

## Appendix E: Portfolio Capstone Project

The Portfolio Capstone Project is an opportunity for you to present for evaluation your clinical success as a therapist. Each semester, you will receive feedback enabling you to continue your growth and augment your success trajectory with clients. Your therapy model should be theory-driven and allow you to demonstrate your abilities in developing a therapeutic relationship while helping individuals, couples, and families improve while receiving services. This project allows you to sharpen your awareness of how to implement clinical change throughout therapy, improve relationship dynamics, address downturns in mental illness, and take cultural competence and ethical decision-making into consideration. The project will culminate in a final semester Clinical Efficacy Report that could be used when speaking with potential employers.

Below are the required sections with descriptions of each:

### 1. INTRODUCTORY STATEMENT (~1/2 page)

- a. **Title Page**
- b. **Table of Contents**
- c. **Introductory Statement:** Introduce the reader to the semester experience along with information about growth, development, and areas of success. Also, pointing out struggles and challenges would be helpful. This is a reflection on the semester and the experience throughout the semester.

### 2. INCOME (~1 page)

- a. **Summary Log of Charges:** Client number, therapy fee, dates of service, # of semester sessions, total # of sessions, amount paid this semester.

Example

Client Number	Therapy Fee	Dates of Service	# of Sessions This Semester	Total # of Sessions	Amount Paid This Semester	Total Amount Paid by Client
202210234	\$5	8/21, 8/26, 9/2, 9/9, 9/16, 9/23, 9/30, 10/7, 10/14, 10/26, 11/4, 11/11, 11/18, 12/1, 12/8	15	41	\$75	\$125
202204073	\$20	8/19, 8/25, 9/1, 9/9, 9/16, 9/30, 10/7, 10/14, 10/21, 10/28, 11/4, 11/18, 11/30, 12/7	14	26	\$280	\$410
<b>Others cases listed in this example</b>						
<b>TOTALS</b>			<b>111</b>	<b>169</b>	<b>\$3,170</b>	<b>\$3,685</b>

- b. Average Number of sessions per fee bracket/total paid by each fee bracket

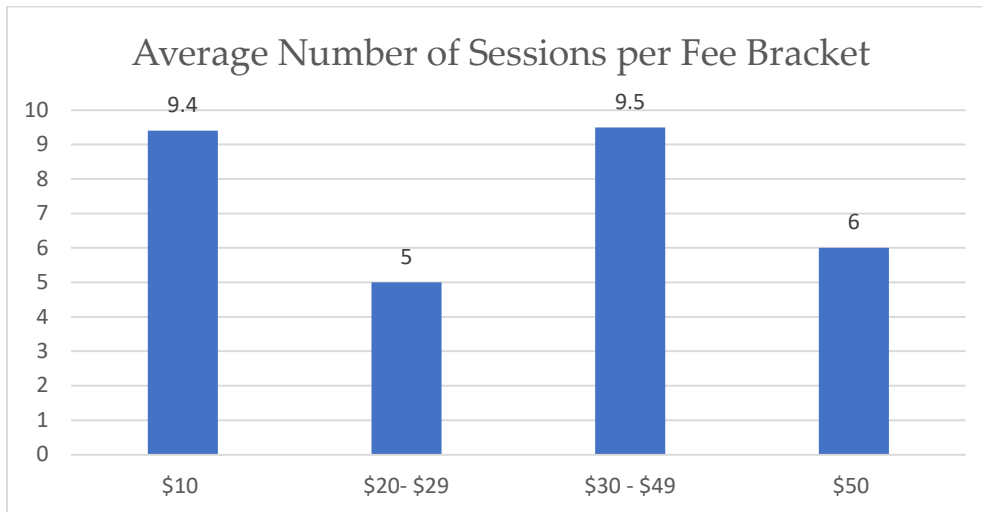


Figure 1. This figure describes the mean number of sessions per fee bracket. The figure includes clients with open and closed cases.

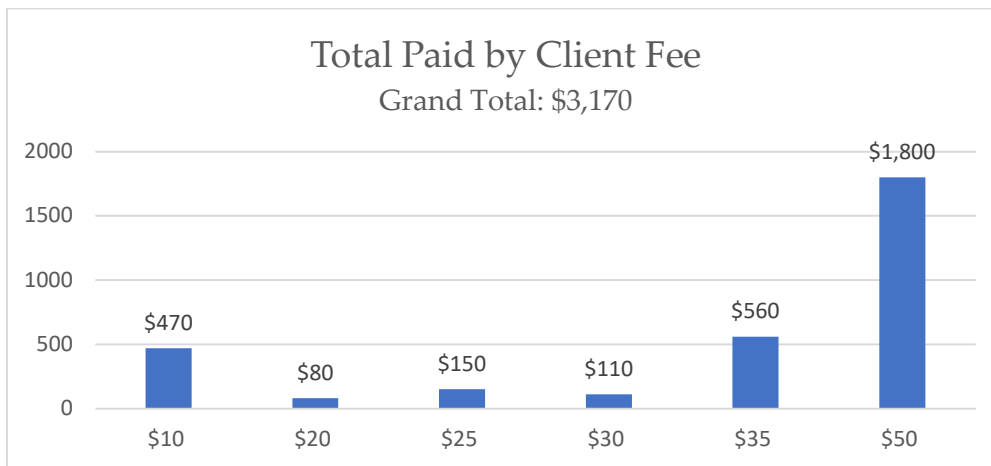


Figure 1. This figure describes the number of clients paying fees in these brackets. The figure includes clients with open and closed cases.

### 3. SERVING DIVERSITY (~1-2 pages):

- a. You will summarize and outline the diverse clients served across the semester. You can share the successes or challenges faced. From these statements, you will lead into the next section of how you empowered the clients.

#### Example Statement:

This semester, I worked with more racially and ethnically diverse clients than in the past. I held 11 cases with 18 clients. Of these 18 clients, nine identified as White, seven as Black or African American, and two as Bi-Racial.

Regarding SES, my clients range from an annual gross income of under \$5,500 to over \$100,000. As shown in the breakdown of client fees above, I have clients who pay \$60, clients who are receiving disability and pay \$10, and pretty much everything in between.

This spring, I was excited to gain more experience working with age groups I had never worked with previously. I began working with a client over 65 for the first time. Also, despite working with children as young as four in my internship, this semester was the first time I worked with children younger than 13 at the MFT Center. My youngest client this semester was seven, and my oldest was 66. I was excited to use the knowledge I gained in the play therapy section of the summer class when therapeutically working in an age-appropriate manner with young children.

I have seen primarily heterosexual couples, and I had a 50/50 split between men and women over the semester (nine men and nine women). This was the first semester I worked with a couple who identified as LGBTQIA+.

As you review my caseload, you will see 2021110230 and 202208170 as two cases that demonstrate significant success. The first case is family therapy for grief work. The depression scores have decreased from moderately high to lower. The ORS had a clinically significant increase and the perceived stress scale dropped more than 12 points. Likewise, with the couple scale you will see that both partners crossed the cut-off from distraught relationship satisfaction to the normal range. The male partner demonstrated a 13-point improvement, and the female partner had a 17-point positive change. Likewise, there were positive increases in sexual satisfaction and decreases in sexual problems. Last, I want to share my individual work with an African American Christian whose beliefs are unfamiliar. It was the highlight of the last two semesters. I learned a great deal about her faith during this therapeutic journey. I was amazed that she was a Black woman attending a predominantly white church. I put forth effort to learn about her beliefs, which aided me as I worked with her faith crises and healing. As she approached 20 sessions, we made amazing progress with her following the homework and me learning a great deal about resilience from her. While I just started meeting with my gay couple (session 2), I am excited to make progress and receive supervision. I already re-read the articles in the couples class on LGBTQ+ relationships. Overall, I feel better about my successes with diverse clients this semester. I like the fact that the work with Dr. Ruhlmann builds on my efforts with Dr. Ketrung.

### **Example Outline:**

202110230 – African American family that is going through a readjustment after the mother's death and oldest son's divorce. I am working with them to grieve, readjust family structure and behaviors, and navigate the new family turmoil. I also work with the father individually to prepare for single parenting.

202210216—This is a family from Chile. The parents recently divorced (44 and 41), and I am working with the adolescent son (15) to cope while adjusting to U.S. cultural differences. He demonstrated uncharacteristic acting-out behaviors. While this appears to be developmentally appropriate for his age and life circumstances, his parents report that this is unusual for their culture.

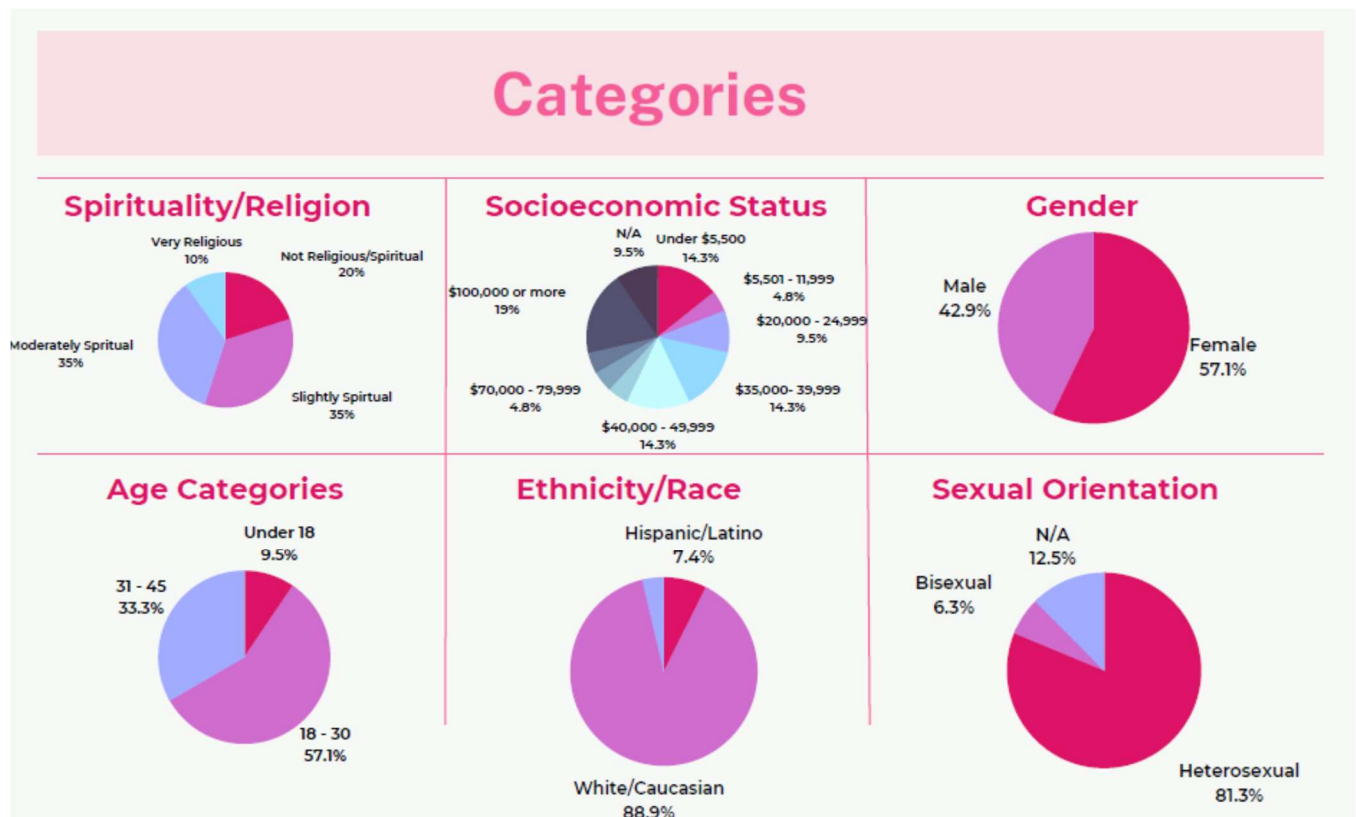
202208162—Thai adult woman (47) in a cross-cultural marriage. The husband planned on participating via Zoom. The couple came looking for help communicating better and navigating a relationship that requires his constant travels and her living alone in a new country.

202208170 – Aging (78) African American woman and practicing member of a Christian faith. She has a low SES background. She came seeking treatment for anger management, childhood

trauma, and solidifying her spirituality. Her grandson was recently killed, and she has lost her spiritual grounding.

202211224—A recent immigrating Mexican couple (34 and 38). She received appropriate paperwork to enter and work in the United States, and he came undocumented. Both have been here for over ten years. They came seeking therapy for help because he is potentially being deported. The wife is working to help him gain citizenship.

**One Student Created Categories and a narrative to highlight the diversity of clients**



**4. SOCIOCULTURAL ATTUNED THERAPY NARRATIVE (~1 page)**

**Example Statement from Spring 2023 Student:**

I have worked with a multitude of clients from backgrounds that were very diverse from my own. One example of this is my work with sexual minorities—specifically a transgender couple and a client experiencing paraphilia. Working with such groups has not only opened my eyes to problems that might be unique to them (such as issues of not finding stores to buy clothes that fit) but also showed that this might be a niche of interest later in my career in private practice. Overall, I built a great rapport with the clients, having a therapeutic alliance quantified at 40 by the end of our last session. One specific turning point for me was identifying my pronouns at the beginning of the session, thus providing clients with the space to tell me their pronouns if they wish to do so. Other challenges included managing large families, managing conflict, establishing boundaries with clients that made me uncomfortable, and working with Spanish-speaking and bilingual families. Throughout this program, I also worked with clients from diverse religious, racial, ethnic, SES, sexual orientation, and sexual expression backgrounds—one example being my black couple who has a total of twenty sessions (only two cancelations) and who I have been very proud of for the progress they have made. I am incredibly grateful for the opportunity to serve marginalized populations and learn

tremendously from them. I will continue to grow in respect and awareness of diversity-related aspects on my journey to a more equitable and sociocultural-attuned practice. Lastly, I utilized my language skills by working with three Spanish-speaking clients (two families and one couple). It feels gratifying to help members of the local Latin population who need accessible therapy, and it also gives me a sense of feeling closer to home. I have decided to begin reading more about Mexican history and culture. One of my clients told me about a book highlighting the complete relationship between the U.S. and Mexico. I plan on educating myself more over the break. Likewise, I have continued with my Duo Lingo Spanish training and appreciate how it helps me with my language abilities within the session. I appreciate that Josh and Scott can both supervise my Spanish-speaking clients and offer ideas for integrating culture into the therapy process.

### **5. PROFILE ANALYSIS (~20-30 pages – Bulk of the Pages)**

This section cannot be completed overnight or even in a short period. You will update and fix this section throughout the semester. The Profile Analysis section begins with an overview of the patients seen during the semester. Each case should contain a case number, the current file status, a brief case synopsis, history, developmental aspects related to therapy, and treatment techniques related to the theoretical assumptions clearly outlined, demonstrating a cohesive treatment plan for clients. The client goals, client homework, date goals are to be completed, and the percentage of homework completed, along with relevant figures depicting therapeutic progress, is needed for each case. Any information, including asterisks\*, contains redacted data to maintain client confidentiality.

The Profile Analysis would provide the types of cases seen, with bolded case numbers referring to clients who are diverse, underrepresented, or face discrimination.

## Example

The analysis will be organized as follows:

<b>Individual</b>	<b>Couple</b>	<b>Family</b>
201906110	201907135	201909191
201908151	201908142	201909192
201908157	201909180	
201909193	201909182	
201909199	201910223	
201906110	210910235	

An alumnus of the AU MFT program developed an Excel spreadsheet to help students easily track their clients' progress throughout treatment and to help students stay on track to complete this portfolio section. This spreadsheet can be found [in the z-drive?], and students are encouraged to download and familiarize themselves with the different information (i.e., assessments) collected for individual, couple, and family clients. Students will record their clients' responses on their paperwork packets completed before and after sessions, and using the recommended spreadsheet makes this process easy for students to enter responses and see the data reflected on an accompanying graph for the client (see examples below for how final graphs and write up should be presented in the portfolio). Students should refer to Appendix N for an in-depth explanation of 1) how to use this spreadsheet to track their clients' information and 2) how to ensure their graphs are in the correct format for the portfolio.

As a part of the Profile Analysis, you will demonstrate "Clinical Efficacy with Individual" client outcomes in a one or 2-page face sheet. You will also include a one or two-page "Clinical Efficacy Report" of your client's change the final semester. The therapist can use data from clinic auditing to demonstrate ethical and professional practice strategies. [Face Sheet Example 2023 – US Letter \(canva.com\)](#)

## Additional Example

### Individual Summary

# Clinical Efficacy Individual

## Auburn University MFT Center

**38.32**  
Average SRS

\*36-38 = Great alliance  
\*38-40 = Excellent alliance

### Average Increase in ORS

0 → +5.6  
Session 1 Session 4

Overall well-being is measured using the 40-point ORS scale. Scores were standardized, meaning an average client presenting with a score of 20/40 would increase 5.6 points to 25.6/40 after 4 sessions. A 5-point score is considered a clinically significant change.

### Average Decrease in Anxiety

0 → -4  
Session 1 Session 8

Anxiety was measured using the GAD-7 21-point scale. Scores were standardized, meaning an average client presenting with a score of 10/21 (moderate) would decrease 4 points to 6/21 (mild) after 8 sessions.

### Average Decrease in Depression

0 → -5  
Session 1 Session 8

Depression was measured using the PHQ-9 27-point scale. Scores were standardized, meaning an average client presenting with a score of 10/27 (moderate) would decrease 5 points to 5/27 (mild) after 8 sessions.

Average Clinical Skill  
Rating (Measured by  
TGCSQ)

3.0

Poor: 1 Fair: 2  
Good: 3 Excellent: 4

**1**  
Adolescent

**5**  
Adults

\*Data collected from 5 individuals throughout the semester. One client has not completed a follow-up packet at the time this data was recorded.

## Couple Example

### Case Number: 202007128 – Couple

Current File Status: Closed (Completed sessions 2-15 this semester)

**SYNOPSIS AND HISTORY:** S (male -41) and A (female - 36) are a mixed-race couple married for 12 years and have a 7-year-old son. S and A presented to therapy because of an emotional and physical affair that A was having. A had an affair five years prior, but the couple had “swept it under the rug.” A is also pregnant, and there is concern the baby is not S’s. At the start of therapy, S heavily internalized A’s infidelity and believes his work focus contributed to A’s affair. The couple is developmentally in the stage of parenting young children, and both are in middle adulthood (generativity vs. stagnation). The couple voices that an over-focus on parenting and family has detracted from the marriage. Both partners independently agreed that they wanted to work on the relationship. Thx and the clients agreed to discuss the impact of A’s affair actions. Later, the therapy would focus on strengthening the relationship and addressing the couple's sexuality and intimacy. Thx has been working with S and A to build trust in their relationship. S has difficulty disclosing his emotions, so thx has been working with the couple to increase emotional intimacy. In their last session before the winter break, S and K met with Thx the day before the baby was due. Thx spent the session discussing the family's hopes and dreams, particularly related to S’s increase in presence with his family over the past couple of months and how that has improved his relationship with A and their child. (see figures below). I used reframing techniques, point processing, and sequencing throughout therapy to bring the couple to a collaborative stance within the relationship. The couple became more balanced in their marital and family perspective and followed the metaphor of the teeter-totter. Being overly focused on the child was to the detriment of the intimate and sexual relationship.

<p><b>Goal 1:</b> Increase trust in the relationship to balance the hierarchy by addressing the affair/infidelity</p>	<p><b>Good progress:</b> A was able to disclose the chronology of the affair, outlining the affair's depth and sexual/intimacy parameters. S was able to ask questions related to sexuality, divulging confidences, and the lies created to maintain the relationship. S and A met weekly on Fridays for one hour to discuss the affair. As stated below, S and A have demonstrated a balance in the hierarchy by reporting higher satisfaction scores in how they feel their partner listens or responds to their concerns. A has demonstrated trust by leaving her phone out on the counter, and S has demonstrated trust by coming to A when he has concerns, highlighting</p>	<p><b>Homework:</b></p> <ul style="list-style-type: none"> <li>- A was assigned to write out an outline of the affair before coming to the session. She was to highlight lies, relationship dynamics, and sexual components of the affair.</li> <li>- S was to listen to the story and return the next session with questions. The couple was not supposed to discuss the affair that week</li> <li>- Later the couple decided to meet every Friday for three weeks to discuss the affair (30 min Fridays)</li> <li>- The couple were to have a “friendship date.”</li> <li>- S and A would set aside 30 minutes to discuss what actions would denote trust within their</li> </ul>	<p><b>Date:</b> 10/4/19</p> <p><b>Clients completed 80% of goals by 10/4/19</b></p>
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	his desire to communicate more, a goal for A.	relationship. If they could not agree, they would bring the content to therapy. <b>Tasks Fully Completed</b>	
<b>Goal 2:</b> Increase positive passion between A and S	<b>Good progress:</b> S and A focused on improving marriage and balancing marital time and family time. The couple increases the time spent together without their child, picking two nights and a morning during the week to have time together. The goal was to improve their friendship, which was a feature of their marriage, and secondarily to improve sexual intimacy, which had deteriorated with the child. The couple reported more adult conversations.	<b>Homework:</b> - The couple was assigned to split the week and surprise the other with a date or action of kindness - A ran a bath for the couple, and they enjoyed some alone time together. S surprised A with a concert she wanted to attend in Atlanta. He set up babysitting with a family member. - S and A completed the 7-day 72-hour exercise with Gears 1-4. - The couple was assigned gear five to each complete once during the week	<b>Date:</b> 11/17/19  <b>All homework other than the final assignment were completed on time.</b>
<b>Goal 3:</b> Increase A's emotional vulnerability towards S	<b>Good progress:</b> Between the first session and last, S has demonstrated an increased ability to communicate his emotions to A. By engaging in Enactments during therapy, S no longer speaks to Thx directly, instead of A. S needs less prompting from the therapist to go deeper, and he confidently acknowledges the discomfort he feels and continues to try. The couple reported completing their weekly date night. They also completed the 48-hour - touch game and mindful memory exercise to connect with their partner. S and A went hiking at FDR and decided to do more outdoor activities.	<b>Homework:</b> - Hold hands each morning and share one compliment and one emotion. Alternate and share a compliment and emotion from the past. - Create a list of prior friendship activities that were enjoyable and then choose to do one. They chose to hike together. - Do the 48 hour touch activity for seven days. Share with the partner what it was like to be the recipient. Come to therapy and share what it was like to be the giver. - Create a "family date" that enhances bonding. They chose hiking and going to the beach.	<b>Date:</b> 12/19/19  <b>The couple completed all of the homework.</b>

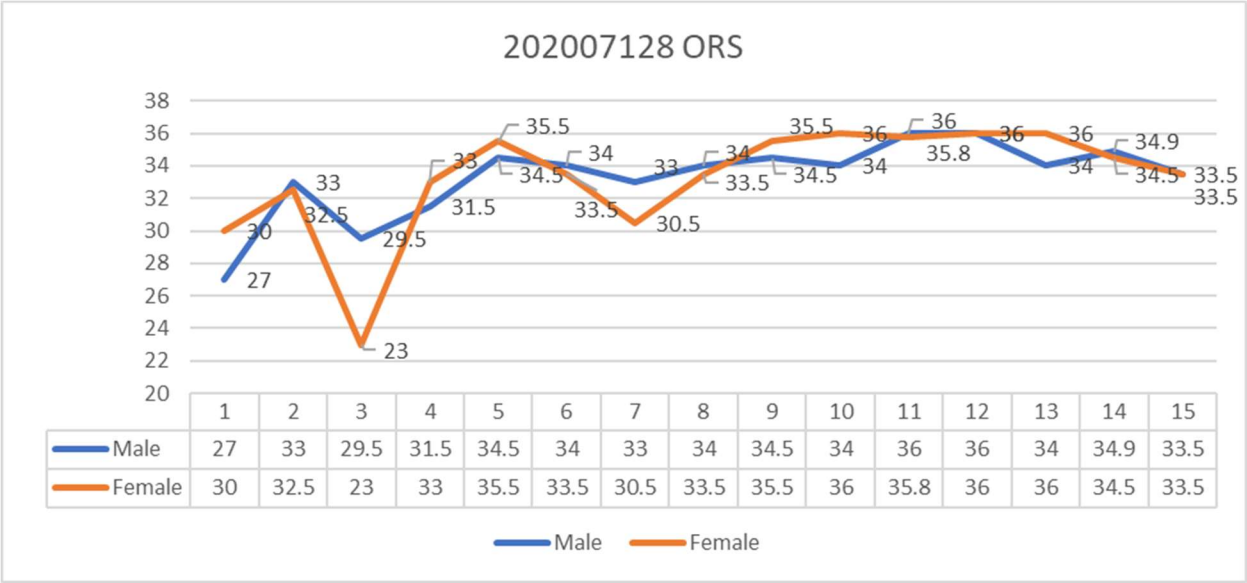


Figure 1. Overall, scores have shown good progress. As to be expected, scores dropped as the details of the affair became discussed more in the third session, and the couple began to practice communicating more outside the therapy room. The husband made **significant clinical changes**, with an increase of six points (five is clinically significant). Their scores reflect those similar to a community sample. The wife made less change, but reported that her initial score of 30 was elevated higher than it should have been in the first session.

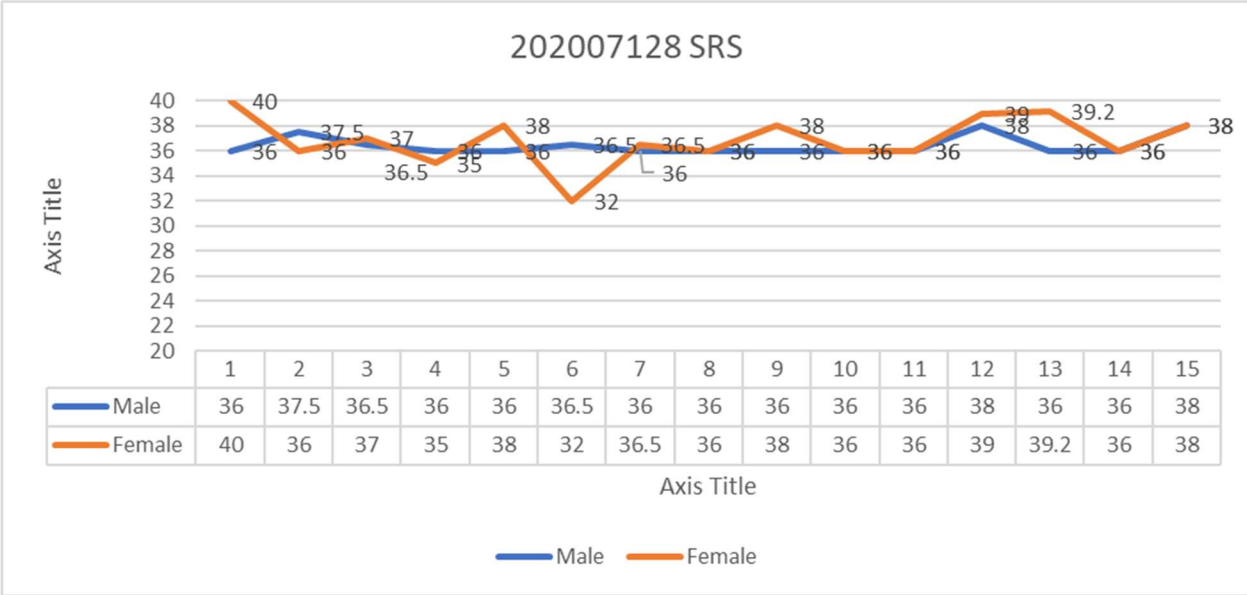


Figure 1. Overall, scores have shown good progress. As to be expected, scores dropped as the details of the affair became discussed more in session, and the couple began to practice communicating more outside the therapy room. Scores dropped at the sixth session because she was concerned that S would never trust her again. She became angry with the thx. Most alliance scores were between 36 (Good) and 40 (Excellent) throughout therapy. Both partners rated the final therapy session at 38, which is very good. They reported reinvigorated marriage.

## Case Summary

The couple has made substantial progress in balancing their attention and focus on their relationship rather than only focusing on their child. They have spent time getting to know each other again and participating in positive activities like hiking and discussing politics. The couple reports that the negative emotions and memories of the affair are fading and that trust is growing. The two times that S remembered painful memories, he could sit and discuss them with A. A has also continued her transparent behaviors within the marriage, making her phone more available and calling and checking in with S when she is with sisters or friends. S has not followed A or checked on her. They have a renewed sexual relationship and rate it as an 8/10. The couple has explored more instances of friendship and companionship sexuality with bridges to erotic and romantic sexual interactions. S reported that it is surreal that their marriage has transformed into a pleasurable, intellectually stimulating, and peaceful relationship. Both partners also report working on individual insecurities. The couple will return if S's anxiety manifests again or if A begins to incorporate avoidant behaviors that push away intimacy. The CSI, ORS, Depression, and Anxiety scales all demonstrated clinically significant change. Likewise, the IAI and power scores dropped considerably (they don't RCIs). The couple never reported any violence.

\* *The long paperwork was not presented to save space. You will need to present long paperwork.*

## Example of a 2020 Family Therapy Case:

Case number: 202007120 [15 sessions] – Spanish

**SYNOPSIS:** Family presented to therapy after a recent domestic dispute. The dad (58) hit M1 (daughter - 14), and S2 (17) called the police. S2, and M are now living with the S1 (oldest son - 22). The dad has taken over the house by changing the locks and putting up security cameras; most of the family's possessions remain. Thx made a report to DHR and has worked with the family to meet their basic needs by providing information about assistance and potential church support, which matches the family's belief system. M and both brothers are working and thx has connected them with food banks and made a safety plan in case the dad does anything serious. Two weeks after this, S1's girlfriend left him and took his money saved for the rent, car payments, and groceries. Treatment has been helping the family build unity and support each other through these significant transitions. The family is ethnically diverse, having come to the U.S. from Guatemala 20 years prior. The children have two different mothers, and neither is part of the family nor do the children know where they live. Violence has been a part of the family of origin for the siblings, but none of them have ever instigated violence among the siblings or in relationships. The relationship stories focus on each being taken advantage of in their relationships. The therapist worked with the siblings to balance the hierarchical power structure within the home environment. The two younger siblings did not want to be bossed around by the older brother. The therapist offered reframes that they have been controlled their entire childhood and they want some freedom from control. However, the siblings agreed to the rules in the S1 apartment and agreed to live by his house rules to show respect. The theme of the family is respect and support. Thx works closely with DHR as S1 is the legal guardian and must ensure that his sibling attends school. Thx will help negotiate the transition to S1, taking on more parenting roles.

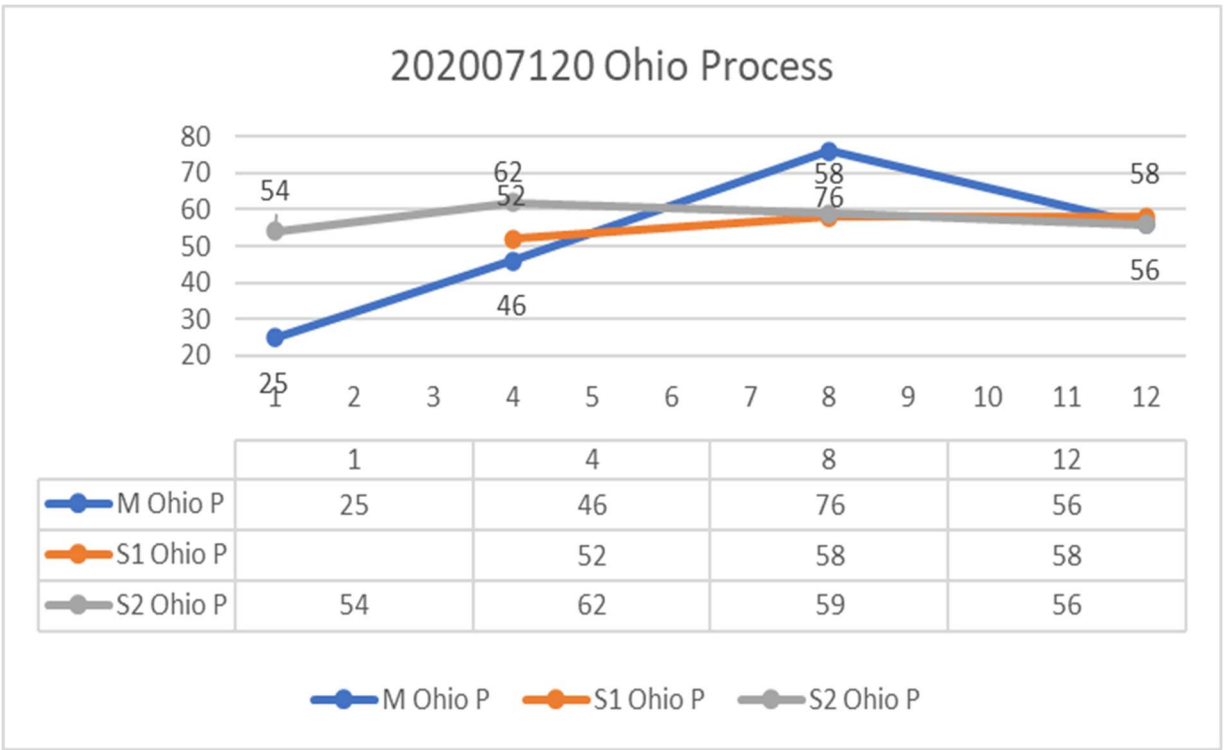


Figure 16. The data shows that neither S1 nor S2 believe they could function better in some aspects of their life. Given S2’s dramatic increase in ORS, his ability in everyday functions may not improve, but his emotional state did. On the other hand, M improved significantly, with a 41-point increase at one point, indicating that she is functioning much better now. Feeling safer, improving relationships, and having support from thx could all be reasons for M’s improvement. M had a decrease on the 12<sup>th</sup> session, but all clients converged on their scores, indicating that they are at similar levels of functioning and are scoring similarly to a community sample. M (Sister) demonstrated **clinically significant change** with an increased score of 31 points. This is due to a safe environment and support among the three siblings.

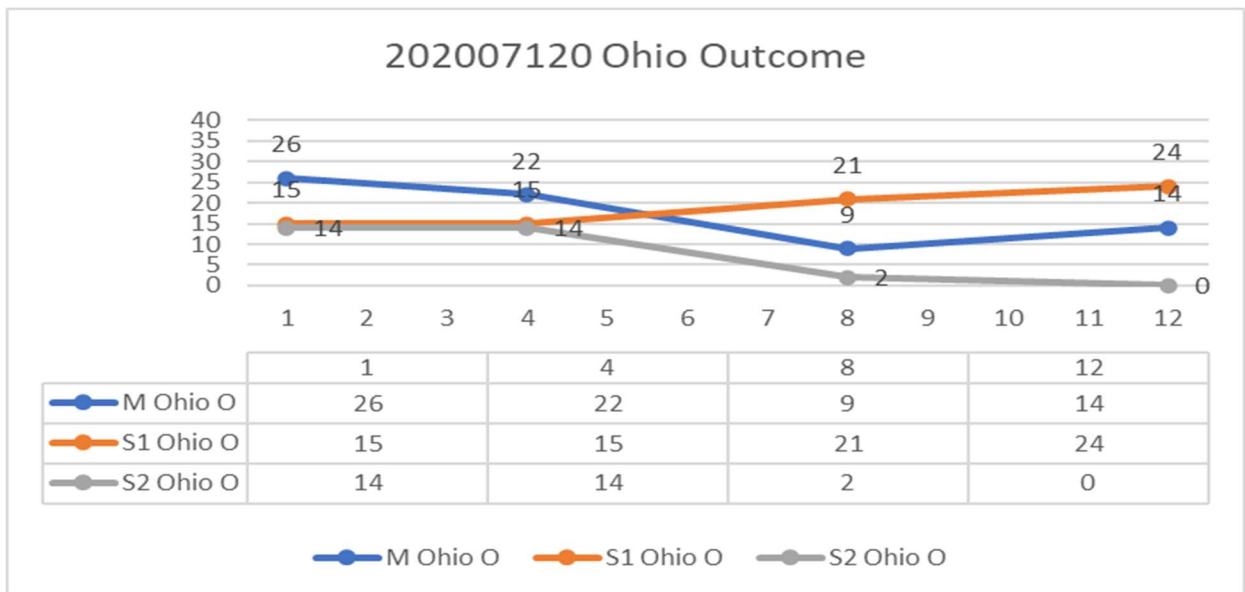


Figure 17. Outcome scores indicate that both M and S2 had significantly fewer problems during their course in therapy, whereas M had a 12-point decrease and S2 a 14-point decrease – **Both were clinically significant improvements**. This supports their improvement in other assessment areas as they feel safer and more unified as a family. S1 felt significantly more problems over therapy (9-point increase) -**almost clinically significant worsening**, which was a point processed by both the family and the thx. S1 has been experiencing issues with anger recently regarding the theft of money, internalized feelings towards the father, and increased stress of care for his siblings. Addressing these is a current task in therapy.

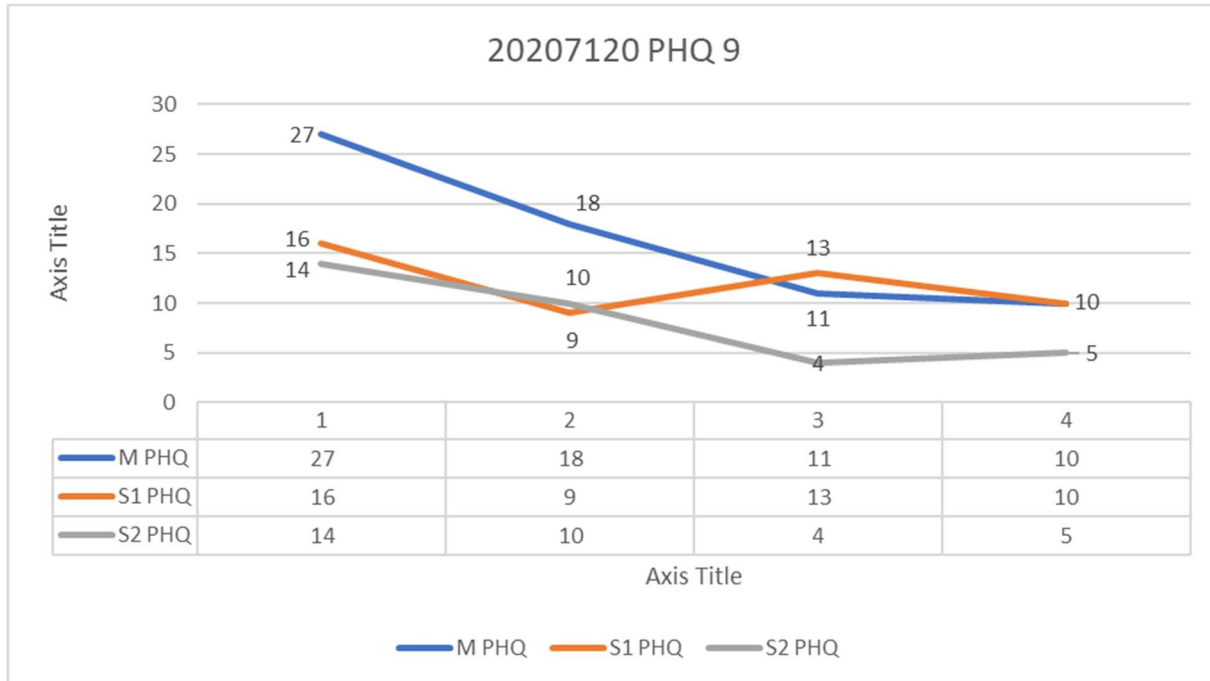
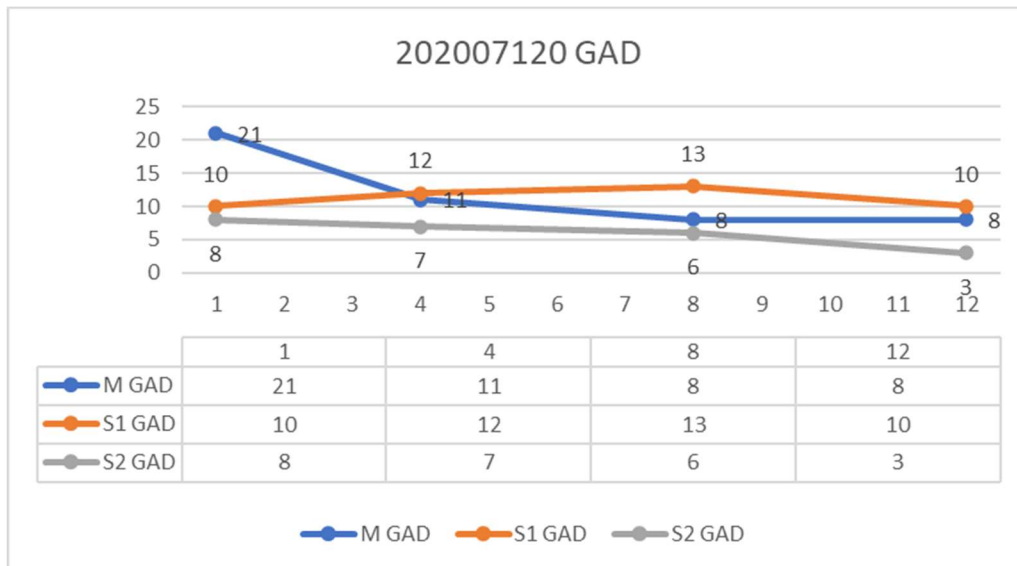


Figure 18. Similar to the above stories, S2 and M had clinically significant decreases of 9 and 30 points, respectively. This again speaks to feeling safer and becoming more unified as a family. S1 also showed a clinically significant decrease in his depression score, with a drop of six points. S1 works nights and is isolated from the family a lot during the day, which may be why his change was less.



*Figure 19.* Similar to the above stories, S2 had a significant decrease of 5 points, and M had a significant decrease of 13 points, both **clinically significant changes**. This again speaks to feeling safer and becoming more unified as a family. S1 did not have a statistically significant decrease in his depression score and has voiced worry of meeting the financial needs of the family. The siblings completed a ROI to speak with the minister, who agreed to help the children financially with rent and care payment while they get on their feet. M started treatment severely depressed but is now only experiencing moderate depression symptoms. S2 scores minimal anxiety, M scores mild anxiety, and S1 score moderate anxiety. Increasing support systems should benefit the well-being of S1.

\* The case summary was skipped for the family case to save space.

## 6. TGCSQ (~1-2 pages)

The student interns and practicum students will complete the TGCSQ evaluations. They are trained at the beginning of the semester, followed by weekly 2.5-hour training on scoring. They achieve interrater reliability of ~80%. If they only reach 70%, a different rater group will code the session. Sessions with consistent differences in coding among raters will be brought to the weekly coding training session.

Students can meet with the coders to see their evaluations throughout the semester. Therapists will not dispute the scores with the coders but will bring potential inconsistencies to the Program Director (PD)/ Please be aware that this is a deliberate process. You should provide clear examples of inconsistent coding if you feel that there is an error. The likely outcome is that the PD will code the session with the coders in a training session to verify the final scores.

**Example TGCSQ of a Student in their Spring semester along with Summary (PLEASE LANDSCAPE FOR VISUAL PURPOSES)**

WARMTH	Use of humor	2	3		4	1	1	1	3	1	1
	Smiling	4	4	2	4	2	4	4	4	4	4
	Voice tone	4	3	3	4	3	4	4	4	4	4
EMPATHY	Reflective statements	4	4	4	4	4	4	4	4	3	4
VALIDATION	Agreement	3	2	4	3	2	2	2	3	1	1
	Affirming/legitimizing	2	3	4	2	3	3	3	4	1	2
THERAPIST COLLABORATE	Asking for client opinions & preferences	3	2	2	1	4	4	2	4	1	1
	Collaborative language	4	4	4	4	4	3	4	4	4	4
THERAPIST PRESENCE	Asking personal questions	4	2	1	1	2	4	0	1	1	1
	Staying on topic	4	4	4	4	4	4	4	4	4	4
	Eye contact	4	4	2	4	4	4	4	4	4	4
	Body language	3	4	3	3	4	3	3	4	4	4
SYSTEMIC BASED TECHNIQUES	Balance in attention to partners	3	2	3	3	3	3	3		4	4
	Noting cyclical patterns	1	1	4	0	2	1	0	1	1	0
	Circular questioning	3	1	4	1	4	2	2	3	1	2
	Seeking information/creating interventions	4	3	4	4	4	4	4	4	4	4
SESSION STRUCTURE	Control of conflict		2	2	1						
	Pacing & efficient use of time	4	3	3	4	3	2	4	4	4	4
	Opportunity for both members	1		1	1	4	1	1	1	1	2
	Therapist reinforces positive change	4	4	2	3	3	4	1	4	1	1
AVERAGES	WARMTH	3.1									
	EMPATHY	3.9									
	VALIDATION	2.5									
	THERAPIST COLLABORATE	3.2									
	THERAPIST PRESENCE	3.3									
	SYSTEMIC BASED TECHNIQUES	2.6									
	SESSION STRUCTURE	2.5									

My TGCSQ for the spring semester gives me a good idea of how I progressed in therapy and the areas for improvement moving forward. As compared to the Fall, “Warmth” increased from 3 to 3.1, “Empathy” increased from 3.8 to 3.9, “Validation” increased from 2.1 to 2.5, “Therapist Collaborate” increased from 2.9 to 3.2, “Therapist Presence” reduced from 3.4 to 3.3, “Systemic Based Techniques” reduced from 3.0 to 2.6, and “Session Structure” reduced from 2.9 to 2.5. Overall, my scores show good therapeutic competence, with all categories above the cut-off of 2.0 (Moderately Present) out of 4 (Consistently Present). I reviewed the session structure and systemic-based techniques with my supervisor. I can see that while I was learning EFT, I emphasized the model’s warmth, empathy, and validation aspects and slightly lowered on other aspects of therapeutic behaviors. This feels like a good adjustment from Structural to EFT and shows the developmental learning process. I specifically addressed attachment ruptures in multiple cases, improving my warmth and empathy scores. I hope to integrate the knowledge and work on incorporating more systemic and structural techniques. I am also excited about the opportunities for the final semester. I have now started watching my videos of sessions with higher systemic-based technique scores to see what I do differently. I see how this integrates with my Theory of Change. I have decided to sit with the Spanish-speaking coder and review the video of two sessions to gather from his perspective the behaviors that are present and missing from the sessions.

#### **7. VIDEO (~1 page)**

This section should highlight the name and location of the videos outlining therapeutic intent to follow the model prescribed for the semester. Currently, the location for the video is VALT. Students in practicum (i.e., 7621, 7631) complete five videos each semester for 10 videos between the two semesters. Students enrolled in an internship (7920) must have 10 videos to represent their body of work implementing the therapeutic model.

## **THERAPEUTIC ABILITY VIDEOS**

Videos can be found on Valt by searching their names (in bold below), or the term “F23”.

### **F23: Enactment (202201014)**

In this clip, I led an enactment in which the son/brother apologized to his mother and sister for berating his sister. The goal of this enactment was to increase the emotional engagement between family members and solidify the family's structure. The sister and mother then also apologized.

### **F23: Systemic Reframe (202301015)**

In this clip, I provided a systemic reframe that highlighted the couple's mutual internal experience of grief but different external symptoms of grief.

### **F23: Interactional Reframe (202308123)**

In this clip, I reframed the stepdaughter’s behaviors as a plea for more involvement and interaction with both mother and step-father.

### **F23: Motivational Reframe (202303038)**

In this clip, I provided a motivational reframe that highlighted the client's experience of his friend as “no longer grieving.” I used the client's own experience with grief to highlight potential alternate internal experiences. The outcome was the sharing of grief responses between both clients and a cathartic expression of love.



### **F23: Sculpting (202308123)**

I led a sculpting activity with the family. This sculpting activity started in the previous session and continued into this one. The family sculpted the power dynamics that impede positive interactions. The sister sculpted the younger daughter, colluding with step-mom, and negotiating a better living arrangement than what Dad is offering.

## **8. PROFESSIONALISM/PAPERWORK/ASSESSMENTS (1-2 pages)**

Please make a case for your professionalism, which includes professional dress and demeanor, timeliness with clients and class, respectful participation in supervision, not missing scheduled sessions, and helpfulness with teammates. This means that you strive to follow the code of ethics in the timeliness of contacting clients by phone for initial sessions, rescheduling, and for follow-up when they miss sessions. You do not cancel clients with the supervisor's permission, and you never go more than 18 calendar days without seeing your clients. There are a few exceptions to this policy.

### Example

*This semester, I have upheld the standards of professionalism expected of this program. I have expanded my wardrobe of professional dress to accommodate the four days per which I see clients between the MFT Center and FCS. I have contacted clients promptly at intake and through weekly reminder emails, including paperwork and billing information. I have called clients when they have missed sessions or had questions. I have participated in individual and group supervision every week and have strived to be helpful to my cohort mates during group supervision. I have attended all scheduled sessions and supervisions. I have also not gone more than 18 days without seeing clients and have ensured that the upcoming break will stay within this policy. My MFT File Audits suggest that I have scored a 3 or 4 in each category for each of the four months. I want to highlight that I scored "Masterful" for the timeliness of case notes and treatment plans.*

### Paperwork/Assessments

Audits occur monthly to ensure that all non-active cases are terminated (3 weeks without attendance). Students whose files need to be more organized will receive a notification and are expected to fix the problem in seven days. Students will ensure that all client financial, assessment, and paperwork requirements are 100% completed each month. The Office Administrator will review the files during the last week of the month. Completion of client assessments is the responsibility of the therapist. Please examine all client paperwork to ensure it is complete. Missing, non-complete or falsely completed questionnaires reflect the therapist's professionalism and case management.

**Delinquency in file maintenance, paperwork, and assessments is an ethical violation. If it is egregious, it will require a grade reduction, faculty review, and possible notation in your permanent academic record.** Remember that you are required to turn in your monthly clinical hours 72 hours after the end of the month, without exception - September 3, October 3, November 3, December 3, January 3, etc.

You will include the audit rubric scores for each month of the semester. You will also provide an outline of how you corrected errors and the timeliness of these corrections. You will describe your professionalism with paperwork and ethical behavior regarding the timeliness of client notes, treatment plans, financial billing, and weekly and monthly assessments. Please share the plan for improving or maintaining excellent file maintenance throughout the semester.

### Examples

Month	Invoice	Bef/Aft	Assess	Miss T Plan	T Plan Sched	Note Time	% Note	File Compl
Aug (3.37)	4	4	4	3	4	4	4	3
Sep (3.25)	3	3	4	4	4	4	4	3
Oct (3.63)	4	4	4	4	4	4	3	4
Nov	2	4	4	4	4	4	4	4
Dec	4	4	4	3	4	4	4	2

The therapist would also outline each month's errors and how they worked with the Office Administrator to fix them promptly. The OA will review the therapist's notes to provide feedback concerning accuracy. The therapist will explain how they received scores of 1 or 2 in different areas and the plan in place with the next supervisor to correct the actions. As of 8/04/2023, the policy is that any score of one (1) on the audit rubric will require a "minor deficiency plan" unless more egregious violations require a "severe deficiency plan." The typical plan is to formally and systematically oversee the file maintenance of the therapist. The probationary period could result in removal from the program if the behavior is not improved.

### 9. MARKETING (~1-2 pages)

You will follow the Multicultural Group Marketing Plan. This will require an accounting of your individual and group marketing efforts for **each month of the semester (Aug-Dec)**. We need to know the measurable marketing behaviors you did each month to fulfill the plan. Please provide examples of both online and in-person marketing each month.

Example:

#### August

- During this month, I contacted the Pediatric and OGBYN offices and met with the Office manager (four Office Managers). I also contacted three lawyers offices for supervised visitation referrals.

#### September

- I planned to contact food service restaurants with my first-year buddy. We called several restaurants and emailed them to offer brochures or presentations. I presented our services to the business managers of two coffee shops in Opelika and Acre.
- I coordinated the Pride on the Plain booth for the MFT Program. I gathered the tent, chairs, water, and chocolates. I contacted Dr, Ketring to get additional flyers printed and got him to agree to a raffle for four free sessions for a client.

#### October

- Sent emails and made follow-up phone calls to healthcare businesses in the area
- Volunteered for Educating Early Childhood Event with first-year buddy in Alex City
- Picked up tablecloths and printed pamphlets to bring to the event.
- Took contacts of interested attendees

### **November**

- I developed a new flyer for the clinic to be printed on full and half pages
- The '23 cohort is developing a list of therapists and businesses to send the new flyer to let them know we have moved locations, still have a sliding scale, etc.

### **December**

- Presented on “Collaborative Care. . .” at Zoe Center for ABA in Columbus, GA

### **Online Marketing**

As the head of social media marketing, the tasks I have continuously completed throughout the semester are outlined below.

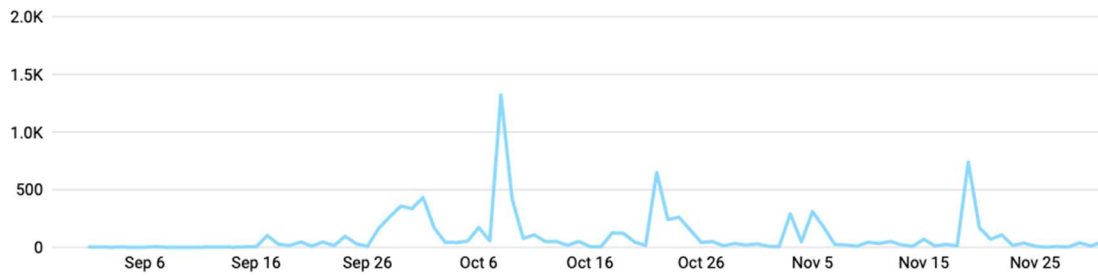
- Directing the creation of enough social media posts to post main posts 3x week all year by everyone in the program, then reviewing them to ensure professional and accurate presentation
- Record and file in Box all posts made by all people in the program.
- Posting at least 1-3 stories every week (created by myself)
- Linked Instagram and Facebook accounts for ease of management
- Keep up on and respond promptly to social media messages
- Track the success of posts and think about different ways to increase engagement.

The photo below depicts how our pages have grown since I took them over at the beginning of the semester. More data can be provided upon request.

**Results**

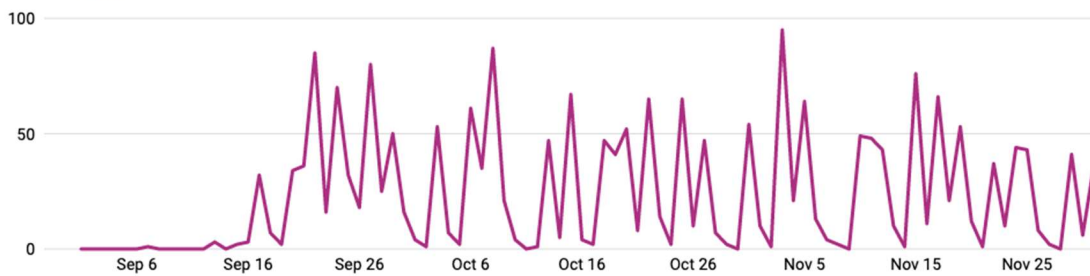
**Facebook Page Reach**

**5,776** ↑ 4.4K%



**Instagram Reach**

**397** ↑ 1.5K%



**Other**

**Online Posts**

**BOOKS WE'RE LOVING**  
 AU MFT Center: Therapy Resources

How to Improve Your Marriage Without Talking About It teaches couples how to get closer in ways that don't require "trying to turn a man into a woman." Rich in stories of couples who have turned their marriages around, and full of practical advice about the behaviors that make and break marriages, this essential guide will help couples find love beyond words.

**BOOKS WE'RE LOVING**  
 AU MFT Center: Therapy Resources

**NOW PLAYING**

Podcasts to Give a Listen:

Find them here:

AUBURN MFT CENTER WISHES YOU A

# HAPPY KWANZAA

Celebrating love, family, and community.  
From Umoja to Imani, may the blessings of Kwanzaa be yours!

## Showing Respect Through our Language

**Respectful:** "Gay" instead of "Homosexual".

**Respectful:** "Transgender people or Cisgender people" instead of "Transgender people or normal people".

**Respectful:** Calling someone "they" versus "it" when you're unsure of which pronouns they use.

**Respectful:** "A Gay or transgender person" versus "a gay" or "a transgender".

**Respectful:** "All genders" versus "Either/Both Male/Female".

FIND MORE EDUCATIONAL RESOURCES AT:  
[THESAPEZONEPROJECT.COM](http://THESAPEZONEPROJECT.COM)


### Discipline vs. Punishment

- 1 Know Your Breaking Point
- 2 Pretend You Have an Audience
- 3 Visualize and Meditate
- 4 Take Care of Your Own Needs
- 5 Practice Patience Daily

[www.reallygreatsite.com](http://www.reallygreatsite.com)

AU MARRIAGE & FAMILY THERAPY CENTER IS HERE TO SUPPORT YOU IN CARING FOR YOUR MENTAL HEALTH

## SIGNS & SYMPTOMS OF BURNOUT



- CHANGES IN SLEEPING PATTERN
- FEELING ALONE AND DETACHED
- A LOSS OF MOTIVATION
- WITHDRAWING OR PROCRASTINATION
- FEELING LIKE A FAILURE/ SELF-DOUBTING
- FREQUENT SICKNESS OR PAIN

INFORMATION FROM: HELPGUIDE.ORG



“If you’re too busy for sex, you’re too busy.”.

ESTHER PEREL

### 10. SELF-CARE (~1-2 pages)

This section should be highlighted using a table for the semester.

#### Example

Week & Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Jan 9-15	Run (45)	Walk (60)	Cycle (45)	Butts & guts (50)	Gym & stairs (50)	Squash (60)	
Jan 16-22	Gym/Run (90)	Yoga (60)	1. HIIT (60) 2. Meditate & gratitude (30)	Barre (60')	Stairs & walk (90) Dance (30)		
Jan 23-29	Run (40)	Walk (60)	Cycle (45)	Barre (60)	Gym (45)	Walk (50) Rowing (2h)	
Jan 30-Feb 5	1. Therapy 2. Stairs & walk (60)	Walk (45)	Cycle (45) & Abs (15)	Gym & run (60)	Gym & squash (90)	Dance (60')	Meditate (30) Walk (30)
Feb 6-12	Run (45)	Walk (60)	Cycle & walk (60)	Stairs & walk (60)			Power yoga (75)
Feb 13-19	1. Therapy 2. Gym (60)	Butts & guts (50)	Cycle (45)	Barre (60)	Gym (60)		
Feb 20-26	Stairs (30)	Run (30)	Cycle (45)	Barre (60)	Gym (60)	Tennis (90)	
Feb 27-Mar 5	Spring Break (went to a music & arts festival in Florida)						
Mar 6-12			Tennis (75)	Walk (45)			
Mar 13-19	1. Therapy 2. Cycle (45)	Butts & guts (50)	1. Meditation (15)	Walk (60)			

			2. Cycle (45)				
<b>Mar 20-26</b>	1. Walk (30) 2. Gym (45)	Walk (60)	Cycle (45)		Gym (60)	1. Walk (45) 2. Stairs (15)	
<b>Mar 27-Apr 2</b>	1. Therapy 2. Gym (60)	Dance (45')	Run (30)	Butts & guts (50)	Gym (60)		
<b>Apr 3-9</b>	Gym (60)	Run (30)	Cycle (45)	Barre (60)	Walk (45)	Dance (120)	
<b>Apr 10-16</b>	1. Therapy 2. Walk (30)	Gym (60)	Cycle (60)	Abs (15)	Walk (60)	Walk (60)	Run (30)
<b>Apr 17-23</b>	1. Gym (60')	Walk (45)	Cycle (60')	Butts & guts (50')	Walk (60')		
<b>Apr 24-30</b>	1. Therapy 2. Gym (60')	Walk (50) 2. Dance (30)	1. Cycle (45') 2. Yoga (30')	1. Barre (60') 2. Walk (40)	Gym (60')		

**11. SUMMARY (~1 page)**

This section should cover the paper and describe how you supported clients throughout the semester. Remember that you are marketing yourself and want to present data that highlights your successes. If most clients rated your alliance as very good to excellent, then you want to highlight this point. You don't hide your weaknesses, but you want to emphasize the strengths while acknowledging the weaknesses.

The summary integrates information and outlines your professionalism and effectiveness in each category measured in the Portfolio. You want to make a case for your effectiveness, developmental growth, and goals to improve.

Remember, you are selling your effectiveness with clients and providing an honest appraisal of what needs improvement. Please present a systemic perspective of your professional work as a therapist.