an activity to Time2Track one time and schedule it to recur every Friday. This feature saves a ton of time because you can confirm each future occurrence with just a click instead of having to enter a whole new activity. Just click “Schedule as recurring” when adding a new activity and add your details.

Confirm Recurring Activities

In the Calendar view under Activities, you can confirm (or delete) any activities that were created as part of a recurring series. Just hover your mouse over the activity and choose the correct option.

Confirm Activities in Bulk

In the List view under Activities, you can confirm recurring activities in bulk. Just use the filtering options to search for the activities you want to confirm, then use the checkboxes to select them. The dropdown menu under the filters gives you the option to “Confirm”.

You can also apply other bulk changes to groups of activities, like changing the Level or adding Practicum / Supervisor information. Time2Track has some safeguards built in to prevent unintentional bulk changes, but make sure you use this feature carefully.

There’s no undo.

Approvals

[Submit Hours for Approval](#)

8.5 Unsubmitted Hours

	Practicum	Supervisor	Submitted	Term	Approved/Rejected	Hours
✓ Approved	Second Year Practicum at McLeod Hospital	Maggie Wilkerson	September 10, 2014	Fall 2015	October 21, 2014	14.5
Submitted	Second Year Practicum at McLeod Hospital	Maggie Wilkerson	September 10, 2014	Fall 2015		24.0
✓ Approved	Second Year Practicum at McLeod Hospital	Maggie Wilkerson	September 10, 2014	Fall 2015	September 10, 2014	58.0
✗ Rejected	Second Year Practicum at McLeod Hospital	Maggie Wilkerson	September 10, 2014	Fall 2015	September 10, 2014	24.0 

Submit Activities for Online Approval

****If your program is NOT using Online Approval, skip to the next page.**

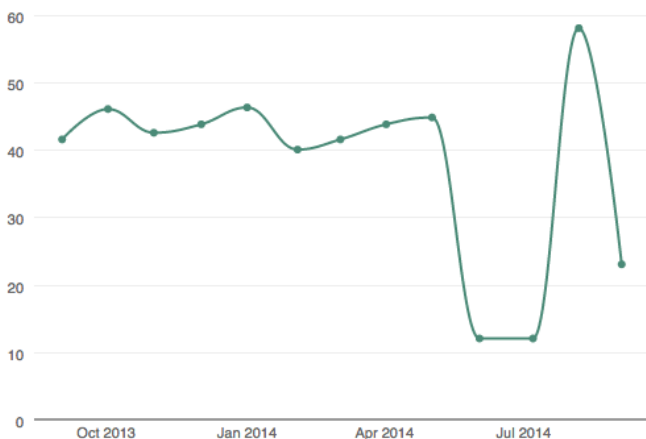
Now that you've logged some activities, you can submit them to your supervisor for approval online whenever you're ready. Each Approval Request is similar to a timesheet or hour log. You can submit these as often as you like, but we recommend checking with your supervisor or training director to see if they have a preference.

Submit Activities for Approval

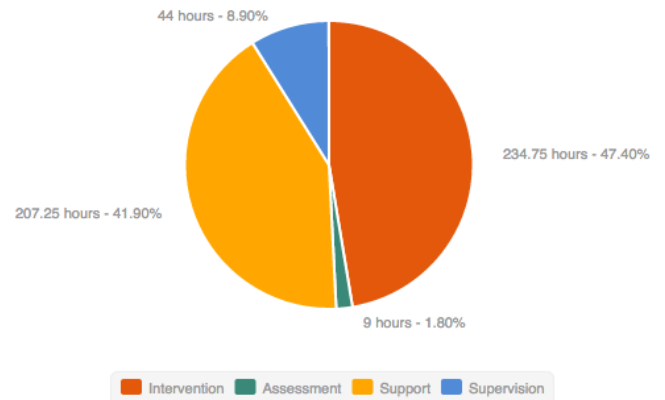
1. Click the Approvals tab, then "Submit Hours for Approval"
2. Choose the supervisor you'd like to send the approval to, and narrow down the date range if needed.
3. Select the activities you'd like to include, then click "Submit Selected Activities for Approval"
4. Your Supervisor will receive an email alerting them of your pending approval request. They can then log into their Time2Track account and review your request and choose to approve or reject it.
5. You can resubmit rejected activities by changing the appropriate ones, then following steps 1-4 above to submit a new approval request.

If you need to change an activity after it's been submitted or approved, that activity will be removed from the previous approval request and its status will be changed to "Unsubmitted". You'll need to resubmit it as part of a separate approval request.

Your Hours Over Time



Hours by Domain



Hours by Treatment Setting

Treatment Setting	Intervention	Assessment	Support	Supervision	Total
Medical Clinic/Hospital	234.75	9.00	207.25	44.00	495.00
Totals	234.75	9.00	207.25	44.00	495.00

Hours by Practicum

Practicum	Intervention	Assessment	Support	Supervision	Total
First Year Practicum at Greenville Memorial Hospital	204.75	0.00	146.25	39.00	390.00
Second Year Practicum at McLeod Hospital	30.00	9.00	61.00	5.00	105.00
Totals	234.75	9.00	207.25	44.00	495.00

Completing Applications

When it's time to apply for internships, jobs, state licensure, or comply with any other request to quantify your clinical experiences, you can use Time2Track's reports to calculate the information you need.

Track Your Progress with Reports

Time2Track offers several different reports to help you track your progress during your training and on the path to licensure. The Activity Summary report gives you a quick snapshot of where you are, including helpful charts and graphs. The Demographic Summary report gives you a summary of the different client populations you've worked with.

You can also print any of Time2Track's reports for your records or to get physical signatures from your supervisor and/or training director.

FAQs

Can I add past experiences?

Backlogging past experiences is easy with Time2Track. Whether you're entering hours from a previously earned degree program or you're a few months behind in logging your hours, you can use any of our backlogging options to add those experiences to Time2Track.

Can I log hours from my tablet or smartphone?

Absolutely! Just log into Time2Track on your smartphone or tablet at time2track.com/login to access the mobile optimized version.

Can I add practicum and supervisor information to previously logged activities?

If you've been using Time2Track on your own before your program implemented Online Approval, you can still attach practicum and supervisor information to past activities using our bulk editing tools.

How do I choose which activity type to use?

Time2Track uses a standard list of activity types based on your level and field of study. Your program may also be using their own custom list of activity types based on their requirements. Just choose the activity type in Time2Track that best describes your experience. We recommend consulting with your Supervisor or Training Director if you need additional help choosing an activity type.

Visit our help desk at support.time2track.com for in-depth answers and instructions for each question above.



After Graduation

After you earn your degree, you can continue using Time2Track to keep track of your internship, postgraduate, and professional hours for state licensure applications and credentialing. Just change the level in your Time2Track profile, then change the level of the next activity you enter. Categorizing your activities by level allows you to obtain the data that you need when you apply for licensure.

If you previously used an authorization key from your school or program and your account has expired, you can continue using your current Time2Track account by renewing your subscription with a credit card. You won't need to open a new account and can keep everything in one place.

Want to Learn More?

Visit our help desk at support.time2track.com for helpful walkthroughs, videos, and tips.

You can also email our support team at support@time2track.com if you need personalized service. We're always here to help.

Visit Our Help Desk at
support.time2track.com