



INTERNSHIP EVALUATION FORM

Student Name: _____
Student ID: _____
Internship Site: _____ Site Number: _____
Supervisor Name: _____
Course Number: _____

HOW TO USE THE EVALUATION SCALE¹

The following evaluation scale is used to assess seven key training contexts (**Domains**): Supervisory Process (added to the original AAMFT document), Admission to Treatment, Clinical Assessment, Treatment Planning and Case Management, Therapeutic Interventions, Legal Issues, Ethics and Standards, Research and Program Evaluation. Specific **competencies** define each of these seven contexts. Each competency belongs to one of four broader areas (sub domains): Conceptual (**C**), Perceptual (**P**), Executive (**E**), Professional (**Pr**). The left column of the scale is checked by the supervisor to indicate which competencies are **not (N/A)** included in the objectives of the current period covered by this evaluation, for this specific student. **N/A** responses must receive a justification by the supervisor.

The student is evaluated according to the following four-point scale:

1- Unacceptable 2- Below 3- Expected 4- Above 5- Advanced

These scores must take into consideration the student's current year in the program (see document: proposed stages of learning, **page 15**), and are defined as follows:

- 1- Unacceptable:** signifies therapist does not show competency at all.
- 2- Below:** signifies additional ability is required in order to obtain a competent rating
- 3- Expected:** signifies achievement of an acceptable level of competency for a therapist in this year of training in the program.
- 4- Above:** signifies the therapist's ability exceeds competency expectations.
- 5- Advanced:** signifies the therapist can assume some kind of leadership in the area of this competency (shows exceptional maturity, can teach, explain, help in supervision,)

¹ Adaptation from AAMFT original document: Marriage and Family Therapy Core Competencies©, December, 2004, American association for marriage and family therapy, and from Référentiel de compétences des thérapeutes conjugaux et familiaux, 2012, 2015, Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec.



CALCULATING THE SCORES

At the end of each Domain the mean score is calculated: total of added scores divided by total number of competencies rated. The mean must be 3 (expected) or more. If it is less than 3, the competency(cies) to which a low score was attributed must be accompanied of a commentary by the supervisor specifying what the student should do to improve this (these) competency(cies) in the future.

**Example
Supervisory process**

N/A	Sub dom	Competency	1	2	3	4	5
	E	Attends supervision sessions on a regular basis			x		
	E/C	Prepares for supervision by reviewing clinical material and identifying needs and areas for discussion			x		
N/A	E	Videotapes 50% of clinical work for supervisory purposes					
	E	Brings in families for live supervision At least once a year	Yes(3pts): 3 No (0pts)				
	E	Participates actively in discussion of issues raised during the supervisory process and collaborates with supervision partner (e.g., sharing supervisory time, contributing to discussion of partner’s cases)				x	
	E	Understands supervisor’s suggestions and applies them in subsequent therapeutic interventions			x		
<p>Total of scores attributed divided by number of scores attributed: $3+3+3+4+3= 16/5 = 3.33$</p> <p><input type="checkbox"/> (Expected: 3 or higher) no score under 3.</p> <p><input type="checkbox"/> Justification of N/A score: student had only live cases</p>							



Supervisory process							
N/A	Sub. Dom.	Competence	1	2	3	4	5
	E	C1 Attends supervision sessions on a regular basis and comes on time for supervision					
	E/C	C2 Prepares for supervision by reviewing clinical material and identifying areas for discussion					
	C/E	C3 Participates actively in discussion of issues raised during the supervisory process and collaborates with supervision partner (sharing supervisory time, contributing to discussion in cases of partner)					
	E	C4 Understands supervisor's suggestions and applies them in therapeutic interventions					
	E	C5 Brings in families for live supervision At least once during each stage	Yes (3pts) No (0pts)				
	E	C6 Brings a variety of cases to supervision					
	E	C7 Videotapes 50% of clinical work for supervisory purposes					
	E	C8 Has met the ratio of 5 clinical hours to 1 supervision hour	Yes (3pts) No (0pts)				
Total / number of items =							
Comments							



Domain 1: Admission to Treatment AAMFT

Domain 1: Establish treatment suitability for psychotherapy and practice of reserved and shared acts OTSTCFQ 2012

Domaine 1: La conduite d'un processus d'évaluation et d'une démarche en thérapie conjugale et familiale¹ OTSTCFQ 2015

1. See details of competencies covered in appendix I

N/A	Sub.Dom.	Competence	1	2	3	4	5
	Pr	C1 Determines that the referral is appropriate for treatment within professional scope of practice and agency mandate					
	E	C2 Determines who should come to the first interview and facilitates therapeutic involvement of all invited participants					
	E	C3 Gathers and reviews intake information to develop an initial systemic understanding					
	E	C4 Obtains informed consent to treatment from all responsible persons					
	Pr	C5 Clarifies any legal ramifications with respect to therapeutic involvement-e.g. youth protection, probation, and consent to treatment					
	Pr/E	C6 Establishes collaborative working relationships with referral sources, and other practitioners involved in the clients' care, and third party payers.					
	E	C7 Has a diversified clientele (problems, age, culture, orientation etc...) to complete up to 25% of caseload.					
	Pr/E	C8 Refers to other professional when necessary for: assessment, other service, other resource.					
	E	C9 Creates therapeutic climate					

Total / number of items =

Comments

Domain 2: Clinical Assessment AAMFT
Domain 2: Conduct a clinical evaluation OTSTCFQ 2012
Domaine 1: La conduite d'un processus d'évaluation et d'une démarche en thérapie conjugale et familiale (suite)¹ OTSTCFQ 2015

1. See details of competencies covered in appendix I

N/A	Sub.Dom.	Competence	1	2	3	4	5
	C	C1 Understands system concepts, theories which form the foundation of the practice of couple and family therapy.					
	C/E	C2 Uses knowledge of human development and the DSM IV to: recognize psychopathology, when referral for specialized evaluation is necessary- e.g. medication consult, psychological testing, psychiatric evaluation.					
	C	C3 Integrates individual and medical models of functioning within a systems perspective.					
	P/E	C4 Creates atmosphere of acceptance and understanding in order to build trust.					
	P/E	C5 Attends to clients emotional climate.					
	E	C6 Establishes a beginning therapeutic alliance by engaging each client in the system from a position of respect and helpfulness.					
	E	C7 Elicits each family member's view of the presenting problem and family efforts to solve the problem.					
	Pr/E	C8 Establishes clear boundaries for the assessment.					
N/A	Sub.Dom	Competence	1	2	3	4	5
	E	C9 Establishes a clear contract with the couple/family with respect to all aspects of assessment and treatment (main aspect: confidentiality)					
	P/E	C10 Identifies clients' strengths, resources and abilities to solve problems.					
	E	C11 Uses techniques related to the practice of couple and family therapy. (circular questioning, enactment, organization of space sculpture...)					

	E	C12 Generates relational questions and reflexive comments in the therapy room.						
	P/E	C13 Explores the structural relationships at the affective level.						
	C	C14 Distinguishes between content and process.						
	C/E	C15 Facilitates the gathering of family history and intergenerational influences through the use of a genogram.						
	P	C16 Identifies the family life cycle and the impact the developmental stage has on the couple or family.						
	C/E	C17 Can administer and integrate objective measures in assessment (ex: questionnaires)						
	E	C18 Systemically tracks the problem through the family system and is able to describe an interactional pattern, while respecting and linking with the presenting problem.						
	E	C19 Demonstrates appropriate engagement skills in working with families with preschool children/ latency-aged children (6-12)/ adolescents/ young adults/ aging family members.						
N/A	Sub.Dom.	Competence	1	2	3	4	5	
	P/E	C20 Takes an informed position as to diversity in assessing and exploring the problem (culture, sexual orientation, religion...)						
	E	C21 Uses strategies to explore and address issues of diversity, marginalization, discrimination and abuse with family members						
	E	C22 Develops adequate safety plans when required for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerous to self and others.						
	C	C23 Forms a working hypothesis (from individual, relational and systemic points of view). Identifies problematic relational patterns among family members. Ties it to the presenting problem.						

	P/E	C24 Is open to identify, manage, and work with issues of transference and counter transference in the assessment and throughout the course of treatment.						
	P/E	C25 Therapist assesses self as part of the system (family and/or institution) and is able to use countertransference in a constructive way.						
	C/E/Pr	C26 Gives a professional opinion and recommendations						
	C/E/Pr	C27 Shares professional opinion with clients in order to come to an agreement						
	C/E/Pr	C28 Provides concerned instances with the appropriate information from the assessment and professional opinion.						
N/A	Sub.Dom.	Competence	1	2	3	4	5	
	C/E/Pr	C29 Produces formal written clinical assessments (systemic) in timely manner and of acceptable quality (grade the quality of the report(s)).						
	E	C30 Transfers or sends conclusions and recommendations of assessment to appropriate and concerned parties.						
Total / number of items =								
Comments								



Domain 3: Treatment Planning and Case Management AAMFT Domain 3: Develops a therapeutic plan OTSTCFQ 2012 Domaine 1: La conduite d'un processus d'évaluation et d'une demarche en thérapie conjugale et familiale (suite)¹ OTSTCFQ 2015							
1. See details of competencies covered in appendix I							
N/A	Sub.Dom.	Competence	1	2	3	4	5
	E	C1 Conceptualizes the system as the unit of treatment					
	P	C2 Knows when to offer sub system or individual sessions for treatment					
	E	C3 Establishes with clients the goals and objectives of therapy and determines the tasks or means to reach these goals.					
	E	C4 Maintains the therapeutic contract while remaining open to the couple/family situation					
N/A	Sub.Dom.	Competence	1	2	3	4	5
	P	C5 Recognizes when treatment means need modification.					
	E	C6 Manages risks, crises and emergencies.					
	C/E	C7 Understands and explores stressors and assets in the extended family and other outside contexts that impact on the family/couple system.					
	E	C8 Participates in case conferences and legal processes when appropriate.					
	E	C9 Collaborates with referral sources and other professionals					
	E	C10 Moves to termination when appropriate in a planned manner					
Total / number of items =							
Comments							

Domain 4: Therapeutic Interventions AAMFT Domain 4: Implement Therapeutic Interventions OTSTCFQ 2012 Domaine 1: La conduite d'un processus d'évaluation et d'une demarche en thérapie conjugale et familiale (suite)¹ OTSTCFQ 2015							
1. See details of competencies covered in appendix I							
N/A	Sub.Dom.	Competence	1	2	3	4	5
	C/E	C1 Develops treatment approaches from a range of theoretical perspectives					
	P/E	C2 Observes systemic interactional couple/family patterns and intervenes to explore these at the affective level.					
	E	C3 Works with couple's or family's interactions all through the therapeutic process. Helps clients to improve relational skills.					
	P/E	C4 Emphasizes couple/family strengths and resilience to promote family change					
	E	C5 Generates questions and comments that induct couples/families into a systemic way of thinking about problems and solutions.					
	E	C6 Is able to connect intrapsychic processes to both past and present individual and family functioning.					
	Pr/E	C7 Sets appropriate boundaries while developing collaborative working relationships.					
	E	C8 Maintains the therapeutic alliance while establishing a balance between supporting the family and creating a climate to explore and expand their views of the issues.					
N/A	Sub.Dom.	Competence	1	2	3	4	5
	E	C9 Defuses intense and chaotic situations to regulate safety and to ensure a focused work process.					
	C/E	C10 Delivers interventions in a way that is sensitive to special needs or values of clients (e.g. developmental stage, gender, age, socioeconomic status, culture, race, ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).					

E	C11 specific to developmental stage: Can adapt techniques to the level of children, adolescents as well as adults and older adults.						
C/E	C12 Recognizes how different techniques may impact the treatment process and chooses treatment modalities appropriate to the couple/family needs and goals.						
C/E	C13 Can use a diversified set of interventions in an appropriate sequence.						
E	C14 Assists the clients in developing effective problem solutions (can do so through assigning tasks).						
C/E	C15 Is open to understanding multiple perspectives (the couple's/family's, the supervisor, other professionals) and modifies the treatment process accordingly.						
E	C16 Involves the couple/family in evaluating the effectiveness of ongoing interventions.						
E	C17 Evaluates the progress and obstacles to evolution of therapy.						
P/E	C18 Recognizes the need to continue, to refer or to terminate therapy.						
Total / number of items =							
Comment							

Domain 5: Legal Issues, Ethics and Standards AAMFT
Domain 5: Ensure collaborative partnerships OTSTCFQ 2012
Domain 6: Respect the legal, moral, ethical, and regulatory provisions for marriage and family therapy OTSTCFQ 2012
Domaine 2: La gestion des éléments clés entourant la conduite d'un processus d'évaluation et d'une démarche en thérapie conjugale et familiale¹ OTSTCFQ 2015

1. See details of competencies covered in appendix I

	Sub.Dom.	Competence	1	2	3	4	5
	C	C1 Knows professional ethics and standards of practice that apply to the practice of marriage and family therapy (laws, Code des professions du Québec, Code de déontologie des membres de l'OTSTCFQ, AAMFT Code of ethics) .					
	C	C2 Conforms to policies and procedures of the practice setting.					
	P	C3 Recognizes situations in which ethics, laws, professional liability, and standards of practice apply.					
	E	C4 Describes the therapy process so clients make informed decisions. Helps client to get needed services.					
	P	C5 Recognizes when a legal consultation is necessary.					
	P	C6 Recognizes when clinical supervision or consultation is necessary.					
	E	C7 Informs clients and legal guardians of limitations to confidentiality and parameters of mandatory reporting.					
	E	C8 Develops safety plans for clients who presents with potential self-harm, suicide, abuse, or violence.					
N/A	Sub.Dom.	Competence	1	2	3	4	5
	E	C9 Identifies appropriate action when ethical and legal dilemmas emerge.					
	E	C10 Intervenes within defined scope of practice and competence.					
	Pr	C11 Maintains documentation in the professional record throughout the therapeutic process as per establishment and professional guidelines.					



C/E/Pr	C12 Critically analyses how one's own values and beliefs shape one's own professional identity.						
P	C13 Recognizes when personal biases may influence therapeutic process.						
Pr	C14 Pursues professional development through self-evaluation, collegial consultation, professional reading, and continuing educational activities.						

Total / number of items =

Comments

Domain 6: Research and program Evaluation AAMFT
Domain 7: Contribute to the evolution of the professional practice OTSTCFQ 2012
Domaine 2: La gestion des éléments clés entourant la conduite d'un processus d'évaluation et d'une démarche en thérapie conjugale et familiale¹ OTSTCFQ 2015

1. See details of competencies covered in appendix I

N/A	Sub.Dom	Competence	1	2	3	4	5
	P	C1 Recognizes opportunities and advantages for therapists and clients to participate in clinical research					
	E	C2 Reads current CFT and other professional literature					
	E	C3 Uses current, CFT and other evidence based data from research to inform clinical practice					
	E	C4 Is concerned with the effectiveness of one's own practice and clinical practices in general.					
		C5 Promotes expertise in family therapy and contributes to preparing the next generation of family therapists.					

Total / number of items =

Comments

Total score

Supervisory Process	
Domain 1: Admission to Treatment AAMFT Domain 1: Establish treatment suitability for psychotherapy and practice of reserved and shared acts OTSTCFQ	
Domain 2: Clinical Assessment AAMFT Domain 2: Conduct a clinical evaluation OTSTCFQ	
Domain 3: Treatment Planning and Case Management AAMFT Domain 3: Develops a therapeutic plan OTSTCFQ	
Domain 4: Therapeutic Interventions AAMFT Domain 4: Implement Therapeutic Interventions OTSTCFQ	
Domain 5: Legal Issues, Ethics and Standards AAMFT Domain 5- Ensure collaborative partnerships OTSTCFQ Domain 6-Respect the legal, moral, ethical, and regulatory provisions for marriage and family therapy OTSTCFQ	
Domain 6: Research and program Evaluation AAMFT Domain 7: Contribute to the evolution of the professional practice OTSTCFQ	
TOTAL:	

Supervisor comments

Explanation for any N/A response

Student signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Program Director signature: _____ Date: _____

Dr. Heather MacIntosh

PROPOSED STAGES OF LEARNING
Couple and Family Therapy

This document is provided to highlight the main learning goals for each term in the practicum part of the program (supervised interviews).
It is intended to guide the supervisor in filling up the current evaluation form
It should be used only as a guide, never replacing the supervisor's experienced judgment.

Guidelines

- 1- The evaluation form must be filled by the supervisor at the end of each term.
- 2- The evaluation filled by the supervisor must be shared with the student and signed by both, before being filed in the student's dossier.
- 3- The evaluation must include a conclusion regarding the student's success in meeting the term's requirements.
- 4- In the situation where a student would present some difficulties meeting the requirements during the supervision term, the situation can be presented to a committee made of the program director, the supervisor and one other faculty member.
- 5- While the student is evaluated according to certain abilities regarding the therapeutic process, some content elements must be taken into account:
 - a. Being able to assume regularly at least 5 clinical hours between supervisions Assuming a variety of cases (families, couples, families with children of different ages, diversity of problems and issues)

General context for the objectives and the goals, for the three terms:

The student presents with an open attitude towards learning and a recognition of the importance of ongoing self-reflection in this process.

The learning goals for one year include the goals of the previous stage/year.

While it is not explicitly mentioned, the supervisory process dimension in the evaluation form, is a goal for each year.

Knowing about research in couple and families that informs evidence-based practice is a goal from the beginning through the training.

Taking ethical standards into consideration is a goal from the beginning through the training



First level – CAFT 606

Objectives:

Learning the basic systems theory and concepts. Learning to think systemically. Emphasis is put on: case management, therapeutic relationship, perceptual and structuring competencies

By the end of the term the student shows at least minimal ability to do a clinical assessment, integrate it in a working interactional hypothesis and organize it in a treatment contract that he can present to the system in treatment.

Goals:

- A. Engaging the family (all members in appropriate way according to age, developmental stage, gender, culture, sexual and religious orientation and condition) in a respectful, collaborative process that engenders hope. Create a working alliance while respecting the presenting problem.
- B. Recognizing systemic concepts in the therapeutic process
 1. The family life cycle
 2. Intergenerational influences through the use of a genogram
 3. Tracking the problem through the family system
 4. Identifying and understanding structural relationships as the family members interact with each other and the therapist. Explore these at the affective level
 5. Recognizing how repetitive family patterns maintain and reinforce the present problems.
- C. Looking for strengths and resources within the family system and outside of the family system
- D. Gathering information about the past that informs the present
- E. Forming a working interactional hypothesis
- F. Organizing perceptions and interventions into a formal clinical assessment: setting priorities among the issues.
- G. Writing a formal clinical assessment

Second level – CAFT 611

Objectives:

Learning to integrate the systemic theory with recognition of clinical relational patterns in the assessment. Organizing this information in a clear and collaborative treatment plan with the couple/family.

Emphasis is put on: Conceptual competencies in designing the intervention plan.

Goals:

- A. Negotiating goals and establishing a contract for work
- B. Introducing tasks appropriate to the restructuring of the family system



- C. Working through mid-phase and termination
- D. Developing a growing array of intervening skills which facilitate change or
Introducing alternative ways to problem solve
- E. Demonstrating increased comfort in the therapeutic use of self in the system
- F. Demonstrating ability to move between structure (the interactional organization
of the system) and process (the interactional data and emotions of the system)
- G. Identifying the need for a consultation based on sufficient knowledge of
human development and psychopathology
- H. Writing a formal clinical assessment and follow-up report.

Third level – CAFT 612

Objective:

Higher achievement in conceptual and professional development competencies.

Emphasis on: Integrating clinical assessment data (observations, clinical data, measures and self-reference) with theory and the informed selection of the most effective clinical intervention. Ability to use resources to promote growth as family therapist.

Goals:

- A. Demonstrating greater confidence, reflected in an improved ability to assess and intervene with different types of couples and families.
- B. Developing a broad array of established theories, treatment models and interventions (evidence based practice) that allow for a choice appropriate to the particular family
- C. Showing the capacity to spontaneously identify potential blocks or obstacles and demonstrating a willingness to discuss it in supervision
- D. Working as an independent therapist while keeping an ongoing learning stance and recognizing when there is the need for supervision or consultation.
- E. Identifying areas for improvement as well as the potential needs for future consultation for the system in treatment.
- F. Using research in couple and families that informs evidence-based practice
- G. Autonomy in using ethical reasoning for consideration of indications and counter indications for couple/family therapies
- H. Showing ability of ongoing constructive self- reflection.

Appendix I**OTSTCFQ 2015: Domaine 1: La conduite d'un processus d'évaluation et d'une démarche en thérapie conjugale et familiale****p. 4: Includes:**

- 1.1 être capable d'évaluer les dynamiques relationnelles d'un couple ou d'une famille en tant que système de même que celles d'une personne à l'intérieur d'un système
- 1.1.1 Prendre connaissance de la demande de service, en faire l'analyse et y donner suite
 - 1ère unite d'action: S'enquérir du contexte de la demande
 - 2è unite d'action: Préciser les suites à donner à la demande

p.5: Includes:

- 1.1 être capable d'évaluer les dynamiques relationnelles d'un couple ou d'une famille en tant que système de même que celles d'une personne à l'intérieur d'un système (suite)
- 1.1.2 Procéder à l'évaluation
 - 1ère unité d'action: entrer en relation avec les personnes concernées
 - 2è unite d'action: mettre en place les conditions propres à soutenir la circulation de l'information et la réciprocité dans les communications
 - 3è unite d'action: asseoir le déroulement du processus d'évaluation
 - 4è unite d'action: dresser l'histoire des dynamiques relationnelles d'un couple ou d'une famille en tant que système de même que celles d'une personne à l'intérieur d'un système.
- 1.2 être capable d'établir le résultat d'une évaluation en thérapie conjugale et familiale et d'en discuter avec les personnes concernées
- 1.2.1 Dégager le résultat de l'évaluation
 - 1ère unite d'action: analyser les données recueillies et en tirer des conclusions utiles, y compris l'opinion professionnelle et les recommandations
 - 2è unite d'action: déterminer l'à propos d'une démarche en thérapie conjugale et familiale dans la situation
- 1.2.2 produire le rapport d'évaluation ou l'avis professionnel et en soumettre les éléments significatifs aux personnes concernées
 - 1ère unite d'action: rendre compte du processus et du résultat de l'évaluation ce qui inclut l'opinion professionnelle et les recommandations.
 - 2è unite d'action: échanger avec les personnes concernées sur le résultat de l'évaluation



Appendix I (contd)

p. 8: Includes:

- 1.3 être capable de concevoir une démarche en thérapie conjugale et familiale et d'en discuter avec les personnes concernées
 - 1.3.1 Définir le projet de la démarche et le cadre de celle-ci ou, alors, le plan de traitement ou d'intervention.
1ère unité d'action: déterminer les orientations à privilégier dans la démarche
2è unité d'action: prévoir les modalités de la conduite de la démarche
 - 1.3.2 Convenir du projet de la démarche et du cadre de celle-ci, ou alors, du plan de traitement ou d'intervention avec les personnes concernées.
1ère unité d'action: faire part des orientations et des modalités proposées pour mener à bien la démarche.
2è unité d'action: échanger avec les personnes concernées sur le projet de la démarche et le cadre de celle-ci ou, alors, sur le plan de traitement ou d'intervention et y apporter les ajustements utiles.

p. 10: Includes:

- 1.4 être capable de mettre en oeuvre une démarche en thérapie conjugale et familiale
 - 1.4.1 Mener la démarche
1ère unité d'action: mettre en place les conditions propres à soutenir l'ouverture des personnes concernées vers un processus de changement
2è unité d'action: asseoir le déroulement de la démarche
3è unité d'action: offrir l'encadrement psychothérapeutique utile aux personnes concernées et veiller à ce que chacune et chacun joue un rôle actif tout au long de la démarche
 - 1.4.2 prendre les moyens propres à suivre l'évolution de la démarche, y apporter les ajustements utiles et voir à y mettre fin.
1ère unité d'action: évaluer l'évolution de la démarche et déterminer les suites possibles au résultat de cette évaluation
2è unité d'action: échanger avec les personnes concernées sur le résultat de l'évaluation de l'évolution de la démarche et convenir des suites à y donner.
3è unité d'action: convenir avec les personnes concernées du moment propice pour mettre fin à la démarche de même que de la perspective à adopter dans les circonstances, y compris la possibilité de les diriger vers une autre ressource.
4è unité d'action: effectuer une réflexion critique sur le déroulement de la démarche au cours et au terme de celle-ci

Appendix I (contd)**OTSTCFQ 2015 : Domaine 2: La gestion des éléments clés entourant la conduite d'un processus d'évaluation et d'une démarche en thérapie conjugale et familiale****p.12: Includes**

- 2.1 Être capable de produire les documents liés à la pratique professionnelle**
 - 2.1.1 Effectuer la tenue des dossiers professionnels
 - 1ère unité d'action Assurer la préparation et la gestion administrative des dossiers professionnels
 - 2è unité d'action Rendre compte des services professionnels rendus
 - 2.1.2 Préparer tout autre document concernant la prestation des services en thérapie conjugale et familiale
 - 1ère unité d'action Rédiger des lettres et des documents à caractère administratif
 - 2e unité d'action Produire des formulaires, des questionnaires ou tout autre document en thérapie conjugale et familiale ou veiller à remplir les formulaires utiles

- 2.3 Être capable d'agir en tant que thérapeute conjugale et familiale ou thérapeute conjugal et familial dans un contexte de collaboration professionnelle intradisciplinaire ou interdisciplinaire**
 - 2.3.1 Prendre part à toute situation visant les services offerts en thérapie conjugale et familiale qui suppose une collaboration professionnelle
 - 1re unité d'action: Interagir avec les ressources professionnelles en cause
 - 2e unité d'action: Veiller à exposer les valeurs de la thérapie conjugale et familiale et les particularités de la profession
 - 2.3.2 Contribuer à la circulation continue de l'information avec les ressources professionnelles en cause
 - 1re unité d'action: Transmettre aux ressources professionnelles en cause les renseignements utiles au sujet des services offerts en thérapie conjugale et familiale
 - 2e unité d'action: Faire en sorte d'obtenir auprès des ressources professionnelles concernées les renseignements nécessaires au sujet des services offerts en thérapie conjugale et familiale

Appendix I (contd)**p.14: Includes:****2.2 Être capable d'assurer la bonne marche de sa pratique professionnelle**

- 2.2.1 Se tenir à jour au sujet des nouveautés liées à sa pratique professionnelle
- 1re unité d'action Repérer et examiner les éléments nouveaux pertinents pour sa pratique professionnelle compris dans la littérature scientifique, la réglementation, les politiques et les norms de pratique et toute autre source d'information
- 2e unité d'action Veiller à ajuster sa pratique professionnelle en fonction de la nouvelle réalité