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MMFT Practicum Handbook

Master of Marriage & Family Therapy Program

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SECTION I: INTRODUCTION

Welcome to practicum!

The practicum experience is the centre of the MMFT program curriculum. This is where you apply the knowledge, experience and awareness you have acquired. You will continue to learn and grow by working with clients. You will connect with clients who are struggling and/or suffering, and contribute to making a difference in their lives. This is the moment that you have been waiting for!

You are now not only a student, but also a practicum therapist. This means that you carry a whole new set of rights and responsibilities. This handbook is designed to help you understand those rights and responsibilities. It is essential that you read this handbook carefully and follow the policies and procedures.

Your main responsibility as a practicum therapist is to provide the best possible service to your clients. Your supervisor's guidance will help you. The passion, dedication, and commitment that have helped you reach this point will also support your success. And your understanding of the practicum policies and procedures will help you sail through this experience smoothly and safely.

Special thanks to Carl Heaman-Warne for drafting this handbook. Changes from the previous edition and new items are indicated with **NEW** and **REVISED** symbols.



Narumi Taniguchi, Ph.D.
MMFT Program Director

THE MMFT PROGRAM, PRACTICUM SITES & THIS HANDBOOK

The MMFT program at the University of Winnipeg is a graduate level academic program that offers the Master's degree in Marriage and Family Therapy and combines excellence in academic work with proficiency in clinical training.

The MMFT Program partners with a number of organizations to provide practicum placements. These placements vary from year to year and have included: Resilia Community Wellness Centre, New Directions, Clinic, Heartwood, Brandon University, University of Manitoba, Marymound, Blue Cross EAP, Rainbow Resource Centre, Metis Child Family & Community Services, St. Amant, MATC, MacDonald Youth Services, Women's Health Clinic and others. All of these partnerships are highly valued. Through these organizations, MMFT students are provided with diverse practicum experiences.

MMFT Students in practicum are in an academic course and a clinical practicum simultaneously. As such, they are required to follow the policies and procedures of both the MMFT Program and the practicum site. This handbook covers all the policies and procedures in the MMFT Program pertaining to practicum. All sites will have their own policies, procedures and paperwork, and will orient students to those during the practicum.

If students have any questions, they can approach either the practicum coordinator or their site supervisor. The Practicum Coordinator (Carl Heaman-Warne) can answer questions about the practicum as a course (evaluations, grades, applying for the next practicum, requirements for number of hours, etc.). The site supervisor / site administration can answer questions around clients, clinical paperwork, site policies/procedures, supervision & supervision group, etc.

PROGRAM MISSION, GOALS & STUDENT LEARNING OUTCOMES

Practicums through the MMFT Program are designed to achieve the Mission, Goals and Student Learning Objectives of the Program.

Program Mission

The Mission of the Marriage and Family Therapy program at the University of Winnipeg is to prepare ethical, effective and competent Marriage and Family Therapists who work within a systemic/relational framework. This includes training students to be able to recognize the influence of their self-of-the-therapist in the therapeutic relationship, appropriately manage and integrate their "self" in their clinical work, and demonstrate an understanding of and an appreciation for diversity in clinical settings as they serve the community.

Program Goals

1. Graduate ethical, effective and competent MFTs who are able to work in the field, using their knowledge to integrate research and theory into practice.
2. Develop students' ability to recognize the influence of their self-of-the-therapist in the therapeutic relationship and appropriately manage and integrate their self in their clinical work through MFT courses and clinical training.
3. Produce MFTs who demonstrate an understanding of and appreciation for diversity in clinical settings.

Student Learning Outcomes (relevant to practicum)

The student learning outcomes relevant to practicum in the MMFT Program are outlined below. These are integrated into the activities of supervision and used as the basis for evaluation in practicum (see Appendix B).

- 1a. Demonstrate understanding of Marriage & Family Therapy
- 1b. Demonstrate proficiency in the practice of Marriage & Family Therapy in clinical settings
- 1c. Demonstrate ability to utilize relevant MFT research and practices
- 1e. Demonstrate knowledge of and adherence to the current CACFT Code of Ethics
- 1f. Demonstrate MFT professional identity
- 2a. Demonstrate an integration of self-awareness and an ability to use their understanding of the self-of-the-therapist through MFT courses and clinical training
- 2b. Demonstrate ability to regulate, understand and work with own issues of reactivity through MFT courses and clinical training
- 3a. Demonstrate competence in cross-cultural understanding in MFT courses and clinical training
- 3b. Demonstrate understanding of one's own privilege and vulnerability/oppression in a systemic/relational context through MFT courses and clinical training
- 3c. Show ability to work from a social justice framework

SECTION II: PRACTICUM POLICIES & PROCEDURES

PRACTICUM STRUCTURE – Extended and Condensed

Students in the MMFT Program work through 4 practicums, and accumulate a minimum of 500 hours prior to graduation. All practicums are unpaid and focus on engaging in therapy and supervision.

Practicums can either be “extended” (Course numbers 7581, 7582, 7583, 758) which are 38 weeks in length with a 2 week break) or “condensed” (Course numbers 7591, 7592, 7593, 7594) which are two 14 week terms with a term break in between. Both types of practicums count as a 1st, 2nd, 3rd, or 4th practicum, and students can mix-and-match these towards graduation. Students do approximately the same amount of supervision hours in both practicums as while the condensed practicums are 10 weeks shorter, students in these groups meet for an extra hour per week on average in dyadic supervision.

In both extended and condensed practicums, students complete the same number of therapy hours. Students in a condensed practicum typically see 1-1.5 more clients per week on average than their peers in an extended practicum (see p. 13).

All practicums are considered courses, and have an MMFT Program faculty member attached to them who is responsible for the final grading and submission of documents to the University. All practicums have a site supervisor who is responsible for the weekly supervision, allocation of clinical work and evaluation of the students. Practicums may occur at a variety of sites approved by the MMFT program.

APPLYING FOR PRACTICUM

Students are required to submit a “Practicum Application” (i.e., Screened Course Registration Form for GMFT 7581-4 or GMFT 7591-4 Supervised Marriage and Family Therapy – see <https://www.uwinnipeg.ca/marriage-family-therapy/current-students/forms.html>) before the deadline in the Winter term. The Practicum Coordinator will organize and screen all of the completed applications. If there have been concerns about a student expressed by instructors, supervisors or practicum sites, the Coordinator will inform the student and give them an opportunity to write a 1-2 page summary responding to the concerns and clarifying what, if any, steps have been taken to address the concerns. The Coordinator then presents all the applications along with any concerns from instructors, supervisors or sites along with responses by the student involved to the Graduate Program Committee (GPC) and the GPC makes all decisions about who is accepted into practicum for the next academic year. Possible decisions include: acceptance into practicum, a one-year deferral, and denial of a practicum placement.

While there are no specific prerequisites prior to first practicum, typically students begin practicum in their 2nd year (full time students) or 3rd year (part time students) and complete the following courses prior to applying:

- Survey of Family Therapy Theories
- Self in the Family Lab
- Family Therapy Plans & Interventions

- Issues of Diversity in Family Therapy
- Couple Therapy
- Abuse in the Family: Theory

Practicum sites require all students to submit a Criminal Records Search Certificate (must include a Vulnerable Sector Search), and a formal Child Abuse Registry check before starting practicum, and again when they re-start practicum after a leave of absence. Students must have clean records. Students are not allowed to be part of a practicum group or engage in any clinical activities until these documents are submitted. Submissions must be valid within one year of beginning practicum unless otherwise required by the practicum site.

Placement in a practicum is not guaranteed and depends on student performance in coursework, practicum, and professional suitability. Students who are deemed unsuitable by the MMFT Program or a practicum site for any reason will be removed from that placement and the matter will be referred to the MMFT Graduate Program Committee (GPC).

SUPERVISION

The purpose of clinical supervision is to assist the student in achieving relevant Student Learning Outcomes through their clinical practice. Supervision is an experiential process in which the supervisor meets with the student individually, in dyads, and/or as part of a supervisory group. Groups include up to six students and either meet in-person (preferred) or online when necessary. Supervision requires that the supervisor have direct access to the therapy sessions conducted by the therapist. This is achieved through the use of live sessions where supervisors and supervision groups observe the therapist and client in sessions and through session recordings.

The relationships between the supervisor and student, and between the supervisor – student – supervision group exist in the context of many systems, including relationships with clients, client communities, cultural communities, the agency providing the practicum, the MMFT program, health care systems, social service systems, legal systems, etc. As such, it is recognized that the clinical work the student does, and the supervisory work of the supervisor exist in multiple systems simultaneously, and the patterns of relationships between the client, student, supervisor and additional systems are all considered in supervision.

Supervision is clearly distinguished from personal psychotherapy. While the supervisory experience may be therapeutic for the supervisee, the objective is to enable the student to provide effective and informed service to clients. The therapeutic quality of supervision often is most obvious as students in practicum explore personal and relational experiences that are parallel to issues presented by their clients in the therapy room. Students' growth within a practicum is frequently dependent upon addressing their personal and family of origin issues. These parallel experiences are crucial to the supervisory process but are not an end in and of themselves. Students in practicum are urged to engage in personal therapy when their own isomorphic issues block their progress with clients. Students are expected to be reflective about their own process with their clients and in the supervision group, and be willing to explore these dynamics with their supervisor and the group.

Difficulties during Supervision

It is expected that students will encounter difficulties in the course of their training. Typically, these are rich areas for growth and development. Students are encouraged to bring difficulties that they are having to their supervision group, and their supervisor. Students need to be aware that while their supervisor is there to assist them with their learning goals to becoming a therapist, the supervisor's primary obligation is to the safety of clients. Individual or group supervision, as well as other supervision resources, may be utilized to help students identify and work through difficulties. If a supervisor becomes aware that a personal issue is interfering with the student's ability to work in an area, they may also suggest the student engage their own personal therapy. Supervision is not personal or group therapy, and supervisors cannot require students to receive therapy. The MMFT Program and supervisors do expect, however, that students are aware of their personal issues, and take responsibility for managing them, as well as the impact that these issues have on their ability as a therapist, and provide ethical, effective and competent clinical service to their clients.

Interpersonal Issues in Practicum

During practicum, students may encounter problems with their peers, their supervisor, or both. This is not unusual given the nature of the work. In fact, these conflicts are part of the learning process. These conflicts may be rooted in differences of opinion or style, personality clashes, or concerns about a colleague or supervisor's handling of a sensitive situation. Given that we are practicing from a relational/systemic perspective, working through these conflicts is an important, valuable learning opportunity. The conflict resolution skills students develop in the practicum setting will serve them throughout their careers. That is why it is important for students to make every effort to address and resolve issues with their colleagues and/or supervisor directly.

If students are having a conflict with a peer that they cannot resolve, they should talk with their supervisor. In some cases, if the issue is with the supervisor and it cannot be resolved, it is appropriate to consult the MMFT Practicum Coordinator; for example, if there is a refusal to discuss the issue, if students believe they are being harassed or if they believe there is an ethical violation.

Complaints and Grievances

The Regulations and Policies section of the Faculty of Graduate Studies Calendar outlines the processes for formal Senate appeals. Students can also refer to the Respectful Working and Learning Environment Policy procedures (<https://www.uwinnipeg.ca/hr/policies/docs/respectful-work-learn-enviro-procedures.pdf>) for informal resolution options or formal complaints.

Respectful Working & Learning Environment

The MMFT Program adheres to the University of Winnipeg's Respectful Working and Learning Environment Policy and Procedures, available through the Human Rights and Diversity office (<http://www.uwinnipeg.ca/respect/respect-policy.html>).

These policies and procedures include the University's anti-discrimination and harassment policies. All MMFT students, staff, instructors, supervisors and faculty are required to make themselves aware of and accountable to these policies.

Confidentiality in Supervision

Supervision raises questions of confidentiality because it encompasses both personal and professional information. The supervisor uses information shared or observed to assist the student's professional development. All information remains confidential to the MMFT Program and the practicum site. It may be included in discussions concerning the student during meetings of the faculty, supervisors, and/or in supervision mentoring. It is at the faculty member or supervisor's discretion to decide what to share with other faculty, supervisors, practicum site management or the MMFT Program Director and/or Practicum Coordinator. Information about the student cannot be revealed in any other context without the student's permission (except for standard professional limitations to confidentiality).

Ethical Standards

The MMFT Program expects all students and supervisors to adhere to the current version of the Canadian Association for Marriage & Family Therapy (CACFT) Code of Ethics, regardless of any other professional associations they may belong to. Wherever the professional standards of the therapists' or supervisors' other professional organizations are in conflict with those of CACFT, the therapist/supervisor will adhere to the CACFT standard. The CACFT Code of Ethics is available at: <https://www.cacft.ca/CACFT-Code-of-Ethics>. Students should raise any related questions or concerns regarding their clients, themselves, a colleague or supervisor immediately with your supervisor, and/or site director and MMFT Practicum Coordinator if their concerns involve their supervisor.

Providing Therapy Services Online – Teletherapy

While there are no minimum hours required providing teletherapy, students should have experience providing both physically in-person therapy and teletherapy during their practicums.

With the permission of the practicum site, students may provide teletherapy services online as part of their practicum hours, provided that the requirements of the CACFT code of ethics are followed. Sites and students should use the CACFT Code of Ethics and the section on providing "Technology Mediated Professional Services" as a resource.

All teletherapy platforms must comply with Canadian and Manitoban privacy legislation and requirements. All teletherapy must respect the jurisdictional boundaries of regulatory bodies and must not be used to provide therapy services where the therapists are not permitted to do so.

All practicum sites are required to have their own policies and procedures for providing teletherapy which support the above requirements. Students need to follow both these above requirements and also the requirements of the site in providing teletherapy.

Supervisors need to be aware of all guidelines and requirements for providing teletherapy, and must be trained by the site on the specific platforms being used. Supervisors must be able to demonstrate sufficient training on teletherapy/telesupervision to provide virtual supervision.

Crisis Management

Students are expected to complete a risk assessment with each case in accordance with the policies and procedures of their practicum site. Supervisors must be made aware of all potential risks ASAP.

Records & Record Keeping

Students are required to keep up-to-date and complete client records in accordance with their site policies and the CACFT Code of Ethics. Students are responsible for familiarizing themselves with their site's policy on record keeping.

Video/Audio Recording

Students are required to video or audio record each client session. If there is an exception, this must be negotiated with your supervisor prior to the therapy session. Each student is responsible for understanding how to use all necessary equipment for recording of sessions. Supervision sessions may also be recorded for consultation. Students are responsible for the integrity and safe-keeping of their recordings and may only store recordings on devices that have been approved by their practicum site. Students are also expected to follow their practicum site's policies and procedures for keeping and destroying video files.

Attending to Your Own Health & Needs

Practicum is an opportunity to grow as a therapist. Recognizing and attending to our own needs so that we are able to maintain our health long-term is essential for any therapist, and this process begins in practicum. Students and supervisors are expected to regularly attend to the balance in their lives and the impact that it has on the work that they do with clients and in supervision. Students are encouraged to bring any concerns about this to supervision.

Safety

Students are expected to familiarize themselves with the safety protocol of the site where they are doing a practicum. Students must follow the site's safety protocol. If students have safety concerns, they should inform their supervisor. If a student is in a situation where they do not feel safe, they should immediately take measures to ensure their safety.

Professional Liability Insurance

The University of Winnipeg maintains liability insurance for practicum students.

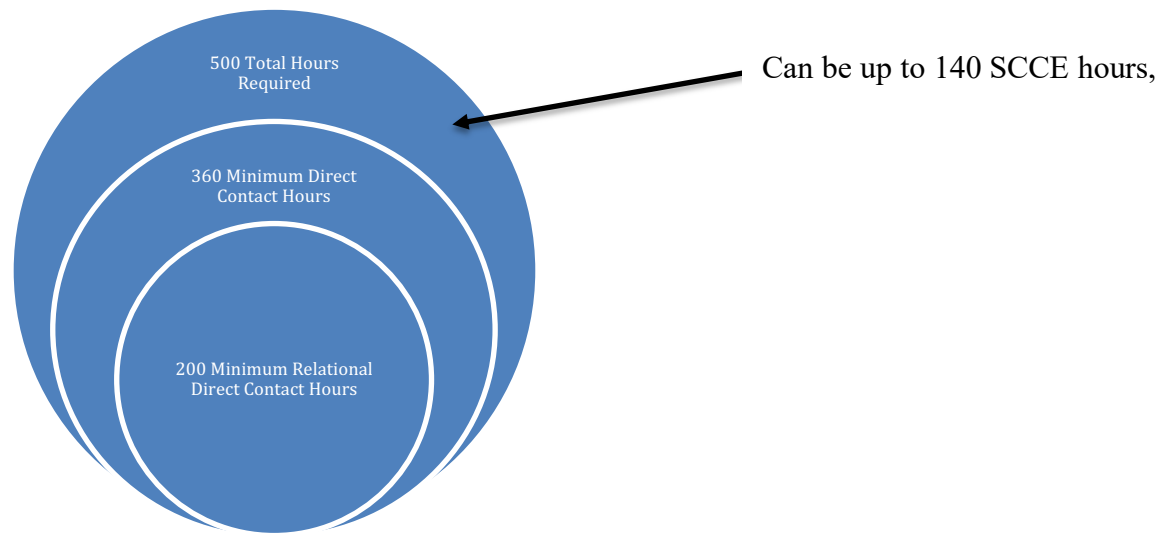
SUPERVISION & CLINICAL HOURS REQUIREMENTS

Practicums typically consist of a weekly supervision group and caseload, plus time for paperwork and assignments, practicum site meetings, telephone calls, case planning, etc. Students are expected to participate in all aspects of the clinical environment of their practicum site. This includes, but is not limited to, active involvement in the delivery of therapeutic services, orientation, treatment team meetings, staff meetings, in-service training, and supervision. While many of these hours are above and beyond the clinical hours required for practicum, they are required and considered part of the practicum placement. All supervision at practicum sites must be relational or systemically oriented and carried out by an CACFT Approved Supervisor or a Supervisor Candidate under mentorship by a qualified CACFT Approved Supervisor Mentor.

Students provide a minimum of 500 therapy hours in practicum prior to graduation. Therapy hours are divided into Direct Contact hours (time spent physically in person or via teletherapy with clients providing therapy) and Systemic Client/Community Engagement hours (SCCE Hours - see below). Direct contact hours are either individual (1:1 with a client) or relational (working with 2 or more clients at the same time where the relationship pre-dates the therapy), and count towards membership with CACFT, while SCCE hours count towards graduation, but are not included in the hours towards membership designations in professional associations. There is no minimum requirement for SCCE hours. Students may focus solely on direct contact hours in practicum if they choose in consultation with their supervisor.

For the MMFT Program, this means that for graduation, students now require:

- A minimum of 500 therapy hours in practicum prior to graduation.
- A minimum of 360 of which need to be direct contact hours.
- A minimum of 200 of the direct contact hours need to be relational.
- The balance of hours can be SCE hours ("Systemic Client/Community Engagement Hours" - see below)



Systemic Client/Community Engagement (SCCE) Hours

These hours occur outside of typical clinical therapy session, but are in line with MMFT Program Goal 1 or 3 (and their related SLO's). These hours include the work students do to support the therapy they do with clients, or with the larger community that they engage with systemically as therapists. It is important to note that these hours exist outside of the standard definition of direct contact hours and while they can be used for graduation, they cannot be included in the hours for certification as an RMFT with CACFT. All SCCE hours need to be supervised by the practicum supervisor.

Systemic Client/Community Engagement hours can include:

- Participation in appropriate cultural events connected with clients
- Time spent with clients in initial telephone calls talking to join and set up the relationship
- Telephone calls and meetings with service providers and treatment teams
- Psychiatric consults
- Participation in reflecting teams (ongoing or 1-time)
- Community advocacy
- Participation in community based activities
- Presentations / workshops to client groups / service providers
- Activities in the community related to social justice initiatives in line with Program Goal 3
- Therapy or community development groups that do not meet the definition for direct contact
- Time spent reading/researching clinical issues relevant to clients, or attending relevant trainings
- Time spent in post-session Narrative letter-writing interventions

SCCE hours do not include:

- Paperwork for sessions, case planning, etc.
- Supervision time
- Phone calls to schedule/reschedule appointments with clients

The intention of these hours is to credit students for the work they do to support systemic, ethical, and effective therapy, and systemic client/community engagement including social justice initiatives. Students need to talk with their supervisors about what they are doing that counts for these hours and supervisors have discretion to deny these hours and/or require more direct contact hours instead depending on the student's learning needs.

Hours Requirements during Practicum REVISED

Prac #	Total Recommended Hours (Direct + SCCE)	Minimum Total Direct Contact Hours*	Recommended Total Direct Contact Hours	Recommended Relational Direct Contact Hours	Average Total Weekly Hours to get Recommended Hours	
					Extended	Condensed
1 st	100	75*	75	10	2.6	3.6
2 nd	120	75*	90	20	3.2	4.3
3 rd	135	75*	95	70	3.6	4.8
4 th	145	75-135**	100	100	3.8	5.2
Total Required for Graduation	500	360		200		

* Students need 75 Direct Contact hours to have completed practicum level 1, 2 & 3.

** Completion of 4th practicum requires a minimum of 75 direct contact hours in 4th practicum as well as the cumulative attainment of 500 therapy hours, of which 360 hours need to be direct contact, and 200 of these need to be direct contact and relational (see above for definitions).

For example, if a student only has the minimum 75 direct contact hours for each of 1st, 2nd and 3rd practicum, they have 225 cumulative direct contact hours, and will need to have 135 direct contact hours in 4th practicum to have completed the course:

$$\begin{array}{rcl}
 & 75 \text{ direct contact hours in } 1^{\text{st}} \text{ Practicum} & \\
 + & 75 \text{ direct contact hours in } 2^{\text{nd}} \text{ Practicum} & \\
 + & 75 \text{ direct contact hours in } 3^{\text{rd}} \text{ Practicum} & \\
 + & 135 \text{ direct contact hours in } 4^{\text{th}} \text{ Practicum} & \\
 = & 360 \text{ cumulative direct contact hours sufficient for graduation} &
 \end{array}$$

- Students are expected to accurately track clinical and supervision hours. At the end of each practicum, the Summary of Practicum Hours Form (Appendix A) must be signed by the supervisor and submitted to the MMFT Program Office.
- Therapy hours are based on direct client contact either physically in-person or through electronic means.
- Students must fully attend all scheduled practicum meetings (see “Absences from Practicum” below)
- Students must maintain a weekly minimum 1:5 ratio of supervision hours to clinical hours throughout the practicum, and also cumulatively across the practicums. Further, Students must be supervised at least 1 hour in each week in which they provide clinical service.
- Students are required to have a minimum of 12.5 hours of supervision based on observable data per practicum (a minimum of 50 hours total prior to graduation). Of those 12.5 hours, a minimum of 8 hours must be based on their own work.
- Students in 3rd and 4th practicum are recommended to do at least 25 hours of group work in each of these practica as part of their 500 hours required for graduation.
- Students may exceed the recommended clinical hours for practicum and reduce the recommended clinical hours for subsequent practicum. Minimal Direct Contact Hours still apply, and students must carry clients throughout the entirety of their practicum to facilitate supervision and evaluation.

- If students do not meet the minimum direct contact hours within a particular practicum, they will receive a failing grade for that practicum. Students who are short a small number of hours at the end of a practicum may apply for an extension from a practicum site and an incomplete mark (extension) from the MMFT Practicum Coordinator. Further, students can voluntarily withdraw from a practicum prior to the vw deadline. Students who voluntarily withdraw retain all the accumulated supervision and clinical hours over the practicum to use towards graduation. Students who are at risk of not completing their hours in time are encouraged to talk with their supervisor and the MMFT Practicum Coordinator immediately.

Definitions for Clinical and Supervisory Hours REVISED

The MMFT Program uses the following definitions to differentiate between different types of clinical and supervisory hours:

Therapy or Supervisory Hour

- The MMFT program uses a 50 minute hour for the purposes of supervisory and therapy hours
- Sessions below 50 minutes must be counted by rounding down to the highest completed hourly portion: .25, .50 or .75 hours
 - A 50 minute session is counted as 1 hour.
 - 45 to <50 minute sessions are counted as .75 hours (45 min.)
 - 30 to <45 minute sessions are counted as .50 hours (30 min.)
 - 15 to <30 minute sessions are counted as .25 hours (15 min.)
- For sessions longer than 1 hour:
 - Sessions at least 65 minutes long count as 1.25 hours
 - Sessions at least 80 minutes long count as 1.50 hours
 - Sessions at least 95 minutes long count as 1.75 hours
 - Sessions at least 100 minutes long count as 2 hours

Individual Direct Contact Hours

- Therapy time when you are providing systemic therapy to one individual either in person or through approved virtual platforms.

Relational Direct Contact Hours

- Therapy time when you are providing systemic therapy to 2 or more clients at the same time and there is an ongoing relationship between the clients that pre-dates the therapy, through in-person or approved virtual platforms.

Systemic Community Engagement Hours (SCE)

- See page 15.

Group Hours as Direct Contact Hours

- When members from different family systems are present to participate in therapy around a particular therapeutic goal.
- Students in their 3rd and 4th practicum are recommended to do 25 hours of group work, for a total minimum of 50 hours group work prior to graduation. These hours are part of the required hours for practicum and not in addition to them. This can be done in a format of

their own choosing in consultation with their supervisor or through participation in one of the groups regularly running at their practicum site.

- Please complete the 'Approval for Group Hours as Direct Contact Hours' form (Appendix D) and consult the MMFT Practicum Coordinator to determine if your group hours will count as individual or relational direct contact hours or SCCE hours. This is decided by the type of service provided in the group.
- If group hours are counted as clinical hours, they are counted as either individual or relational hours depending on who makes up the group. If it is a group of relationships, then the clinical hours count as relational clinical hours. If it is a group of individuals, then the hours count as individual hours, even if you are actively processing the relationships between the group members.

Supervision Hours

All Supervision hours are either counted as individual or group depending on how many supervisees in the room, and who is presenting.

Individual Supervision Hours

- 1 or 2 students and the supervisor are present in the room actively engaging in supervision.
- Also includes when a student is doing a "live" session as a therapist or when one of their video-recorded sessions is presented with a supervision team observing.

Group Supervision Hours

- 3-6 supervisees and the supervisor are present in the room actively doing supervision. No matter how many supervisors are present, maximum number of students is 6.

Observable Data (OD) and Observable Data – Other (OD/O) Supervision

All consultation that is accompanied with video, audio or live viewing of the student's clinical work is considered **observable data (OD)** supervision. Viewing another student's clinical work is considered **observable data/other (OD/O)** supervision. The MMFT Program requires students to have 12.5 hours of supervision based on observable data per practicum, a minimum of 8 hours must be their own work (OD). The other 4.5 hours can be OD/O. This ensures that students will receive the minimum 50 hours of supervision based on observable data required for graduation.

For hours to count as supervision hours, the student and the supervisor must be together observing the work. Hours spent reviewing videos individually (for either supervisor or supervisee) do not count as supervisory hours.

Live Sessions during Supervision

- These are sessions where a student conducts therapy while being observed by their supervisor and peers.
- These sessions count for clinical hours for the therapist(s) as well as Individual OD supervision hours for the student(s) conducting the therapy. Typically, a one-hour live counts for 2 hours of supervision (including the pre-session, the live session and the debriefing).

- For students in supervision who watch someone else's live sessions, those hours are considered individual or group Observable Data – Other (OD/O) hours depending on the number of supervisees.

Case Report during Supervision

- Supervision focussed on discussing clinical cases that is not supported by reviewing audio/video or a live therapy session (ie. Not observable data).
- Classification as individual or group case report hours depends on the number of supervisees (see above definition for Individual and Group Supervision).

Absences from Practicum

Students are expected to attend all practicum meetings as scheduled by the supervisor. Absence may be excused by the practicum supervisor on the grounds of illness, physical disability, or challenging personal circumstances which are beyond the student's control. Students who have emergencies or other circumstances that prevent them from engaging in clinical work regularly or from being able to fully participate in the practicum group process will be encouraged to withdraw from the class. Students are required to notify the supervisor concerning any anticipated absences and are expected to make arrangement with supervisor to make up required supervision associated with that absence, if applicable. Students who have more than 1 unexcused absence may receive a grade reduction. Practicum sites may remove students from a placement for repeated absences, even if these are excused.

Beyond attendance, students are expected to fully participate and engage in the process of supervision as demonstrated by participation in group discussions, preparation for practicum meetings, and openness in reflections/discussions.

Practicum Site Approval Procedures

The MMFT program collaborates with off-site mental health agencies that are in line with the Program's mission and goals, and offers diverse practicum opportunities to students. External sites are approved by the MMFT Program Director. External sites must meet the following criteria:

1. A supervisor is employed or contracted by the site, but all supervisors, supervisors qualifying and mentors must be pre-approved by the MMFT Program. All supervisors must provide systemic/relational supervision and have a professional identity as a Marriage & Family Therapist.
2. All supervisors must be CACFT Approved Supervisors, Supervisor Candidates or Approved Alternate supervisors with the CACFT.
3. The site is able to provide enough clients over the course of 40 weeks (including a 2 week break) so that practicum students are able to complete their clinical and supervision hours requirements.
4. If the practicum student is an employee of the site, all practicum hours must be done outside of their employment. The therapy hours that they provide as part of their employment must not be counted as their practicum hours. All practicum hours must be unpaid.
5. The site provides video recording equipment and allows practicum students to video record each session.
6. The site provides adequate therapy and supervision rooms for practicum students.
7. The site has safety protocols.

8. The site has policies in place to support therapists from marginalized or racialized communities who experience prejudice, discrimination, hatred and/or other forms of violence from clients / staff / colleagues / community connected to the site.
9. If the site allows teletherapy, it has the necessary equipment, policies and procedures in place for the ethical performance of therapy and/or supervision online.
10. The supervisor must agree to provide supervision according to the supervision requirements outlined in the MMFT Practicum Handbook.
11. On a weekly basis, the supervisor provides a minimum of 1.5 hours of supervision for practicum groups up to two students and 3 hours for practicum groups of 3 or more students.
12. The supervisor must maintain a weekly minimum 1:5 ratio of supervision hours to each student's clinical hours throughout the practicum. Further, the supervisor must provide at least 1 hour of supervision in each week in which students provide clinical service.
13. The supervisor must provide a minimum of 12.5 hours of supervision based on observable data (live sessions or video/audio recorded sessions) for each student per practicum. Of those 12.5 hours, a minimum of 8 hours must be based on each student's own work.
14. The supervisor must develop a practicum schedule and evaluate students a minimum of twice over the practicum - at mid-term and at the end of the term.
15. The site and supervisor agree to regular supervisor meetings with the MMFT Program, as well as other meetings with the MFT Program as necessary.

Once the site is approved, a written agreement must be signed with the site and the supervisor before the start of the practicum.

EVALUATIONS & GRADES

Use of Nexus for submitting Evaluations and Summary of Hours forms

All students are required to use the University of Winnipeg's online learning management system – Nexus. Students are responsible for submitting signed and completed midterm and final Practicum Evaluation Forms and completed Summary of Hours forms to the practicum Nexus site within two weeks of the end of their practicum in order to have finished the practicum. Failure to do so may result in a failing grade for the practicum.

Evaluations

The instructor, supervisor and other members of the supervisory team are involved in student evaluations. While evaluation is ongoing throughout a practicum, written evaluations are generally completed by both the supervisor and the student 2-3 times throughout the practicum (1-2 mid-term evaluations and 1 final evaluation) using the Practicum Evaluation Forms (Appendix B). The instructor is responsible for the final grading and uses the PEFs as well as consultation with the site supervisor, administration and support staff. Final grades are tentative until approved by MMFT Graduate Program Committee and may be subject to change. Students need to be aware that parts of the evaluation are shared with the practicum site, and sites can track student performance for their own decision-making purposes for allowing students to continue in practicum, or be allowed subsequent practicums.

Evaluations in Double Practicums

Students who are in a double practicum in the same practicum group need to complete 3 evaluations over the year. The first evaluation is the midterm evaluation for the lower practicum. The second evaluation is the final evaluation for the lower practicum, and needs to be completed prior to the voluntary withdrawal date for the practicum. This is because it also serves as the feedback equivalent to 20% of the term work that needs to be evaluated prior to the Voluntary Withdrawal date. The final evaluation is the final evaluation of the higher practicum. For example, a student in a double 1st & 2nd practicum running Sept-June would have a midterm first PEF late November or early December, a Final 1st practicum PEF in February/March prior to the VW date, and a Final 2nd Practicum PEF in June.

The MMFT Program uses the following grading scale:

Grade	Range	Level	Meaning in Practicum
A+	98% - 100%	Outstanding	Above expected in 90%+ of Student Learning Outcomes. Supervisors must seek prior approval from the MMFT-Graduate Program Committee to award this grade.
A	93% - <98%	Excellent	Student meets expectations in all Student Learning Outcomes and exceeds expectations in 60% or higher of SLOs.
A-	90% - <93%	Very Good	Student meets expectations in all Students Learning Outcomes with 10-50% of SLOs exceeding expectations.
B+	86% - <90%	Good	Student performing at expectation across identified Student Learning Outcomes, room for 1-2 SLOs to be below expectations as long 1-2 are also above expectations.
B	80% - <86%	Marginal	Student is performing at or above expectations in 60% or higher of Student Learning Outcomes and below expectations in up to 40%. This indicates that a student requires extra attention to key areas. Evaluations where a B grade is given should be accompanied with specific learning goals and plans for achieving attached.
C+	75% - <80%	Poor / Failure	Student's performance is unacceptable in any Student Learning Outcome, or below expectations in 50% of SLOs or more. This is a failing grade in practicum and the situation will be referred to the Graduate Program Committee.
C	70% - <75%	Failure	Student's performance is unacceptable in 1 or more Student Learning Outcomes and/or is below expectations in >50% of SLOs. This is a failing grade in practicum and the situation will be referred to the Graduate Program Committee.
D	60% - <70%	Failure	Student's performance is unacceptable in 1 or more Student Learning Outcomes and/or is below expectations in >66% of SLOs. This is a failing grade in practicum and the situation will be referred to the Graduate Program Committee.
F	<60%	Failure	Student's performance is unacceptable in 1 or more Student Learning Outcomes and/or is below expectations in >75% of SLOs. This is a failing grade in practicum and the situation will be referred to the Graduate Program Committee.

Unsatisfactory Progress in Practicum

Occasionally a student has difficulties in practicum. For example, they may be successful in theory courses but have difficulty translating theory into practice, or anxiety may interfere with a student's functioning as a therapist. When a supervisor or site has concerns that a student is not meeting expectations in a practicum, the supervisor should discuss their concerns directly with the student as soon as possible and develop a written plan outlining necessary actions that the students must take in order to successfully complete the practicum. The supervisor is encouraged to consult with other supervisors and/or the Practicum Coordinator and/or Program Director to identify strategies that are most helpful for the student. Other supervisors and/or the Practicum Coordinator and/or the site administration may be asked to watch the student's video recorded sessions or observe supervision sessions.

Practicum sites have the right to remove a student from a practicum placement at any point for any reason. Sites are required to contact the Practicum Coordinator immediately when this occurs and the Practicum Coordinator will meet with the site and student separately to determine next steps.

If a student is removed from a placement or receives a C+ or lower at a mid-term or final evaluation, the instructor will refer the case to the MMFT Graduate Program Committee, which may recommend that the student be placed on probationary status or that they withdraw from the practicum or program.

Appeals

Grade appeal on an individual item or work, final grade appeal, and other Senate appeal procedures are outlined in the Regulations and Policies section of the Graduate Studies Calendar (<https://www.uwinnipeg.ca/academics/graduate-calendar/docs/grad-regandpols.pdf>). Students wishing to appeal must consult the Program Director to discuss their situation, to seek information on appeal procedures, and to obtain the appropriate appeal form as required. Students should familiarize themselves with the timelines and deadlines for various appeals.

SECTION III: ROLES & RESPONSIBILITIES

PRACTICUM STUDENT

The MMFT practicum student is simultaneously in an academic program and a professional setting where they must adhere to the program and practicum site policies. While the MMFT program and practicum site/supervisor are responsible for structuring learning opportunities, supplying opportunities for clinical and supervisory hours, etc., the student is responsible for their own learning process, their client-care, and ensuring that all of their requirements are met for supervisory and clinical hours.

MMFT practicum students are responsible for:

- Adhering to the current version of the CACFT Code of Ethics
- Demonstrating professionalism in all of their relationships with clients, colleagues, staff and supervisors including attention to behaviour, language and dress
- Maintaining accurate records of their own supervision and clinical hours
- Allotting appropriate times for supervision and clinical hours and maintaining sufficient flexibility to be available when clients are available
- Keeping a copy of all assignments, reflections, evaluations and records of clinical hours.
- Complete clinical paperwork on time as required by the practicum site. Finalize all clinical paperwork prior to the end of practicum
- Submit final signed PEF and Supervision Hours Form to Nexus (unless otherwise directed by the MMFT Practicum Coordinator) within 2 weeks of the end of the practicum
- Handing in all paperwork, assignments & reflections promptly and on time
- Maintaining confidentiality within the requirements of the MMFT program, the practicum site, and the CACFT code of ethics
- Adhering to all MMFT program and practicum site policies and procedures.
- Fully participating in the supervision process
- Being open to challenge, learning and growth
- Reading relevant research on clinical issues related to client work
- Videotaping all client sessions
- Actively participating in all aspects of the practicum site including orientations, staff meetings, professional development, etc.
- Being prepared for supervision and clients
- Directing any issues and complaints to the most direct individual first (e.g., supervisor, colleague, etc.) unless there are extenuating circumstances.

PROGRAM FACULTY

The MMFT Program Director is responsible for overseeing that the Program requirements are met through the practicum process. They are responsible for overseeing the overall process of the program through coursework and practicum.

MMFT Program Director (or designate) is responsible for:

- Adhering to the current version of the CACFT Code of Ethics

- Demonstrating professionalism in all of their relationships with students, colleagues, staff, other faculty members, and supervisors
- Adhering to and maintaining the policies of the MMFT Program and the University of Winnipeg
- Ensuring compliance with the University of Winnipeg and accrediting bodies
- Assessing prospective practicum sites/supervisors to ensure fit with the MMFT Program
- Providing clear expectations to faculty, supervisors and students about the MMFT program and the practicum process
- Providing necessary administrative tools and forms for successful completion and recording of practicum
- Updating MMFT Program resources as needed
- Evaluating and monitoring quality of practicum experience
- Mentoring Supervisor Candidates

MMFT Practicum Coordinator is responsible for:

- Overseeing the administrative elements of the practicum as a course
- Adhering to the current version of the CACFT Code of Ethics
- Demonstrating professionalism in all of their relationships with students, colleagues, staff, other faculty members, and supervisors
- Adhering to and maintaining the policies of the MMFT Program and the University of Winnipeg
- Ensuring compliance with the University of Winnipeg and accrediting bodies
- Assessing prospective practicum sites/supervisors to ensure fit with the MMFT Program in collaboration with MMFT Program Director
- Providing clear expectations to faculty, supervisors and students about the MMFT program and the practicum process
- Overseeing Practicum application and allocation process
- Acting as the instructor on record for all GMFT 7581-4, 7591-4 Supervised Marriage & Family Therapy courses (Practicum)

PRACTICUM SITE & SUPERVISOR

The practicum site is responsible for the supervision and provision of appropriate clients and office space for the student. Each practicum site is bound by their agreement with the MMFT program that lays out the expectations of the contract. Each supervisor/practicum site is responsible for ensuring that the clients, client load, office space and supervision meet the requirements of the MMFT program. All supervisors must be CACFT Approved Supervisors or Supervisor Qualifying (see Practicum Site Approval Procedures above for more information) and must adhere to the minimum standards for hours and types of supervision (see [Supervision & Clinical Hours Requirements](#)).

The practicum site and supervisor are responsible for:

- Demonstrating professionalism in all of their relationships
- Providing supervision that meets MMFT Program requirements
- Adhering to the most current version of the CACFT Code of Ethics
- Abiding by all MMFT Program Policies
- Attending to the developmental and learning needs of the practicum students on practical and theoretical levels

- Attending to the group process of the practicum group
- Attending to process for each of the practicum students
- Evaluating practicum students in accordance with MMFT program policies and procedures
- Orienting students to the practicum and the site policies and procedures
- Overseeing clinical decision-making by the student
- Providing sufficient and appropriate clients and office space for clinical work necessary to meet practicum requirements
- Being available to students as needed for high-risk situations between practicum meetings
- Providing assistance to students with relevant information, research, skills training, therapeutic planning, case management and case conferencing as needed.
- Ensuring that the practicum site and supervision maintain quality standards of the MMFT program
- Ensure that the site has policies in place to support therapists from marginalized or racialized communities who experience prejudice, discrimination, hatred and/or other forms of violence from clients / staff / colleagues / community connected to the site.
- Ensure adequate training and support for teletherapy and tele-supervision for all supervisors and students, should this modality be used at the site
- Evaluating student progress on an ongoing basis and promptly communicating any concerns with the student and the MMFT Practicum Coordinator

PRACTICUM STUDENT REPRESENTATIVE

There are two student representatives who represent the MMFT students in two different areas: academic (non-practicum) and practicum. Student representatives act as a bridge between students and faculty/instructors/supervisors. They are resources for students seeking information about the MMFT program, and spokespersons who convey student concerns to faculty, instructors, and/or supervisors. They also participate in the Program's governance and decision-making process by providing feedback from the student body. They may also serve as guides, supporters and advocates for students experiencing difficulties with an instructor, faculty or supervisor, and for students who are considering an appeal.

As advocates, Student Representatives may offer support by:

- Being accessible
- Actively listening to student concerns
- Encouraging the student with concerns to speak with their instructor or supervisor to resolve issues
- Offering to attend meetings as a third party to support the student
- Attending Appeal Board proceedings as a third party offering support for the student

Student representatives will be viewed without prejudice while completing the requirements of their own studies.

Every September, MMFT students elect an Academic Student Representative and a Practicum Student Representative through a confidential online nomination and election process. Students may nominate others, themselves, or choose to re-elect the current Reps. Students may run as co-representatives.

The Practicum Student Representative (PSR) is a Master of Marriage and Family Therapy (MMFT) student who is currently enrolled in clinical training (practicum). The PSR represents students in clinical training areas and works in collaboration with an Academic Student Representative (ASR).

Responsibilities: The PSR attends program meetings (one per term), new student orientation, information sessions (two to three meetings during the fall term) and admission interviews (two sessions in April). Practicum students who have questions, concerns or suggestions can consult with the PSR, who will bring their issues to supervisors and/or the Program Director at the appropriate meeting. The PSR will provide students with summaries of discussions from meetings. The PSR may assist students with practicum related grievances and complaints (see section 4.15). The PSR facilitates the following year's ASR nomination and election in collaboration with the PSR. If the current PSR intends to run for another year, it is their responsibility to ask another student to facilitate the PSR nomination and election.

See MMFT Program Handbook for roles and responsibilities of ASR.

SECTION IV: APPENDICES

1. SUMMARY OF PRACTICUM HOURS FORM

This end of training summary of supervision hours is used to report and review achievements. This form is completed by the student and reviewed with the student's supervisor(s) to determine accuracy. A signed copy of this summary is retained in the student's file.

Name of Student:

Practicum # (1-4):

Name of Supervisor:

Practicum Start/End dates:

Client Contact Hours during Practicum (see MMFT Practicum Handbook for Definitions)

	Cases	Group Work	TOTAL
Individual Hours:			
Relational Hours:			
TOTAL DIRECT CONTACT HOURS:			
SCCE Hours:			
GRAND TOTAL:			

Supervision Hours during Practicum (see MMFT Practicum Handbook for Definitions)

OD = Supvn based on Observable Data (Live, Video, Audio) CR = Case Report

OD/O = Supvn based on Observable Data of Other (non-presenters)

	OD	OD/O	CR	TOTAL
Individual:				
Group:				

Individual OD (minimum 8 hours/practicum) = _____ hours

Total supervision hours utilizing observable data (minimum 12.5 hours/practicum):

OD + OD/O (Individual and Group) = _____ hours

All paperwork is finalized with the practicum site office: _____
(*practicum site representative*)

I certify that this is an accurate report:

Student's Signature _____ Date _____

Supervisor's Signature _____ Date _____ CACFT#: _____

Form Revised May 29, 2023

2. PRACTICUM EVALUATION FORMS

The University of Winnipeg MMFT Program
1st Practicum Evaluation Form

1

Student: [Click here to enter text.](#)

Midterm or Final Evaluation: [Click here to enter text.](#)

Supervisor: [Click here to enter text.](#)

Date of Evaluation: [Click here to enter text.](#)

This evaluation is designed to assess a student's performance in practicum across the identified Student Learning Outcomes for the MMFT Program. In grading each Student Learning Outcome, the grade is for the domain as a whole. Each domain includes a list of suggested items to consider. These are not exhaustive lists for each domain, and it is not the intention for each item to be graded and averaged to reach the grade for the domain as a whole. Each domain needs to be graded in context to the practicum level of the student, and if they are at the expected level of competence for that practicum level, based on the performance of other students at a similar practicum level across time. The final evaluation is for the entire practicum, and the final grade is not an averaging of the mid-term and final evaluations.

Students are expected to evaluate their performance on the identified Student Learning Outcomes by circling the **T** (Therapist) next to the appropriate rating for each SLO. Supervisors do the same, circling the **S** (Supervisor). Both parties are expected to write their comments in the areas below.

A rating of **Above Expected** indicates that a student is consistently performing at a level significantly above the standard for that practicum.

A rating of **Expected** indicates that a student is performing consistently at a level that is standard and acceptable of a student at that practicum level.

A rating of **Below Expected** indicates that a student is unable to consistently perform at a level that is standard and acceptable for a student at that practicum level, but is not at a level where their development is concerning enough to be unacceptable. This rating indicates that particular emphasis on this area needs to be made by the student and plans for this should be included at the end of this evaluation.

A rating of **Unacceptable** indicates that a student is performing sufficiently below expectations that they are inappropriate to continue in their current practicum.

Based on the student's performance on each SLO, please use the grading rubric on page 8 to calculate the final grade.

Please be aware that a copy of the evaluation summary page and the general comments page may be sent to and retained by the practicum site for their decision-making in continuing a student in practicum, and accepting a student for a future practicum.

Check one: SLO 1a: Demonstrate understanding of Marriage & Family Therapy

T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** — Demonstrate awareness of the basic interventions from several systemic therapy models or theories
- ☐ ☐ **Below Expected** — Demonstrate ability to conceptualize a case from beginning to end utilizing a specific systemic therapy model or theory
- ☐ ☐ **Unacceptable** — Generates hypotheses and goals for individual therapy consistent with chosen systemic therapy model or theory
- Bases interventions on preferred systemic therapy model or theory

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 1b: Demonstrate proficiency in the practice of Marriage & Family Therapy in clinical settings

T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** — Basic counselling skills
- ☐ ☐ **Below Expected** — Demonstrates non-verbal communication skills conveying understanding, caring & connectedness
- ☐ ☐ **Unacceptable** — Demonstrates proficiency with basic counselling skills – joining, paraphrasing, summarizing, exploring, use of non-verbal and paraverbal communication, challenging, re-directing & interrupting, etc.
- Retains clients
- Shows ability to refer to appropriate community resources
- Case Management Skills & Intervention Skills
- Paperwork is accurate, complete, timely, legible
- Shows ability to set and follow through with client contact, appointments, and messages
- Demonstrates ability to manage beginning, middle and end of sessions consistently
- Demonstrates ability to assess for risk and enact appropriate safety planning
- Demonstrates ability to prioritize presenting issues and set goals accordingly
- Process:
- Recognizes patterns
- Begins to observe process in hindsight
- Working towards focusing on process in sessions with individuals
- Supervision and self-of-the-therapist skills

- Uses supervision as a place to be reflective and is open to the process of supervision and accepting of feedback
- Catches isomorphic triggers in hindsight
- Demonstrates ability to integrate feedback into case interventions
- Demonstrates ability to seek assistance where appropriate
- Demonstrates appropriate confidence and competence with individual clients

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 1c: Demonstrate ability to utilize relevant MFT research and practices

T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** — Demonstrates awareness of MFT academic literature
- ☐ ☐ **Below Expected** — Researches clinical issues affecting clients, but may need reminders to do so
- ☐ ☐ **Unacceptable**

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 1e: Demonstrate knowledge of and adherence to the current CACFT Code of Ethics

T S

- ☐ ☐ **Above Expected**
- ☐ ☐ **Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Below Expected** — Demonstrates knowledge of basics of clinical ethics: confidentiality, informed consent, boundaries, multiple roles, etc.
- ☐ ☐ **Unacceptable**
- Demonstrates awareness of CACFT Code of Ethics
 - Demonstrates openness in supervision to discuss ethical questions and issues in client-work
 - Articulates ethical decision-making process

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 1f: Demonstrate MFT professional identity

T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** — Dresses appropriately
- ☐ ☐ **Below Expected** — Is beginning to see themselves as therapists
- ☐ ☐ **Unacceptable** — Demonstrates attention to timeliness, commitments, follow-through, etc.
- Demonstrates professional respect for client
- Completes all administrative responsibilities accurately and professionally

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 2a: Demonstrate an integration of self-awareness and an ability to use their understanding of the self-of-the-therapist through MFT courses and clinical training

T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** — Demonstrates ability to use self to establish/maintain the therapeutic relationship
- ☐ ☐ **Below Expected** — Demonstrates awareness of and ability to regulate personal defensiveness/reactivity in supervision and clinical work
- ☐ ☐ **Unacceptable** — Catches isomorphic triggers in hindsight

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 2b: Demonstrate ability to regulate, understand and work with own issues of reactivity through MFT courses and clinical training

T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** — Demonstrates understanding of own reactivity in hindsight
- ☐ ☐ **Below Expected** — Beginning to demonstrate awareness of the need to self-regulate own reactivity so as to be able to manage flooding and/or shutting down in client / therapist / supervisor / group system
- ☐ ☐ **Unacceptable** — Demonstrates willingness to address own reactivity in supervision

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 3a: Demonstrate competence in cross-cultural understanding in MFT courses and clinical training

T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:

- ☐ ☐ Expected
- ☐ ☐ Below Expected — Demonstrates aware of her/his own cultural heritage, values and biases and how they may intersect with and/or affect clients.
- ☐ ☐ Unacceptable
 - Demonstrates ability to understand diverse world views and perspectives
 - Understands how gender and/or other cultural dimensions organize relationships & therapy
 - Uses appropriate language to the clients' cultural / sub-cultural context.
 - Recognizes circumstances that may dictate seeking more information regarding culture and diversity issues and actively engages in the learning process in order to offer a culturally appropriate response.

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: **SLO 3b: Demonstrate understanding of one's own privilege and vulnerability/oppression in a systemic/relational context through MFT courses and clinical training**

T S

- ☐ ☐ Above Expected
- ☐ ☐ Expected
- ☐ ☐ Below Expected Items to consider can include but are not limited to:
- ☐ ☐ Unacceptable — Shows awareness of own power & privileges in relation to clients, practicum colleagues, administrative staff, referral sources, supervision process

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: **SLO 3c: Show ability to work from a social justice framework**

T S

- ☒ ☐ Above Expected Items to consider can include but are not limited to:
- ☐ ☐ Expected — Conveys respect (understanding, acceptance, and warmth; affirms worth, uniqueness, strengths and potential; and belief in problem solving capacity) in culturally appropriate ways to clients, practicum, staff, admin, community
- ☐ ☐ Below Expected — Demonstrates an empowerment perspective
- ☐ ☐ Unacceptable — Understands systemic inequality and how it affects clients

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Evaluation Summary**Student Name:****Prac#: 1**

A copy of this page and the following general comments page will be sent to the practicum site. Please transfer the scores from the preceding domains with a **Thpst** (Therapist self-evaluation) or **Supvr** (Supervisor evaluation) in the corresponding lines below:

SLO	Competency Level							
	Above Expected		Expected		Below Expected		Unacceptable	
	Thpst	Supvr	Thpst	Supvr	Thpst	Supvr	Thpst	Supvr
1a	☐	☐	☐	☐	☐	☐	☐	☐
1b	☐	☐	☐	☐	☐	☐	☐	☐
1c	☐	☐	☐	☐	☐	☐	☐	☐
1e	☐	☐	☐	☐	☐	☐	☐	☐
1f	☐	☐	☐	☐	☐	☐	☐	☐
2a	☐	☐	☐	☐	☐	☐	☐	☐
2b	☐	☐	☐	☐	☐	☐	☐	☐
3a	☐	☐	☐	☐	☐	☐	☐	☐
3b	☐	☐	☐	☐	☐	☐	☐	☐
3c	☐	☐	☐	☐	☐	☐	☐	☐

General Comments (Student):**General Comments (Supervisor):****Goals for Future Development:**

Student Signature: _____

Supervisor Signature: _____

* In addition to original items, this Practicum Evaluation Form uses evaluation items from the Practicum Competency Document by Cheryl L. Storm, Charles D. York, Robert Vincent, Teresa McDowell, & Ronald Lewis

The University of Winnipeg MMFT Program
2nd Practicum Evaluation Form

2

Student: [Click here to enter text.](#)

Midterm or Final Evaluation: [Click here to enter text.](#)

Supervisor: [Click here to enter text.](#)

Date of Evaluation: [Click here to enter text.](#)

This evaluation is designed to assess a student's performance in practicum across the identified Student Learning Outcomes for the MMFT Program. In grading each Student Learning Outcome, the grade is for the domain as a whole. Each domain includes a list of suggested items to consider. These are not exhaustive lists for each domain, and it is not the intention for each item to be graded and averaged to reach the grade for the domain as a whole. Each domain needs to be graded in context to the practicum level of the student, and if they are at the expected level of competence for that practicum level, based on the performance of other students at a similar practicum level across time. The final evaluation is for the entire practicum, and the final grade is not an averaging of the mid-term and final evaluations.

Students are expected to evaluate their performance on the identified Student Learning Outcomes by circling the **T** (Therapist) next to the appropriate rating for each SLO. Supervisors do the same, circling the **S** (Supervisor). Both parties are expected to write their comments in the areas below.

A rating of **Above Expected** indicates that a student is consistently performing at a level significantly above the standard for that practicum.

A rating of **Expected** indicates that a student is performing consistently at a level that is standard and acceptable of a student at that practicum level.

A rating of **Below Expected** indicates that a student is unable to consistently perform at a level that is standard and acceptable for a student at that practicum level, but is not at a level where their development is concerning enough to be unacceptable. This rating indicates that particular emphasis on this area needs to be made by the student and plans for this should be included at the end of this evaluation.

A rating of **Unacceptable** indicates that a student is performing sufficiently below expectations that they are inappropriate to continue in their current practicum.

Based on the student's performance on each SLO, please use the grading rubric on page 8 to calculate the final grade.

Please be aware that a copy of the evaluation summary page and the general comments page may be sent to and retained by the practicum site for their decision-making in continuing a student in practicum, and accepting a student for a future practicums.

Check one: SLO 1a: Demonstrate understanding of Marriage & Family Therapy

T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** - Demonstrates ability to select a systemic therapy model or theory appropriate for the clients' frame of reference / context
- ☐ ☐ **Below Expected** - Shows evidence of systemic thinking
- ☐ ☐ **Unacceptable** - Links therapeutic goals with a particular systemic therapy model or theory
- Demonstrates ability to conceptualize a case from beginning to end in 2 different systemic therapy models or theories.
- Bases interventions on chosen systemic theory of therapy, builds on interventions from session to session using a consistent systemic therapy model or theory
- Conceptualizes the system as unit of treatment even when only 1 individual is present
- Shows awareness of other resources in clients current web of support, includes these relationships in conceptualization of treatment

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 1b: Demonstrate proficiency in the practice of Marriage & Family Therapy in clinical settings

T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** — Managing the Therapeutic Relationship
- ☐ ☐ **Below Expected** — Beginning with relational clients
- ☐ ☐ **Unacceptable** — Shows competent level of counselling skills
- Demonstrates ability to repair when there has been an injury to the therapeutic relationship
- Keeps balanced alliances with each client in relational cases
- Demonstrates ability to joining with clients non-hierarchically where appropriate
- Demonstrates ability to join with clients hierarchically where appropriate
- Joins with web of support around client, other services, individuals, etc.
- Case Management Skills & Intervention Skills
- Demonstrates ability to translate theory into practice consistently with individual clients and is beginning to do this with relational clients
- Consistently structures sessions appropriately and builds from one session to the next

- _ Process skills
 - _ Begins to be able to observe process in the moment and intervene accordingly
 - _ Works on ability to slow down process and help clients stay in emotional intensity without exiting prior to the client
 - _ Shows ability to work with more complex individual clients
 - _ Shows awareness that same intervention works differently with different clients and begins to adapt interventions to the needs of the clients
- _ Supervision & Self-of-the-Therapist Skills
 - _ Shows comfort with own vulnerability in supervision process
 - _ Processes isomorphic issues in supervision
 - _ Integrates supervision into client interaction consistently and appropriately
 - _ Consistently engages and is able to provide meaningful feedback to peers of all practicum levels

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: **SLO 1c: Demonstrate ability to utilize relevant MFT research and practices**
T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** _ Demonstrates ability to access MFT academic literature and applies to cases
- ☐ ☐ **Below Expected** _ Regularly uses MFT research to better understand clinical experiences
- ☐ ☐ **Unacceptable**

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: **SLO 1e: Demonstrate knowledge of and adherence to the current CACFT Code of Ethics**
T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** _ Routinely addresses ethical issues in supervision
- ☐ ☐ **Below Expected** _ Demonstrates ability to see multiple ethical perspectives and navigate challenging circumstances with supervision
- ☐ ☐ **Unacceptable** _ Enacts ethical decision-making process

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 1f: Demonstrate MFT professional identity

T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** _ Demonstrates clinical confidence with individual clients
- ☐ ☐ **Below Expected** _ Articulates the difference between MFT and other professions in approach to individual clients
- ☐ ☐ **Unacceptable** _ Consistently completes all administrative responsibilities accurately and professionally

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 2a: Demonstrate an integration of self-awareness and an ability to use their understanding of the self-of-the-therapist through MFT courses and clinical training

T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** _ Demonstrates awareness of personal defensiveness/reactivity with clients
- ☐ ☐ **Below Expected** _ Processes isomorphic issues in supervision
- ☐ ☐ **Unacceptable** _ Demonstrates ability to use self to deepen and repair the therapeutic relationship
- _ Begins to demonstrate ability to use appropriate therapeutic transparency to enhance therapeutic relationship

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 2b: Demonstrate ability to regulate, understand and work with own issues of reactivity through MFT courses and clinical training

T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** _ Demonstrates understanding of own reactivity in the moment (supervision or clinical sessions)
- ☐ ☐ **Below Expected** _ Demonstrates ability contain, self-regulate own reactivity so as to be able to manage flooding and/or shutting down in client / therapist / supervisor / group system
- ☐ ☐ **Unacceptable** _ Addresses own reactivity in supervision

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: **SLO 3a: Demonstrate competence in cross-cultural understanding in MFT courses and clinical training**
T S

- ☐ ☐ Above Expected
☐ ☐ Expected
☐ ☐ Below Expected
☐ ☐ Unacceptable

Items to consider can include but are not limited to:

- Student is continually aware of her/his own cultural heritage, values and biases and how they may intersect with and/or affect clients.
- Demonstrates ability to understand diverse world views and perspectives
- Student actively seeks diverse perspectives, seeks to include marginalized voices in therapy.
- Explores cultural & subcultural issues in therapy
- Understands helping in culturally relevant terms
- Consistently uses appropriate language to the clients' cultural / sub-cultural context.
- Begins to adapt interventions for cultural appropriateness
- Consistently recognizes circumstances that may dictate seeking more information regarding culture and diversity issues and actively engages in the learning process in order to offer a culturally appropriate response.

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: **SLO 3b: Demonstrate understanding of one's own privilege and vulnerability/oppression in a systemic/relational context through MFT courses and clinical training**
T S

- ☐ ☐ Above Expected
☐ ☐ Expected
☐ ☐ Below Expected
☐ ☐ Unacceptable

Items to consider can include but are not limited to:

- Shows ability to understand how power & privilege shape relationships and takes an anti-oppressive stance in practicum settings
- Shows awareness of discrimination and aggression in clinical relationships
- Observes isomorphic power relationships in student/student, student/client or supervisor/student relationships
- Attends to power issues in the therapeutic relationship with individual clients, including power imbalances caused by gender, race, ethnicity, sexual orientation/identity, age, disability and other minority related issues.

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: **SLO 3c: Show ability to work from a social justice framework**
T S

- ☐ ☐ Above Expected
☐ ☐ Expected
☐ ☐ Below Expected
☐ ☐ Unacceptable

Items to consider can include but are not limited to:

- Consistently conveys respect (understanding, acceptance, and warmth; affirms worth, uniqueness, strengths and potential; and belief in problem solving capacity) in culturally appropriate ways to clients, practicum, staff, admin, community
- Consistently demonstrates an empowerment perspective
- Enacts anti-oppressive and decolonizing practices in clinical relationships

- Discerns between empowerment and the need for advocacy vs. enabling
- Consistently understands systemic inequality and how it affects clients
- Asks about clients' experiences of discrimination & oppression
- Helps clients connect to resources that challenge oppression & discrimination in clients' lives

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Evaluation Summary**Student Name:****Prac#: 2**

A copy of this page and the following general comments page will be sent to the practicum site. Please transfer the scores from the preceding domains with a **Thpst** (Therapist self-evaluation) or **Supvr** (Supervisor evaluation) in the corresponding lines below:

SLO	Competency Level							
	Above Expected		Expected		Below Expected		Unacceptable	
	Thpst	Supvr	Thpst	Supvr	Thpst	Supvr	Thpst	Supvr
1a	☐	☐	☐	☐	☐	☐	☐	☐
1b	☐	☐	☐	☐	☐	☐	☐	☐
1c	☐	☐	☐	☐	☐	☐	☐	☐
1e	☐	☐	☐	☐	☐	☐	☐	☐
1f	☐	☐	☐	☐	☐	☐	☐	☐
2a	☐	☐	☐	☐	☐	☐	☐	☐
2b	☐	☐	☐	☐	☐	☐	☐	☐
3a	☐	☐	☐	☐	☐	☐	☐	☐
3b	☐	☐	☐	☐	☐	☐	☐	☐
3c	☐	☐	☐	☐	☐	☐	☐	☐

General Comments (Student):**General Comments (Supervisor):****Goals for Future Development:**

Student Signature: _____

Supervisor Signature: _____

* In addition to original items, this Practicum Evaluation Form uses evaluation items from the Practicum Competency Document by Cheryl L. Storm, Charles D. York, Robert Vincent, Teresa McDowell, & Ronald Lewis

The University of Winnipeg MMFT Program
3rd Practicum Evaluation Form

3

Student: [Click here to enter text.](#)

Midterm or Final Evaluation: [Click here to enter text.](#)

Supervisor: [Click here to enter text.](#)

Date of Evaluation: [Click here to enter text.](#)

This evaluation is designed to assess a student's performance in practicum across the identified Student Learning Outcomes for the MMFT Program. In grading each Student Learning Outcome, the grade is for the domain as a whole. Each domain includes a list of suggested items to consider. These are not exhaustive lists for each domain, and it is not the intention for each item to be graded and averaged to reach the grade for the domain as a whole. Each domain needs to be graded in context to the practicum level of the student, and if they are at the expected level of competence for that practicum level, based on the performance of other students at a similar practicum level across time. The final evaluation is for the entire practicum, and the final grade is not an averaging of the mid-term and final evaluations.

Students are expected to evaluate their performance on the identified Student Learning Outcomes by circling the **T** (Therapist) next to the appropriate rating for each SLO. Supervisors do the same, circling the **S** (Supervisor). Both parties are expected to write their comments in the areas below.

A rating of **Above Expected** indicates that a student is consistently performing at a level significantly above the standard for that practicum.

A rating of **Expected** indicates that a student is performing consistently at a level that is standard and acceptable of a student at that practicum level.

A rating of **Below Expected** indicates that a student is unable to consistently perform at a level that is standard and acceptable for a student at that practicum level, but is not at a level where their development is concerning enough to be unacceptable. This rating indicates that particular emphasis on this area needs to be made by the student and plans for this should be included at the end of this evaluation.

A rating of **Unacceptable** indicates that a student is performing sufficiently below expectations that they are inappropriate to continue in their current practicum.

Based on the student's performance on each SLO, please use the grading rubric on page 8 to calculate the final grade.

Please be aware that a copy of the evaluation summary page and the general comments page may be sent to and retained by the practicum site for their decision-making in continuing a student in practicum, and accepting a student for a future practicum.

Check one:

T S

- ☐ ☐ Above Expected
- ☐ ☐ Expected
- ☐ ☐ Below Expected
- ☐ ☐ Unacceptable

SLO 1a: Demonstrate understanding of Marriage & Family Therapy

Items to consider can include but are not limited to:

- Conceptualizes cases from a variety of systemic therapy models or theories – including both relational and individual cases
- Creates relational therapeutic goals consistent with a specific systemic therapy model or theory for relational (couple/family etc.) cases
- Shows evidence of systemic thinking
- Consistently conceptualizes system as unit of treatment even when only 1 individual is present
- Routinely includes other service providers' participation in systemic understanding of the case, and articulates the inter-relationships from the case model or theory perspective.

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one:

T S

- ☐ ☐ Above Expected
- ☐ ☐ Expected
- ☐ ☐ Below Expected
- ☐ ☐ Unacceptable

SLO 1b: Demonstrate proficiency in the practice of Marriage & Family Therapy in clinical settings

Items to consider can include but are not limited to:

- Managing the Therapeutic Relationship
 - Develops relational joining and intervention skills
 - Develops an ability to enact therapeutic repair with a relational client
 - Demonstrates comfort with several clients in the room simultaneously
- Case Management Skills & Intervention Skill
 - Enacts relational goal setting based on chosen theory/model of therapy
 - Consistently demonstrates ability to translate theory/model of therapy into practice with individual and relational clients
 - Consistently structures sessions appropriately and builds from one session to the next with individual and relational cases
 - Conducts therapy from a variety of models and theories and understands the systemic outcomes of doing so
 - Shows competence in providing individual and relational therapy
- Process skills
 - Observes and intervene on process level in the moment
 - Attends to multiple process dynamics in the therapy room
 - Holds multiple levels of content simultaneously – differentiating different parts of a client system
 - Demonstrates ability to use a rich understanding of family therapy theory models and translates them into accessible language

- Demonstrates ability to slow down process and help clients stay in emotional intensity without exiting prior to the client
 - Shows ability to work with more complex relational clients
 - Adapt interventions to the needs of the clients (individual and relational)
- Supervision & Self-of-the-Therapist Skills
 - Shows ability to appropriately self-supervise, and seeks help appropriately
 - Demonstrates emerging professional identity
 - Demonstrates ability to acknowledge own isomorphic issues and differentiates self from client processes
 - Consistently demonstrates vulnerability in supervision process
 - Demonstrates ability to titrate challenge and compassion with earlier practicum peers

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 1c: Demonstrate ability to utilize relevant MFT research and practices

T S

- | | |
|--|--|
| ☐ ☐ Above Expected | Items to consider can include but are not limited to: |
| ☐ ☐ Expected | — Integrates best practice research into case planning and intervention |
| ☐ ☐ Below Expected | — Integrates multiple research viewpoints in clinical work |
| ☐ ☐ Unacceptable | — Shares research findings with peers, uses research in reviewing peer's clinical work |

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 1e: Demonstrate knowledge of and adherence to the current CACFT Code of Ethics

T S

- | | |
|--|---|
| ☐ ☐ Above Expected | |
| ☐ ☐ Expected | Items to consider can include but are not limited to: |
| ☐ ☐ Below Expected | — Contributes to exploration and resolution of ethical dilemmas raised by peers |
| ☐ ☐ Unacceptable | — Demonstrates familiarity with all elements of CACFT Code of Ethics |

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 1f: Demonstrate MFT professional identity

T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** — Demonstrates clinical confidence with individual and relational clients
- ☐ ☐ **Below Expected** — Articulates difference between MFT and other professions in approach with relational clients
- ☐ ☐ **Unacceptable** — Consistently completes all administrative responsibilities accurately and professionally and timely

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 2a: Demonstrate an integration of self-awareness and an ability to use their understanding of the self-of-the-therapist through MFT courses and clinical training

T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** — Consistently uses self to deepen and repair the therapeutic relationship
- ☐ ☐ **Below Expected** — Demonstrates ability to acknowledge own isomorphic issues and differentiates self from client processes
- ☐ ☐ **Unacceptable** — Demonstrates ability to use appropriate therapeutic transparency to enhance therapeutic relationship

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 2b: Demonstrate ability to regulate, understand and work with own issues of reactivity through MFT courses and clinical training

T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** — Consistently demonstrates understanding of and ability to contain, self-regulate own reactivity in client / therapist / supervisor / group system
- ☐ ☐ **Below Expected** — Demonstrates curiosity about their own internal process
- ☐ ☐ **Unacceptable**

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: **SLO 3a: Demonstrate competence in cross-cultural understanding in MFT courses and clinical training**

T S

☐ ☐ Above Expected

☐ ☐ Expected

☐ ☐ Below Expected

☐ ☐ Unacceptable

Items to consider can include but are not limited to:

- Adapts relational style to accommodate cultural differences
- Student consistently seeks to include diverse perspectives and marginalized voices in therapy and supervision
- Uses culturally and sub-culturally appropriate interventions
- Consistently recognizes circumstances that may dictate seeking more information regarding culture and diversity issues and actively engages in the learning process in order to offer a culturally appropriate response.

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: **SLO 3b: Demonstrate understanding of one's own privilege and vulnerability/oppression in a systemic/relational context through MFT courses and clinical training**

T S

☐ ☐ Above Expected

☐ ☐ Expected

☐ ☐ Below Expected

☐ ☐ Unacceptable

Items to consider can include but are not limited to:

- Consistently demonstrates ability to understand how power & privilege shape relationships and takes an anti-oppressive stance in practicum settings
- Attends to power issues in the therapeutic relationship with individual and relational clients, including power imbalances caused by gender, race, ethnicity, sexual orientation/identity, age, disability and other minority related issues.
- Shows awareness of covert and overt discrimination and aggression in clinical relationships
- Observes and addresses isomorphic power relationships in all parts of supervisory/student/client systems

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 3c: Show ability to work from a social justice framework

T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** — Consistently conveys respect (understanding, acceptance, and warmth; affirms
- ☐ ☐ **Below Expected** worth, uniqueness, strengths and potential; and belief in problem solving
- ☐ ☐ **Unacceptable** capacity) to clients.
- Enacts therapist-as-advocate from a differentiated position
- Consistently enacts anti-oppressive and decolonizing practices in clinical relationships
- Consistently helps clients connect to resources that challenge oppression & discrimination in clients' lives

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Evaluation Summary**Student Name:****Prac#: 3**

A copy of this page and the following general comments page will be sent to the practicum site. Please transfer the scores from the preceding domains with a **Thpst** (Therapist self-evaluation) or **Supvr** (Supervisor evaluation) in the corresponding lines below:

SLO	Competency Level							
	Above Expected		Expected		Below Expected		Unacceptable	
	Thpst	Supvr	Thpst	Supvr	Thpst	Supvr	Thpst	Supvr
1a	☐	☐	☐	☐	☐	☐	☐	☐
1b	☐	☐	☐	☐	☐	☐	☐	☐
1c	☐	☐	☐	☐	☐	☐	☐	☐
1e	☐	☐	☐	☐	☐	☐	☐	☐
1f	☐	☐	☐	☐	☐	☐	☐	☐
2a	☐	☐	☐	☐	☐	☐	☐	☐
2b	☐	☐	☐	☐	☐	☐	☐	☐
3a	☐	☐	☐	☐	☐	☐	☐	☐
3b	☐	☐	☐	☐	☐	☐	☐	☐
3c	☐	☐	☐	☐	☐	☐	☐	☐

General Comments (Student):**General Comments (Supervisor):****Goals for Future Development:**

Student Signature: _____

Supervisor Signature: _____

* In addition to original items, this Practicum Evaluation Form uses evaluation items from the Practicum Competency Document by Cheryl L. Storm, Charles D. York, Robert Vincent, Teresa McDowell, & Ronald Lewis

The University of Winnipeg MMFT Program
4th Practicum Evaluation Form

4

Student: [Click here to enter text.](#)

Midterm or Final Evaluation: [Click here to enter text.](#)

Supervisor: [Click here to enter text.](#)

Date of Evaluation: [Click here to enter text.](#)

This evaluation is designed to assess a student's performance in practicum across the identified Student Learning Outcomes for the MMFT Program. In grading each Student Learning Outcome, the grade is for the domain as a whole. Each domain includes a list of suggested items to consider. These are not exhaustive lists for each domain, and it is not the intention for each item to be graded and averaged to reach the grade for the domain as a whole. Each domain needs to be graded in context to the practicum level of the student, and if they are at the expected level of competence for that practicum level, based on the performance of other students at a similar practicum level across time. The final evaluation is for the entire practicum, and the final grade is not an averaging of the mid-term and final evaluations.

Students are expected to evaluate their performance on the identified Student Learning Outcomes by circling the **T** (Therapist) next to the appropriate rating for each SLO. Supervisors do the same, circling the **S** (Supervisor). Both parties are expected to write their comments in the areas below.

A rating of **Above Expected** indicates that a student is consistently performing at a level significantly above the standard for that practicum.

A rating of **Expected** indicates that a student is performing consistently at a level that is standard and acceptable of a student at that practicum level.

A rating of **Below Expected** indicates that a student is unable to consistently perform at a level that is standard and acceptable for a student at that practicum level, but is not at a level where their development is concerning enough to be unacceptable. This rating indicates that particular emphasis on this area needs to be made by the student and plans for this should be included at the end of this evaluation.

A rating of **Unacceptable** indicates that a student is performing sufficiently below expectations that they are inappropriate to continue in their current practicum.

Based on the student's performance on each SLO, please use the grading rubric on page 8 to calculate the final grade.

Please be aware that a copy of the evaluation summary page and the general comments page may be sent to and retained by the practicum site for their decision-making in continuing a student in practicum, and accepting a student for a future practicums.

Check one: SLO 1a: Demonstrate understanding of Marriage & Family Therapy

T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** - Routinely demonstrates evidence of systemic thinking in all aspects of case conceptualization
- ☐ ☐ **Below Expected** - Routinely researches best practices and accesses current interventions
- ☐ ☐ **Unacceptable** - Articulates own integrated systemic theory of therapy
- Routinely conceptualizes cases from a variety of systemic therapy theories and models and adapts perspective to the needs of the clients

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 1b: Demonstrate proficiency in the practice of Marriage & Family Therapy in clinical settings

T S

- ☐ ☐ **Above Expected** Items to consider can include but are not limited to:
- ☐ ☐ **Expected** - Managing the Therapeutic Relationship
- ☐ ☐ **Below Expected** - Demonstrates capacity to engage and maintain with diverse array of clients
- ☐ ☐ **Unacceptable** - Demonstrates ability to engage multiple clients simultaneously from a differentiated position
- Consistently is able to engage complex relational cases
- Case Management Skills & Intervention Skills
- Consistently enacts therapeutic goal setting based on appropriate theory with all clients
- Competently enacts own integrated systemic theory of therapy
- Consistently structures the entire course of therapy competently
- Consistently and competently conducts therapy from a variety of models and theories and understands the systemic outcomes of doing so
- Process skills
- Demonstrates ability to intervene on a process level that considers the larger context of the process as it is unfolding
- Demonstrates competence in ability to slow down relational dynamics and attends to the client/therapist processes in the moment and adjust interventions accordingly
- Uses therapists own isomorphic triggers to deepen awareness of clients' possible reactions in the moment
- Consistently demonstrates ability to manage therapist's own reactivity in the client session.
- Consistently demonstrates ability to move from content to process with individual and relational clients

- Consistently holds multiple levels of content simultaneously – differentiating different parts of a client system
- Consistently demonstrates ability to use a rich understanding of systemic therapy models and translates them into accessible language
- Consistently and competently works with complex cases
- Consistently, competently and creatively adapts interventions to the needs of the clients (individual and relational)
- Supervision & Self-of-the-Therapist Skills
 - Shows ability to appropriately self-supervise, and seeks help appropriately
 - Shows ability to mentor peers in earlier practicum levels
 - Consistently shows ability to titrate challenge and compassion with earlier practicum peers
 - Demonstrates consolidation of MFT professional identity
 - Consistently demonstrates ability to acknowledge own isomorphic issues and differentiates self from client processes
 - Consistently demonstrates vulnerability in supervision process
 - Demonstrates awareness of and planning for personal professional development needs beyond practicum

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: SLO 1c: Demonstrate ability to utilize relevant MFT research and practices

T S

- | | |
|---|---|
| ☐ ☐ Above Expected | Items to consider can include but are not limited to: |
| ☐ ☐ Expected | – Routinely Integrates best practice research into case planning and intervention |
| ☐ ☐ Below Expected | – Consistently reviewing and applying current MFT research to clinical cases |
| ☐ ☐ Unacceptable | – Demonstrates confidence in being able to explore own clinical questions and collect data to contribute to better practice |

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: **SLO 1e: Demonstrate knowledge of and adherence to the current CACFT Code of Ethics**
T S

☐ ☐ Above Expected

☐ ☐ Expected

☐ ☐ Below Expected

☐ ☐ Unacceptable

Items to consider can include but are not limited to:

- Self-supervises on ethical issues, as well as seeks supervision appropriately around ethical issues
- Routinely recognizes ethical issues arising in supervision with all clients discussed in supervision group
- Routinely contributes to exploration and resolution of ethical dilemmas raised in supervision
- Demonstrates knowledge of whole code of ethics, assists earlier practicum peers in developing understanding of code of ethics

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: **SLO 1f: Demonstrate MFT professional identity**
T S

☐ ☐ Above Expected

☐ ☐ Expected

☐ ☐ Below Expected

☐ ☐ Unacceptable

Items to consider can include but are not limited to:

- Articulates identity of self as an emerging MFT
- Demonstrates confidence in own skills with wide range of relational clients
- Displays comfort presenting as an MFT with diverse relational and individual clients
- Participates in local professional community as an emerging MFT
- Consistently completes all administrative responsibilities accurately and professionally and timely

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: **SLO 2a: Demonstrate an integration of self-awareness and an ability to use their understanding of the self-of-the-therapist through MFT courses and clinical training**
T S

☐ ☐ Above Expected

☐ ☐ Expected

☐ ☐ Below Expected

☐ ☐ Unacceptable

Items to consider can include but are not limited to:

- Consistently demonstrates ability to acknowledge own isomorphic issues and differentiates self from client processes
- Consistently demonstrates ability to use appropriate therapeutic transparency to enhance therapeutic relationship
- Demonstrates integration of self in the therapeutic relationship and ability to be human with clients

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: **SLO 2b: Demonstrate ability to regulate, understand and work with own issues of reactivity through MFT courses and clinical training**
T S

☐ ☐ **Above Expected**

☐ ☐ **Expected**

☐ ☐ **Below Expected**

☐ ☐ **Unacceptable**

Items to consider can include but are not limited to:

— Regularly explores own isomorphic process and manages own reactivity

— Consistently demonstrates curiosity about their own internal process

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: **SLO 3a: Demonstrate competence in cross-cultural understanding in MFT courses and clinical training**
T S

☐ ☐ **Above Expected**

☐ ☐ **Expected**

☐ ☐ **Below Expected**

☐ ☐ **Unacceptable**

Items to consider can include but are not limited to:

— Consistently adapts relational style to accommodate cultural differences

— Consistently uses culturally and sub-culturally appropriate interventions

— Consistently actively seeks to include diverse perspectives in all aspects of clinical practice

— Continually recognizes role of culture and community in client's perspectives and in the therapeutic relationship

— Consistently recognizes circumstances that may dictate seeking more information regarding culture and diversity issues and actively engages in the learning process in order to offer a culturally appropriate response.

Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: T S ☐ ☐ Above Expected ☐ ☐ Expected ☐ ☐ Below Expected ☐ ☐ Unacceptable	SLO 3b: Demonstrate understanding of one's own privilege and vulnerability/oppression in a systemic/relational context through MFT courses and clinical training Items to consider can include but are not limited to: — Acknowledges the power they have as a therapist and uses it when clinically necessary and appropriately within the model of therapy. — Consistently demonstrates ability to understand how power & privilege shape relationships and takes an anti-oppressive stance in practicum settings — Consistently shows awareness of covert and overt discrimination and aggression in clinical relationships — Consistently attends to power issues in the therapeutic relationship with individual and relational clients, including power imbalances caused by gender, race, ethnicity, sexual orientation/identity, age, disability and other minority related issues. — Consistently attends to the impact of multiple intersections of oppression and privilege and intervenes accordingly with individual and relational clients, and in the supervisory system
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Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Check one: T S ☐ ☐ Above Expected ☐ ☐ Expected ☐ ☐ Below Expected ☐ ☐ Unacceptable	SLO 3c: Show ability to work from a social justice framework Items to consider can include but are not limited to: — Consistently integrates social justice perspective into client work — Effectively uses therapeutic relationship to address systemic inequalities — Stays informed of social justice issues in the larger community — Conceptualizes community level interventions as well as client specific ones — Consistently enacts therapist-as-advocate from a differentiated position — Consistently enacts anti-oppressive and decolonizing practices in clinical relationships
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Comments (additions to the domain, strengths/weaknesses, particular items to highlight, etc.):

Evaluation Summary**Student Name:****Prac#: 4**

A copy of this page and the following general comments page will be sent to the practicum site. Please transfer the scores from the preceding domains with a **Thpst** (Therapist self-evaluation) or **Supvr** (Supervisor evaluation) in the corresponding lines below:

SLO	Competency Level							
	Above Expected		Expected		Below Expected		Unacceptable	
	Thpst	Supvr	Thpst	Supvr	Thpst	Supvr	Thpst	Supvr
1a	☐	☐	☐	☐	☐	☐	☐	☐
1b	☐	☐	☐	☐	☐	☐	☐	☐
1c	☐	☐	☐	☐	☐	☐	☐	☐
1e	☐	☐	☐	☐	☐	☐	☐	☐
1f	☐	☐	☐	☐	☐	☐	☐	☐
2a	☐	☐	☐	☐	☐	☐	☐	☐
2b	☐	☐	☐	☐	☐	☐	☐	☐
3a	☐	☐	☐	☐	☐	☐	☐	☐
3b	☐	☐	☐	☐	☐	☐	☐	☐
3c	☐	☐	☐	☐	☐	☐	☐	☐

General Comments (Student):**General Comments (Supervisor):****Goals for Future Development:**

Student Signature: _____

Supervisor Signature: _____

* In addition to original items, this Practicum Evaluation Form uses evaluation items from the Practicum Competency Document by Cheryl L. Storm, Charles D. York, Robert Vincent, Teresa McDowell, & Ronald Lewis

3. APPROVAL FOR GROUP AS DIRECT CONTACT HOURS FORM

Prior to participating in a group, please fill out this form and have it signed by the Practicum Coordinator and your Supervisor to have this group count for individual or relational direct contact hours, or SCCE hours.

Therapist Name:

Date of Application:

Name of Group:

When/where is the group running:

Theme of the group:

Applying for: ☐ Direct Contact – Individual Hours
 ☐ Direct Contact – Relational Hours
 ☐ SCCE Hours

Other facilitators present:

Summary of group justifying the type of hours:

_____ Therapist	_____ Printed Name	_____ Date
_____ Supervisor	_____ Printed Name	_____ Date
_____ Practicum Coordinator	_____ Printed Name	_____ Date

MMFT Program Office Use Only

Decision: ☐ SCCE Hours ☐ Individual Hours ☐ Relational Hours

Approved by: _____