



Master of Arts In Marriage & Family Therapy

**Program Handbook
2020-2021**

Graduate School
of Marriage and Family Studies

EVANGELICAL SEMINARY



ACKNOWLEDGMENT

I, _____, hereby acknowledge the receipt of the 2020-2021 Master of Arts in Marriage and Family Therapy Program Handbook. I realize that I am responsible for reading and understanding this Handbook, which contains many of the policies, procedures, rules and regulations to which I will be subject. I further acknowledge that this Handbook supersedes and replaces any and all prior MAMFT Program Handbooks. I also understand that it is the intent of the MAMFT Program Handbook to give me some idea as to the policies to which I will be subject and that it is not a complete manual. Except as provided in this acknowledgment, I realize the policies may change from time to time and will be posted on Canvas under “MFT Program Information” when the policies do change.

Date: _____

Student's Signature

Student's Name (please print)

Please fill out this page, tear it out and hand it in to the MFT Program Director. Thank You!

REGISTRATION PERMISSION
(to be filled out & submitted by new students only)

As a regular part time or accelerated part time MAMFT student, I hereby give permission to the MFT Program to automatically register me for courses that I will take each semester and summer throughout the duration of the MFT Program.

If I am a “hybrid” student (meaning that the courses I take will not be according to the regular sequencing due to situations known to the Program Director), I give permission to the MFT Program to automatically register me for the courses that were agreed upon in the plan that was arranged with the Program Director.

I understand that if I desire to take any other course for either credit or as an audit, I must contact the Marriage & Family Studies Assistant **BEFORE or DURING THE FIRST WEEK** of a registration period. I also understand that if for some reason I do not desire to take a regularly scheduled course, that I will meet with my advisor or Program Director, to discuss this with them. The advisor or Program Director will then notify the Marriage & Family Studies Assistant of the change.

By signing below, I do hereby grant this permission.

Signature

Date

Print Name

Please fill out this page, tear it out and hand it in to the MFT Program Director. Thank You!

Master of Arts in Marriage and Family Therapy Program

WELCOME to the Master of Arts in Marriage and Family Therapy Program at Evangelical Seminary! You will be spending the next several years with faculty who, first of all, are committed to Jesus Christ, and then to helping equip you to become competent marriage and family therapists within a caring and collaborative educational environment. The work entrusted to mental health professionals is that of working with and caring for relationships, and we believe this work begins among ourselves. Among the greatest gifts your professors have to share with you are their collegial spirit of working together and their respect for one another. We anticipate your contact with faculty, staff and students at Evangelical will be positive and respectful as well, for these relationships will become the foundation upon which you build new and ever more nurturing ways of being with others.

The faculty respects the diversity that each of you brings to the program. You will be encouraged and supported in your sharing of the journey which has brought you to this place. It will be in the intimate associations of graduate education that you will come to understand more fully yourself and the experiences which may, at this time, be foreign, not understood, or unknown to you. It is with great pleasure, responsibility and trust in God's grace through relationship that the faculty teaches, mentors, supervises and serves you, knowing that we influence one another in immeasurable ways. Respect and professionalism are expected in all interactions. It is through these relationships with faculty, your classmates, and clients that you will grow personally and professionally, and ultimately be presented to the professional community upon graduation. Welcome!

History of the Marriage and Family Therapy Program

Pastoral counseling courses have been offered as part of the MDiv curriculum since the mid 70s, due to the interest of Jim Johnson, D. Min., and Ted Johnson, Ph.D., both of whom worked at Philhaven. In fact, initially there was a contract between Evangelical and Philhaven, for them to provide pastoral counseling courses at Evangelical. In 2000, Andrew Mercurio, D.Min. joined the faculty to head up the Christian Counseling area. Due to his foresight and conviction that an MFT program would meet a vital need in education for ministry, Andy proposed that the seminary make available an MA in MFT. In 2002 the seminary approved the creation of this degree program, which officially began the Fall of 2002 under the direction of Dr. Mercurio. On July 1, 2003, Joy E. Corby, Ph.D. joined the faculty to assist in the MFT program. Together Andy and Joy made some major adjustments to the MFT program, which quickly grew to be the second largest program of the seminary.

In need of places to fulfill the practicum requirements, the decision was made to begin to open our own counseling sites. After being invited to rent space in the new wing that was being built by Cornerstone Family Practice, floor plans were drafted and The Marriage & Family Center at Lititz was opened in October of 2004. The Wenger Family Counseling Center (whose name changed to The Wenger Marriage & Family Center in 2011) opened in May 2006 in the newly renovated rooms on the lower level of the seminary. Another Center was opened in Schuylkill Haven in September 2008, after having worked out of three churches in Schuylkill County for two years prior. The Schuylkill Center was then closed in August 2011 due to insufficient clientele, most probably due to several graduates whose practices are flourishing.

Gwen Scheirer was hired part time July 1, 2007 to help with the work in the MFT department, as a result of the growth it was experiencing. At the end of June 2008, Dr. Mercurio left ETS, while Janet Stauffer, Ph.D. joined the MFT faculty part time July 1, 2008. During the 2008-09 academic year a search was done to find a full time MFT faculty person. As a result, Robert Palmer, Ph.D., D.Min. was hired full time on July 1, 2009. As of July 1, 2014, Gwen switched to another position in the seminary, and Liz Brunsting joined the department as The Marriage and Family Studies Assistant. In January 2015, Dr. John Chuma became the Clinical Director of the centers, as well as an Affiliate Faculty member. In October 2018 Liz left and in January 2019, Mariana Gomes Baucher took her place. Together Joy, Robb, Janet, and Mariana comprise the MFT department and work closely together to continually fine-tune the curriculum in order to make the program better. In fact, official accreditation with The Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy was attained May 1, 2013, and was good through May 1, 2018. The program attained reaccreditation with COAMFTE, good

for seven (7) years, from May 1, 2018 – May 1, 2025. The program also became accredited with the International Accreditation Commission for Systemic Therapy Education (IACSTE), good from January 1, 2018 through December 31, 2021.

The Seminary's Mission Statement

In partnership with the church, Evangelical Seminary develops servant leaders for transformational ministry in a broken and complex world by nurturing rigorous minds, passionate hearts, and Christ-centered actions.

Vision Statement

Evangelical Seminary, striving to meet and exceed the leadership needs of the church, will prepare world-changing leaders who are authentically devoted to Jesus Christ, faithfully rooted in Scripture, effectively equipped to lead, and who will passionately carry the transformational message of Christ into the world.

The role of the seminary is to serve the church in preparing men and women whose Christian character gives evidence of a knowledge of God in Christ. Preparation involves the formation of the whole person – spiritually, emotionally, intellectually, physically, socially, and professionally.

The Seminary's Core Values

The curriculum and program of Evangelical are designed to promote growth and development in accordance with the following core values of the seminary:

Holy Scripture: *To establish students in the knowledge of God's inspired word, and to teach competency in its interpretation, proclamation, and application in the contemporary world.*

Academic Excellence: *To exhibit and model academic excellence in the teaching and learning of all disciplines in the seminary curriculum: biblical, theological, historical, pastoral, and counseling.*

Spiritual Formation: *To promote the process of spiritual formation for every student so that their relationship with the living Christ permeates their character, attitude, and ministry.*

Relational Wholeness: *To help students evaluate and grow in their relationship skills, commitments, accountability, and Christ-likeness within their marriages, families, friendships, congregations, and communities.*

Leadership Development: *To develop dynamic, creative, and Spirit-filled leaders who will serve Christ and the Church with integrity and skill while equipping others to do the same.*

Disciplemaking Passion: *To cultivate in students a passion and ability to take Christ's redemptive work to a lost world by proclaiming the good news of salvation, helping believers grow and mature in the faith and acting to alleviate human suffering and injustice.*

Global Vision: *To create in students an awareness, sensitivity, and active commitment to the global nature of the mission and ministry of the church.*

The Seminary's Four Main Disciplines with the MFT Program Goals

Religious Heritage: *Grounded in Scripture, theology, and historical orthodoxy.*

- Students will integrate Christian faith and Biblical principles with marriage and family theory and praxis, and to one's personal life.

Cultural Context: *Able to effectively and competently engage with our culturally diverse world.*

- Students will engage with cultural diversity and the world through clinical training contexts

and academic work.

Personal and Spiritual Formation: *Growth in self-understanding and spiritual maturity.*

- Students will deepen their self awareness and understanding and grow personally, relationally, and spiritually.

MFT Specialization: *Equipped to competently and effectively provide therapeutic services.*

- Students will develop competent professional skills as beginning marriage and family therapists.

MFT Program Outcomes

MFT Program Mission Statement

Congruent with the seminary's mission statement to develop servant leaders for ministry, the MFT program provides quality education and training in a committed Christian context to develop competent professional as beginning marriage and family therapists.

Program Purpose

The Master of Arts in Marriage and Family Therapy is designed to prepare men and women to minister in a variety of contexts as entry-level MFTs, committed to restoring lives, building marriages and relationships, and strengthening families. Based upon the relational/systemic theoretical orientation of family systems thinking, the program integrates biblical truth and Christian faith with these understandings. This program meets the academic requirements for Pennsylvania state licensure for marriage and family therapists.

Program Philosophy

Our philosophy is a blended model of Christian faith and MFT principles and beliefs that reflect Evangelical's mission statement, core values, and four main disciplines that reflect ATS guidelines. The program training is guided by a philosophy that incorporates the following values, beliefs and objectives:

- a) that God's Word is applicable to the modern world, its people and its cultures;
- b) that humans are created in the image of a relational God, and therefore relationships are of utmost importance;
- c) that personal and spiritual growth come from understanding the moral-spiritual and psycho-social-cultural dimensions of their lives;
- d) that being aware of and sensitive to issues of diversity and multiculturalism are key to living and working in today's complex world;
- e) that we can offer healing and wholeness to those who are wounded and broken;
- f) that marriage and family therapy and relational/systems theoretical orientations are foundational to understanding individuals and all relationships (couples, families, groups, cultures, societies, etc.);
- g) that a relational/multisystem framework that encourages mental, physical, social, relational, emotional and spiritual wholeness and growth is important/optimal;
- h) that we are preparing women and men as leaders to minister in a variety of contexts in a broken and complex multicultural world; and
- i) that we endeavor to maintain at least the county's diversity percentage in which the seminary is located.

Program Goals and Student Learning Outcomes (SLOs):

Program Goal 1: *Students will develop competent professional skills (including and related to knowledge, practice, research and ethics) as beginning marriage and family therapists.*

SLO 1: Students will demonstrate comprehension and application of the

relational/systemic marriage and family therapeutic models.

1.1 Students will demonstrate *comprehension* of the MFT models by at least 80% of students receiving a grade of 83% or higher:

1.1.1 On the *Theories Paper* in CC527 Theories I of MFT **and**

1.1.2 On the *Personal Models Paper* in CC528 Theories II of MFT.

1.2 Students will demonstrate *comprehension, application and competency* of the MFT models by:

1.2.1 showing a progression in theoretical competency development over the duration of the Practicum, as evidenced on the supervisor's evaluation of intern at the end of each supervisory rotation; and

1.2.2 at least 80% of the students attaining the program-level competency score in this area, by the end of their Practicum, as evidenced on the final supervisor's evaluation of intern; and

1.2.3 at least 80% of the students receiving a score of 3.0 or higher for this SLO, on both mid-term evaluations.

SLO 2: Students will be able to articulate what marriage and family theory/theories inform their clinical work and its application to multicultural contexts.

2.1 Students will demonstrate use of theory by at least 80% of students receiving a grade of 83% or higher on the *theoretical paper* in CC528 Theories II of MFT.

2.2 Students will demonstrate use of theory and its application to multicultural contexts by at least 80% of students receiving a grade of 83% or higher on the *theoretical paper* in CC826 Advanced MFT Seminar.

2.3 At least 80% of students will demonstrate use of theory by receiving a score of 3.0 or higher for this SLO, on the mid-term 2 evaluation.

SLO 3: Students will demonstrate knowledge and competency in assessment, diagnosis, treatment planning, and therapeutic interventions with individuals, couples and families seeking treatment, from a relational/systemic framework that is multi-culturally-informed.

3.1 Students will demonstrate *knowledge* of assessment, diagnosis, treatment planning, and therapeutic interventions with individuals, couples and families seeking treatment, from a relational/systemic framework that is multi-culturally-informed by:

3.1.1 at least 80% of students receiving a grade of 83% or higher on the *Role-play an assigned disorder and do a case conceptualization, a clinical assessment, & a treatment plan* in CC625 Assessment in MFT

3.1.2 at least 80% of students receiving a grade of 83% or higher on the *Take Home Final Exam's CC, CA & TP forms* in CC729 Abusive & Addictive Family Systems;

3.1.3 passing the case conceptualization, clinical assessment and treatment planning forms in the Oral Presentation.

3.2 Students will demonstrate *competency* of assessment, diagnosis, treatment planning, and therapeutic interventions with individuals, couples and families seeking treatment, from a relational/systemic framework that is multi-culturally-informed by:

3.2.1 showing a progression in these skills development over the duration of the Practicum, as evidenced on the supervisor's evaluation of intern at the end of each supervisory rotation; and

3.2.2 by at least 80% of the students attaining the program level competency

score in this area, by the end of their Practicum, as evidenced on the final supervisor's evaluation of intern.

3.3 Students will collectively receive the score of 2.0 or lower on the Client's Evaluation of Treatment (1 = extremely well and 5 = not very well at all)

SLO 4: Students will demonstrate knowledge and basic application of research to marriage and family therapy.

4.1 At least 80% of the students will receive a grade of 83% or higher on the *Task Analysis Assessment and Report* in CC627 Research in MFT.

SLO 5: Students will demonstrate knowledge and competency of MFT ethical, legal and professional issues.

5.1 Students will demonstrate *knowledge* of MFT ethical, legal and professional issues by at least 80% of students receiving a grade of 83% or higher on the *Case Studies (presentation/paper)* in CC728 Ethical, Legal and Professional Issues in MFT.

5.2 Students will demonstrate *competency* of MFT ethical, legal and professional issues by:

5.2.1 showing a progression in these skills development over the duration of the Practicum, as evidenced on the supervisor's evaluation of intern at the end of Each supervisory rotation; and

5.2.2 at least 80% of the students attaining the program level competency score in this area, by the end of their Practicum, as evidenced on the final supervisor's evaluation of intern.

Program Goal 2: Deepen student self-awareness, understanding and growth personally, relationally, and spiritually.

SLO 6: Students will demonstrate awareness of and address "self of the therapist" issues that impact the capacity for practice/service and ministry.

6.1 At least 80% of students will receive a score of 83% or higher on the *Personal Addictions Paper* in CC729 Abusive & Addictive Family Systems.

6.2 At least 80% of students will receive a score of 83% or higher on the in CC837 Sexual Function & Systemic Sex Therapy.

6.3 At least 80% of the students will receive a score of 3.0 or higher for this SLO, on the mid-term 1 & 2 evaluations.

6.4 Students will show a progression in this skill development over the duration of the Practicum, as evidenced on the supervisor's evaluation of intern at the end of each supervisory rotation.

6.5 At least 80% of the students will attain the program level competency score in this area, by the end of their Practicum, as evidenced on the final supervisor's evaluation of intern.

Program Goal 3: Engage students with issues of diversity and multi-culturalism.

SLO 7: Students will demonstrate awareness and comprehension of and sensitivity to issues of diversity and multiculturalism in the therapeutic process.

7.1 At least 80% of the students will receive a score of 83% or higher on the *Cultural Genogram Paper* in CC827 Gender and Ethnicity.

7.2 At least 80% of the students will receive a grade of 83% or higher on the *Posts of Theological positions statements on 7 issues of Diversity* in CC648 History and Theology of Marriage & Family.

- 7.3 Students will show a progression in these skills development over the duration of the Practicum, as evidenced on the supervisor's evaluation of intern at the end of each supervisory rotation.
- 7.4 At least 80% of the students will attain the program level competency score in this area by the end of their Practicum, as evidenced on the final supervisor's evaluation of intern.

Program Goal 4: *Involve students in Christian faith, Biblical principles and spiritual formation.*

SLO 8: Students will demonstrate comprehension and the ability to integrate Christian faith and Biblical principles with marriage and family theory and praxis.

- 8.1 At least 80% of students will receive a score of 83% or higher on the *Theology of Sexuality Paper* in CC837 Sexual Function & Systemic Sex Therapy.
- 8.2 At least 80% of students will receive a score of 83% or higher on the *Personal Position Paper* in CC648 History and Theology of Marriage & Family.
- 8.3 Students will show a progression in these skills development over the duration of the Practicum, as evidenced on the supervisor's evaluation of intern at the end of each supervisory rotation
- 8.4 At least 80% of the students will attain the program level competency score in this area by the end of their Practicum, as evidenced on the final supervisor's evaluation of intern.

SLO 9: Students will demonstrate knowledge and comprehension of Biblical principles and spiritual formation.

- 9.1 At least 80% of the students will receive a grade of 83% or higher:
 - 9.1.1 On the *Constructive Theology Project* in CT543 Survey of Christian Theology and
 - 9.1.2 On the *Engaged Learning Project and Integrative Report* in SF511 Spiritual Formation in Ministry.
- 9.2 At least 80% of students will receive a score of 83% or higher on a chosen spiritual formation personal response paper in CC625, CC637, CC729 or CC827.

Student/Graduate Achievements: accomplishments of graduates as a result of finishing the program.

- 1. Graduates of the program will maintain a minimum of 70% pass rate on the AMFTRB National Exam.
- 2. Program will maintain a 75% graduation rate of those students who enter the program.
- 3. Graduates of the program will maintain a 70% employment rate, in the field, of those who desire and seek such type of employment.

Faculty Outcomes

The goal of the MFT program for faculty is to continually build a faculty that has expertise in the field of Marriage and Family Therapy, is diverse, and is committed to a Christian worldview. The MFT faculty is committed to providing a stimulating learning environment at the seminary, in the field of Marriage and Family Therapy, for our students. This commitment is reflected in the following Faculty Outcomes:

- 1. **The faculty will demonstrate excellence in teaching.**
 - 1.1 Student course evaluations will be at least 3.5 (out of 5.0) or higher.

- 1.2 When reviewing faculty peer evaluations, the Dean of Faculty's results will be meeting standard performance or above (done every three years).
2. **The faculty will engage in professional activities that will enhance student learning and the learning environment.** Examples of this are through supervision of interns, conference attendance, continuing education, state licensure, program development, teaching, professional memberships and affiliations, COAMFTE site visitor visits and other.
- 2.1 MFT faculty will be actively engaged in providing professional therapeutic (clinical) services, as reported in the annual MFT faculty report survey.
 - 2.2 MFT faculty will obtain and/or maintain state licensure as a LMFT, or its equivalent, as reported in the annual MFT faculty report survey.
 - 2.3 MFT faculty will obtain and/or maintain AAMFT approved supervisor status, as reported in the annual MFT faculty report survey.
 - 2.4 MFT faculty will collectively average at least five (5) professional presentations and/or publications in a variety of contexts, and/or reviews (i.e., COAMFTE site visits) per year, as reported in the annual MFT faculty report survey.
 - 2.5 MFT faculty will collectively accrue at least 90 continuing education units/credits each two-year licensure period, and collectively average at least 30 CEUs each year, as reported in the annual MFT faculty report survey.
 - 2.6 MFT faculty will faithfully fulfill their annual teaching contracts, as reported in the annual MFT faculty report survey.
3. **The faculty will mentor students and graduates in collaborative learning experiences in order to develop competent beginning marriage and family therapists, and to advance the field of Marriage and Family Therapy.** Examples include advising, mentoring, supervising interns, supervising graduates in professional development, providing supervision of supervision, and other.
- 3.1 MFT faculty will collectively advise and mentor at least 25 MFT students per year, as reported in the annual MFT faculty report survey.
 - 3.2 MFT faculty will collectively instruct and teach at least 25 students per year, as reported in the annual MFT faculty report survey.
 - 3.3 MFT faculty will demonstrate acceptable supervision performance, with scores of at least 3.5 (out of 5) on intern evaluations of supervisors.
 - 3.4 MFT faculty will collectively provide supervision to graduates and/or supervision of supervision, for at least 9 individuals per year, as reported in the annual MFT faculty report survey.
4. **Faculty will participate and contribute in service to the life of the seminary, a local congregation, denomination, and/or a community.**
- 4.1 MFT faculty will collectively participate on at least 3 committees/groups/councils per year, as reported in the annual MFT faculty report survey.
 - 4.2 Each MFT faculty will participate and contribute in service to at least one of the following: a local congregation, denomination, and/or a local community, as reported in the annual MFT faculty report v.
5. **Faculty will address cultural diversity issues in their courses and in supervision.**
- 5.1 Student intern evaluations of faculty supervisors will be at least 3.5 (out of 5) on the question(s) dealing with cultural diversity.

The Program Outcomes established by the MFT faculty/personnel will be assessed, reviewed and revised as necessary, on a regular basis. A plan has been made (see pages 62-63 for the Plan for the

Assessment, Review and Revision of the MAMFT Program's Outcomes) that will be followed, based upon the Assessment Plan Design (see pages 66-69) and Annual Assessment Timeline (see pages 64-65).

Being accredited by COAMTE, under Standards 12, we collect data for the student/graduate achievement criteria that includes indicators such as licensure examination pass rates, graduation and retention rates, and employment or job placement. The following are what is currently required: 1) graduation rates for minimum, advertised, and maximum length of time for each cohort; 2) job placement rates for each cohort; and 3) a 70% pass rate on the licensure MFT exam for each cohort.

Roles of Faculty & Students in Governance

It is important that faculty and especially students know and understand their roles in the governance of the MFT program. The roles are simple, as follows:

- The roles of the faculty are to *educate, train, advise, model, mentor, supervise, lead, serve and learn*, while
- The role of the student is primarily to *learn* (which includes questioning, observing, reading, practicing etc.), *but also to evaluate and provide feedback*. (There will be both formal and informal ways to evaluate the program and to provide feedback, including but not limited to the following: learning outcomes questionnaire, course evaluations, supervisor evaluations, exit interview [upon graduation], and ad hoc surveys).

The MFT personnel participate in a monthly Program Meeting, during which many MFT issues are discussed and decisions made. If any MFT student has a question about the Program or a suggestion to make for the Program, (s)he is invited to contact the MFT Program Director to share her/his thought(s)/idea(s) (to be included on the agenda for the next meeting) and to be informed of the next meeting date, with the intention that the student attend and present his/her thought(s)/idea(s).

MFT Student Advisory Committee GUIDELINES (MFT SAC)

The MFT Student Advisory Committee (MFT SAC) will serve as a bridge between the MFT students and MFT faculty. The committee's functions will include the following:

1. facilitate student participation in the MFT program governance through nominated representatives from each cohort;
2. meet no less than four (4) times per year, and at least twice per semester (whether face-to-face or by use of technology). The first meeting will then take place during the month of September, once nominations have been made by each cohort;
3. the MFT SAC will annually choose one of its members as the chair of this committee, whose responsibility it will be to report to the MFT Program Director on a regular basis;
4. Annually nominate another person from the MFT SAC who will be, along with the chair of the MFT SAC, liaisons who will attend the MFT Program meetings as needed (especially when the Educational Outcomes of the Program will be reviewed);
5. identify the concerns, needs and issues of the MFT students;
6. assist with seminars and events sponsored by the MFT Program;
7. possibly assist MFT students in their professional development through seminars on the licensure process;
8. provide support for MFT students, as needed;
9. possibly plan MFT social events;
10. the MFT SAC leader will provide the Program Director with electronic copies of the written minutes of the MFT SAC's meetings.

Done annually, optimally during the initial two (2) weeks of the Fall semester, each MFT cohort will nominate one student to represent them on the MFT SAC. The persons nominated by each cohort are to then immediately inform the MFT Program Director of their cohort's choice. The MFT SAC is then to have its first official meeting during the month of September or October, once nominations have been made by each cohort.

MFT Curriculum

Sixty-five credits are required for this degree. These are distributed in nine areas of concentration, thus meeting the educational requirements for the Commonwealth of Pennsylvania, for the Association of Theological Schools, and for The Commission on Accreditation for Marriage and Family Therapy Education (COAMTE). These areas are: Faith Foundations, Spiritual Formation, Human Development, Marriage & Family Studies, Marriage & Family Therapy, Professional Studies, Research, Personal Enrichment, and a 300 or 500 hour supervised practicum. The program assists students to work from a multi-systemic framework that encourages mental, physical, social, relational, emotional, and spiritual wholeness and growth for individuals of all ages, couples, and families.

Courses are typically held during the afternoon and evening on Tuesday and Thursday, thus allowing those who work to be able to attend. Part-time students will attend classes one of these days, while accelerated part-time students will attend classes on both days during the first year.

It is possible for students who enter part time, to change and become accelerated part-time. Likewise, those who enter as accelerated part-time students may change to part time. Those students who change their status during the program end up being referred to as "hybrid students." This means that they must work closely with their advisor and Program Director, since it will not be likely for them to strictly follow the planned curriculum.

Time Limit

The Master of Arts in Marriage and Family Therapy degree may be completed in 2 ½-3 years of accelerated part-time study, or 3 ½-4 years of part-time study. When exceptional circumstances arise, a student may have up to 6 years to complete the program.

Meet the Faculty & Staff

Joy E. Corby, Ph.D. Syracuse University
Professor of Marriage & Family Therapy
Director of the Marriage & Family Therapy Program
Co-Director of the Marriage & Family Centers

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Kathy Lewis

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MFT CURRICULUM - 65 Credits

PROGRAM PREREQUISITES

- 1) Bachelor's degree in psychology, social work, sociology, human services, family studies, nursing or equivalent *is suggested*.

A. FAITH FOUNDATIONS

- 1) ST543 Survey in Christian Theology3 cr.
- 2) CC648 History & Theology of Marriage & Family.....3 cr.

TOTAL – 6 credits

B. SPIRITUAL FORMATION

- 1) SF511 Spiritual Formation in Ministry3 cr. **Total**

C. HUMAN DEVELOPMENT

- 1) CC633 Dynamics of Biopsychosocialspiritual Development and Health across the Life Span..3cr.
- 2) CC827 Gender & Ethnicity.....3 cr.
- 2) CC646 Psychological Tests, Measurements & Statistics.....1 cr.
- 3) CC625 Assessment in MFT3 cr.
- 3) CC713 Children & Adolescents in Family Therapy.....3 cr.

TOTAL – 13 credits

C. MARRIAGE & FAMILY STUDIES

- 1) CC527 Theories of Marriage & Family Therapy I3 cr.
- 2) CC528 Theories of Marriage & Family Therapy II3 cr.
- 3) CC525 Foundations for Marriage and Family Therapy.....3 cr.
- 4) CC545 Premarital Counseling Seminar.....1 cr.

TOTAL – 10 credits

D. MARRIAGE & FAMILY THERAPY

- 1) CC637 Family Therapy - Skills and Practice.....3 cr.
- 2) CC729 Abusive & Addictive Family Systems.....3 cr.
- 3) CC726 Marital Therapy - Theory and Practice.....3 cr.
- 4) CC837 Sexual Function & Dysfunction.....3 cr.
- 5) CC826 Advanced MFT Seminar1 cr.
- 7) CC784 Relevant Issues in the Practice of MFT1 cr.

TOTAL - 14 credits

E. PROFESSIONAL STUDIES

- 1) CC728 Ethical, Legal & Professional Issues in Family Therapy.....3 cr.

F. RESEARCH

- 1) CC627 Research in Marriage & Family Therapy.....3 cr.

G. PERSONAL ENRICHMENT

- 1) CC617 Personal Growth Plan.....0 cr.

H. PRACTICUM (21-24 mo.:300 client contact hrs./ 60+ hrs. supervision.)

- CC845 Counseling Practicum I.....3 cr.
- CC846 Counseling Practicum II.....3 cr.
- CC847 Counseling Practicum III.....3 cr.
- CC848 Counseling Practicum VI.....4 cr.

TOTAL - 13 credits

MFT PROGRAM STRUCTURE *(Part-time)*

FALL

WINTER

SPRING

SUM.-1

YEAR 1

CC527 (3) Theories I of MFT & CC525 (3) Foundations for Family Therapy	<i>Tests & Measurements Seminar CC646 (1)</i>	CC625 (3) Assessment in MFT & CC528 (3) Theories II of MFT	CC728 (3) Professional Ethics
=====	=====	=====	=====
6 credits	1 credit	6 credits	3 credits
			Total 16 cr

YEAR 2

----- ENACTMENT OF PERSONAL GROWTH PLAN -----			
CC637 (3) Fam. Therapy Skills & Practice & CC633 (3) Dynamics of Biopsychosocialspiritual	<i>Premarital Counseling Seminar CC545 (1)</i>	CC726 (3) Marital Therapy & CC729 (3) Abusive & Addictive Family Systems & CC845 (3) Practicum I (21- 24 months – 300 or 500 client contact hrs.)	CC713 (3) Children & Adolescents in Family Therapy
=====	=====	=====	=====
6 credits	1 credit	9 credits	3 credits
			Total 19 cr

YEAR 3

CC837 (3) Sexual Function & Sex Therapy & CC827 (3) Gender & Ethnicity & CC846 (3) Practicum II <i>PRACTICUM</i> ----->	CC784 (1) <i>Relevant Issues in the Practice of MFT</i>	CC627 (3) Research in MFT & ST543 (3) Survey of Theology & CC847 (3) Practicum III	CC648 (3) Hist & Theology of Marriage & Family
=====	=====	=====	=====
9 credits	1 credit	9 credits	3 credits
			Total 22 cr

YEAR 4

SF511 (3) Spiritual Formation & CC848 (4) Practicum IV <i>PRACTICUM</i> ----->	CC826 (1) <i>Advanced MFT Seminar</i>		
=====	=====	=====	=====
7 credits	1 credit	Total 8 cr	TOTAL 65 credits

MFT PROGRAM STRUCTURE *(Accelerated Part-time)*

FALL

WINTER

SPRING

SUM.-1

YEAR 1

CC527 (3) Theories I of MFT & CC525 (3) Foundations for Family Therapy & CC637 (3) Fam. Therapy Skills & Practice & CC633 (3) Dynamics of Biopsychosocialspiritual & CC617 (0) Personal Growth Plan	<i>Tests & Measurements Seminar CC646 (1) & Premarital Counseling Seminar CC545 (1) &</i>	CC625 (3) --- ENACTMENT OF PERSONAL GROWTH PLAN --- Assessment in MFT & CC528 (3) Theories II of MFT & CC726 (3) Marriage Therapy & CC729 (3) Abusive & Addictive Family Systems & CC845 (3) Practicum I <u>(21 - 24 months - 300 or 500 client contact hrs.)</u>	CC728 (3) Professional Ethics & CC713 (3) Children & Adolescents in Family Therapy
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FORMATION OF P.G.P. CONTRACT

--- ENACTMENT OF PERSONAL GROWTH PLAN ---

=====	=====	=====	=====	=====
12 credits	2 credits	15 credits	6 credits	Total 35 cr

YEAR 2

CC837 (3) Sexual Function & Dysfunction & CC827 (3) Gender & Ethnicity & CC846 (3) Practicum II PRACTICUM ----->	CC784 (1) <i>Relevant Issues in the Practice of MFT</i>	CC627 (3) Research in MFT & ST543 (3) Theology Survey & CC847 (3) Practicum III	CC648 (3) Hist & Theology of Marriage & Family
(21 – 24 months - 300 or 500 contact hrs.)			
=====	=====	=====	=====
9 credits	1 credit	9 credits	3 credits
Total 22 cr			

YEAR 3

SF511 (3) Spir. Formation & CC848 (4) Practicum IV PRACTICUM ----->	CC826 (1) <i>Advanced MFT Seminar</i>
=====	=====
7 credits	1 cr
Total 8 cr	
TOTAL 65 credits	

What to Know About the Program

When students are admitted to the program they are assigned a *faculty advisor*. It is with this person that a student will primarily work when it comes to registering for courses. An incoming class forms a cohort that will progress through the program together, offering encouragement and stability to one another. This cohort-centered approach is a major strength of the program that is an intense and sustained experience, described as a transformative journey that unfolds over the length of the program. Another strength of the program is the intentionally sequenced curriculum with purposeful self of the therapist development, while bringing cultural and theological sensitivity into the practice of marriage and family therapy.

Throughout the duration of the program, there will be ongoing assessment and evaluation of individual students, collective student growth, and overall program effectiveness. MFT students are not required to maintain a *Learning Portfolio*, although they may choose to do so of their own volition via TaskStream/Watermark. The MFT Program's Program Outcomes (Program Goals and Student Learning Outcomes) state what is used to assess each goal/outcome, and the Assessment Plan Design and Annual Assessment Timeline/Calendar provide information as to when each assessment is done. Nevertheless, the following things will be used as evaluative tools with each intern at the end of the second (2nd) and fourth (4th) supervision rotations:

- A summary of supervision experience (to include things such as: awareness of new self-of-the-therapist issues, diversity, theories/models, the supervision process itself [the dynamic with supervisor, etc], goals met, etc)
- A summary of clinical learning
- A description of client contact experience

Information about the above three (3) items is located on Taskstream/Watermark under MFT Program Information, and will be attached to the practicum evaluations, to be done on TaskStream.

**** Each student/intern *must* participate in *and* successfully pass an oral/written clinical evaluation.** This will include the following:

Guidelines for the Oral/Written Clinical Case Presentation/Evaluation Completed During CC847 MAMFT Counseling Practicum III

Throughout the practicum sequence, students develop clinical competencies. During the third (3rd) Counseling Practicum/supervision rotation (and into the fourth (4th) Counseling Practicum/supervision rotation, as needed), students will present an **Oral/Written Clinical Case Presentation**, during their group supervision time, to show evidence of their professional development as a therapist. The major focus will be to demonstrate their application and evaluation of their own theoretical perspective over the course/duration of one clinical case, as well as to show progression toward goals. Students will therefore also: 1) critique their clinical theory and their use of it with the selected case; 2) articulate how personal and professional values fit into the ethical care of their selected clinical case; 3) articulate and demonstrate their clinical awareness of and sensitivity to larger contextual/diversity issues within their selected case and how this impacts their ability to provide ethical, clinical care; and 4) briefly articulate their development of the self of the therapist in relation to the therapeutic process. A pass/fail grade will be given, and ***students must pass this evaluation in order to graduate from the MAMFT Program***. If a student fails the first time, they will be allowed to redo this presentation a second time, during the 4th Practicum (CC847).

Oral/Written Clinical Case Presentation: Students will complete the three (3) Gehart forms (Case Conceptualization along with the genogram, Clinical Assessment, and Treatment Plan)

for the case that they choose and also write a brief summary of their theory of therapy that they are applying to the case they will present. The three forms and summary must be submitted on Taskstream/Watermark at least two (2) weeks prior to the presentation. Students will then formally present their Oral/Written Clinical Case Presentation during the group supervision time of the third Practicum (CC847). The format for this 1.75 hour oral presentation will include (see grading rubrics for this):

- 1) a 10 minute summary of the case;
- 2) 4 to 6 video-taped clips from one relational clinical case (family or couple), with commentary/explanation and reflection on the video-taped sections (40-50 minutes);
- 3) 30 minutes of questions by faculty/supervisors and answers by the presenting student;
- 4) 15 minutes for an oral self-reflection and practicum group reflection on the growth as a therapist of the presenter, over the course of the program until that point.

Persons involved:

- 1) at least two (2) faculty supervisors (the group supervision supervisor, plus one other), and all three (3) if at all possible;
- 2) it is suggested that the student's practicum supervisor during Practicum III (unless the date of presentation is within the first month of this practicum, then the supervisor from Practicum II) be invited to attend, *but with no remuneration*.

Criteria and suggested timeline/format for this presentation:

- 1) The case must be relational - a couple or family, with the expectation of a minimum of 6 sessions;
- 2) Two weeks prior to the Presentation, submission, on Taskstream/Watermark, of the student's completed three (3) Gehart forms (inclusive of a genogram), and a summary of their theory of therapy that is applied to the case for presentation;
- 3) Provide a hand-out for fellow interns in that group supervision, of:
 - a. the summary of the student's theory of therapy that is applied to the case,
 - b. a copy of the genogram for the case;
- 4) Provide a hand-out summarizing each of the video clips, with the following information:
 - a. session date and session number
 - b. a brief description of what you are demonstrating in this video clip; and
 - c. a brief assessment/critique of your work in this video clip;
- 5) The student presenting will give a 10 minute summary of their chosen case;
- 6) 40-50 minutes of 4-6 video clips, possibly with discussion between clips. You will not be allowed to go over the time. Clips must reflect your work over time and demonstrate at least the following competencies:
 - a. Understanding of your theoretical orientation;
 - b. Clinical understanding of the case [conceptualization, clinical assessment & diagnosis (if applicable), and systemic relationships];
 - c. Progression of therapy toward the goals, with the use of the student's theory;
 - d. Self-of-the-therapist and/or family of origin issues showing up during the process;
 - e. An exploration of contextual/diversity issues; and
 - f. An explanation of any ethical and professional issues involved in the case.
- 7) 30 minutes of questions and feedback from supervisors (and other students if there is time), of the presenter's overall work
- 8) Closing the presentation with expressions of confirmation, affirmation and blessing by all present.

When writing your theory of therapy, it is not just telling us what the theory is all about; you are to explain the basics of the theory *as it applies to your relational case*. Explain why you chose this

theory (theories – no more than one or two supporting theories may be used), based on your case. Then explain how you used the theory/theories to help the client achieve their goals of therapy. You will need to include a written explanation of the contextual/diversity issues, as well as the ethical and professional issues, and the self-of-the-therapist issues involved in the case.

Course Description in the catalog:

CC847 MAMFT COUNSELING PRACTICUM III

(See the course description for CC845.) During this practicum, students will focus on preparing and presenting, during group supervision, a competent application of their theory of therapy to one of their relational clinical cases (family or couple), to show evidence of their professional development and competency, as well as to show progression toward their goals while using their theory. [A competent application of a theory of therapy will include the following aspects: contextual/diversity issues, ethical and professional issues, and self-of-the-therapist issues.] A pass/fail grade will be given, and students must pass this evaluation in order to graduate from the MAMFT Program. If a student fails the first time, they will be allowed to redo this presentation a second time, during the 4th Practicum (CC847)

Core Courses

The courses that comprise what are referred to as **core courses** include: CC525 Foundations for Family Therapy, CC527 Theories I of MFT, CC528 Theories II of MFT, CC625 Assessment in MFT, CC637 Family Therapy Skills & Practice, CC726 Marital Therapy Theory & Practice, and CC728 Ethical, Legal & Professional Issues in MFT.

Helps/Resources

When it comes to doing *genograms*, you have **two options** available to you:

The first option is with *GenPro*. You may purchase the use of *GenPro* for one (1) user, and you are welcome to use your copy of *GenPro* as long as you wish without paying anything extra. *GenPro* is delivered electronically. Your purchase receipt includes a permanent registration key with a link to download and upgrade *GenPro* at your convenience. If you wish to have a CD of *GenPro*, you are welcome to download *GenPro* and burn it on a CD. The cost for a 1-user license is \$49.00. For explanation and purchase of *GenPro*, go to: <http://www.genopro.com/>.

The second option is with *genogram analytics*. You may purchase the use of *genogram analytics* to use for one (1) year, for use on ten (10) genograms during that year. The cost for this is \$39.00. You may also choose to purchase *genogram analytics* to use for two (2) years, for the cost of \$54.00. Both of these products can be upgraded to the Professional Edition.

The Professional Edition has unlimited use and costs \$195.00. For explanation and purchase of *genogram analytics*, go to: <http://www.genogramanalytics.com>.

Practicum Admission and Process

Before students in the MAMFT program can begin their clinical portion of the program, the Practicum, certain criteria must be met. (Most students are expected to be ready at the prescribed time – depending on whether they are part time, accelerated part-time or “hybrids,” but some may not be ready to make this step.) The following criteria must be met in order to proceed into the clinical practicum:

1. a minimum 3.0 grade point average in all *core* MFT courses completed, with no grade lower than a C in **any** MFT course. [For those entering *part-time*, the following courses must have been successfully completed: CC525, CC527, CC528, CC625, CC637, & CC643. For those entering *accelerated part-time*, the following courses must have been successfully completed: CC525, CC527, CC637, & CC643; and then the students **must** be enrolled in CC528, CC625, CC726 and CC729 in the Spring semester.]

2. a student must have submitted and received approval for his/her Personal Growth Plan proposal (inclusive of a beginning and end date), which is to be completed for *part-time* students by the end of their second year (by the end of June), and for *accelerated part-time* students by the end of their first year (by the end of June), thus giving all one year to complete it.
3. MFT faculty will determine student readiness to begin the Practicum by conducting an evaluation of each student 2-3 months prior to the anticipated beginning, which may include a personal interview. (*see evaluation on pp.40-44*)

Beginning the Practicum is contingent upon meeting these criteria and the evaluation as indicated.
As a result of this evaluation, the student may receive one of the following outcomes:

- 1) Admittance to the Practicum with No Restrictions: the student will begin the practicum during the appointed semester. The student **must** provide the Program Director with the following before being able to begin Practicum:
 - a) The three “Clearances” (*to be paid by each student*):
 - 1) Pennsylvania Child Abuse History;
 - 2) PA State Police Criminal Record Check; and
 - 3) FBI Criminal History Check.
 - b) A copy of his/her Student Membership in AAMFT.
 - c) The signed “Choice of Practicum Hours” sheet
- 2) Admittance to the Practicum with Restrictions: the student will develop and write a plan that addresses the identified concerns, in consultation with his/her advisor, and then submit this to the Program Director. The student **must** provide the Program Director with the following before being able to begin Practicum:
 - a) The three “Clearances” (*to be paid by each student*)
 - 1) Pennsylvania Child Abuse History;
 - 2) PA State Police Criminal Record Check; and
 - 3) FBI Criminal History Check.
 - b) A copy of his/her Student Membership in AAMFT. & 19
 - c) The signed “Choice of Practicum Hours” sheet
- 3) Admittance withheld so that Restrictions can be dealt with first: the student will develop and write a plan that addresses the identified concerns, in consultation with his/her advisor, and then submit this to the Program Director. Regular reports of progress will be expected. An evaluation by the MFT faculty will take place at the end of the specified period of time. The following are the possible outcomes of this evaluation:
 - 1) Begin the Practicum, with No Restrictions
 - 2) Begin the Practicum, with Restrictions: the student will develop and write a plan that addresses the identified concerns, in consultation with his/her supervisor, and then submit this to the Program Director.
 - 3) Continue the break for an agreed upon time period: the student will continue to implement the established plan and/or make adjustments to it, with the approval of the Program Director.
 - 4) No Re-entry into the Practicum: the student no longer qualifies to continue in the MFT Program.
- 4) No Admittance to the Practicum: the student does not qualify to enter the clinical program. This means that the student no longer qualifies to continue in the MFT program.

Each student involved in these evaluations will receive a letter informing them of the results of

the completed evaluation, along with an electronic copy of their evaluation. Once approved to begin her/his practicum, each on-ground student **must** participate in an all-day orientation to practicum, usually held on a Friday in January at the Lititz Marriage & Family Center. Prior to this orientation, each student will receive a copy of the *Intern Manual*, which you are expected to review in preparation for the orientation.

Prior to beginning Practicum, each student must choose between completing either a 300 hour or 500 hour practicum. This will be explained during the CC637 Family Therapy – Skills and Practice course. Educational/Regulatory requirements vary from state to state. The educational requirements for licensure for the Commonwealth of Pennsylvania is a practicum of 300 hours. If you plan to remain in Pennsylvania to live and work, then you may choose the 300 hours option. If you plan to live and work in another state, that state’s educational/regulatory requirements for licensure will be discussed with you, sometime during that course, so that you may make an informed decision as to how many hours you will need to complete for practicum: either 300 hours or 500 hours. (Some, but not all states do require 500 hours of practicum in order to be licensed.) *The intention is for each intern to make an informed choice and to not change his/her mind.* However, if an intern would decide to switch from 500 hours to 300 hours, this will be permitted, while switching “up” (from 300 hours to 500 hours) will not be allowed. The “Choice of Practicum Hours” form (see p.39) will be given at least two months prior to those who will begin Practicum. This form must be submitted to the Program Director no later than the last day of classes in December (for those beginning Practicum in Spring), or another date to be determined if a student will begin Practicum at another time.

The Practicum is 21-24 months in length. The student will begin his/her practicum sometime during the semester for which they registered for CC845, and usually end 21-24 months after the start. (Ideally, the start will occur in February of the indicated spring semester, and will end once the chosen number of hours is reached.) What this means is that students are not guaranteed to finish the program by the end of January of their graduating year, but may have to continue their practicum through the final spring semester, and maybe even on into the summer months after graduation. This also means that interns may need to continue their practicum beyond having attained their chosen number of hours, due to the center having to serve its clientele before the new group of interns begins seeing clients. Initially, Evangelical student intern therapists are assigned to one evening per week at one of Evangelical’s counseling sites or collaborative sites, where they gradually build their case load. It is the intention of the program that clients will be added to the afternoon, and possibly the morning, so that intern therapists will experience a heavier case load, and thus accumulate the necessary 300 or 500 hours. Also, another site and/or day may also be added on to the original assignment, so that the intern will be able to attain her/his hours. *Students who will not be able to commit to both an afternoon and an evening may have to take longer to accumulate their hours.* (Other options may also be possible.)

During Practicum, both on-ground and on-line interns will/must participate in weekly supervision. ***For on-ground interns***, supervision will be broken into four, 6-month rotations (paralleling the four semesters that students register for Practicum), each with a different supervisor. During the first and second rotations, interns will receive supervision in “dyads,” after which supervision will be individually for the remaining two rotations. Normally, the dyad will meet 1 hour each week. However, if an intern during the 2nd rotation ends up seeing 10+ clients weekly, an extra half hour may be added on either before or after the dyad supervision has taken place. Similarly, during the 3rd and 4th rotations, each intern will have 1 hour of supervision, unless the intern has 10+ clients, then supervision may be 1.5 hours. There will also be ***group supervision*** once per month that will

take place *during the first week of every month*. Interns will be assigned to the groups. You will **not** meet for your dyadic or individual supervision during the week of group supervision. (Further specifications will be explained in the Intern Manual, given when a student is about to begin practicum.)

For on-line interns, supervision will be broken into four, 6-month rotations (paralleling the four semesters that students register for Practicum), but they may not be required to have four different supervisors (this depends on several factors); they may remain with the same one, especially if no others are available. If an intern ends up seeing 10+ clients weekly, then supervision may be 1.5 hours. There will also be **group supervision** once per month that will take place *during the first week of every month*. On-line students will attend group supervision via Zoom, where they will be able to see the other interns, any recorded cases that are presented, as well as share their recorded cases. Interns will be assigned to the groups. You will **not** meet for your individual supervision during the week of group supervision. (Further specifications will be explained in the Intern Manual, given when a student is about to begin practicum.)

Supervisors engaged in the MFT Program are either AAMFT Approved Supervisors or Supervisor Candidates, meaning they are working toward becoming an Approved Supervisor. When a supervisor is a Supervisor Equivalency, it means that they are neither an AAMFT Approved Supervisor nor Candidate, but have what the program believes to be equivalent training and experience to provide supervision. This supervisor must disclose this fact to the intern(s) during the first time they meet.

The Practicum Evaluations will be completed on TaskStream at the end of each supervisory rotation/practicum (see pp. 44-61). Successful intern performance is based only upon the supervisor's evaluation of the intern. The student will receive a grade of "CR" upon successful completion of each practicum. These evaluations will become part of the student's academic file. Supervisors will go over all the evaluations with the intern therapists during their final supervision time with that intern therapist.

After 7-10 months of participating in the Practicum, the MFT faculty will evaluate each intern's performance. (This is separate from the evaluations done by supervisors at the end of each 6 month rotation during the practicum.) The intent of this evaluation is to make sure that interns are progressing appropriately both professionally and personally in their practicum experience. (*see evaluation on page pp.42-43*) The following are the possible outcomes of this evaluation:

- 1) Continue with the Practicum, No Restrictions.
- 2) Continue with Practicum, with Restrictions: the student intern will develop and write a plan that addresses the identified concerns, in consultation with his/her supervisor, and then submit this to the Program Director.
- 3) Take a 6 month hiatus/break from Practicum to work on specific issues: the intern therapist will develop and write a plan that addresses the identified concerns, in consultation with his/her supervisor, and then submit this to the Program Director. During the break, regular reports of progress will be expected. An evaluation by the MFT faculty will take place at the end of the 6 month break, The following are the possible outcomes:
 1. Resume the Practicum, with No Restrictions
 2. Continue with Practicum, with Restrictions: the student will develop and write a plan that addresses the identified concerns, in consultation with his/her supervisor, and then submit this to the Program Director.

3. Continue the break for an agreed upon time period: the intern therapist will continue to implement the established plan and/or make adjustments to it, with the approval of the Program Director.
4. No Re-entry into the Practicum: the student no longer qualifies to continue in the MFT Program.

Each student involved in these evaluations will receive a letter informing him/her of the results of the completed evaluation, along with a copy (or an electronic copy) of the evaluation.

Collaborative Sites (*Program initiated*)

There are several “off-site” agencies/placements that have been approved as “collaborative sites” for “off-site” Practicum, and that have agreed to a *No-Payment Policy*. Students must be placed in these sites by the MFT faculty. These sites include:

- 1) Shepherd’s Touch/Upward Call: James Johnston, DMin, LSW; Leola and other places
- 2) Safe and Sound: Dan Derrer; Hershey and Reading
- 3) Kelly Ozelski, LMFT; Lebanon

The Program Director continually seeks additional possible placement and collaborative sites. We hope to be able to add other collaborative sites in the future.

MAMFT PRACTICUM POLICIES

I. Practicum For On-ground Students

It is our intention to work collaboratively with you in order for you to reach your chosen 300 or 500 hours needed for your Practicum requirement. We will do our best to provide the needed hours of Practicum. We *commit* to provide at least 150 hours toward the required 300 total hours for the Practicum, or half of the hours for the 500 hrs. We will begin by placing you in one of our own sites or in one of our collaborative sites. *We encourage you to seek another site to “add on” to your existing site* (or to possibly eventually substitute it for where you began your Practicum). The length of time an intern must serve in the initial placement site before (s)he can add on another site needs to be flexible, although 3 or 4 months is the suggested minimal length of time. Please understand that we will monitor the progress of your Practicum hours, and when needed/necessary, we will suggest that you add on another one of our collaborative sites, when this is a possibility. If you would like to submit a proposal for another site of your choosing (a site other than one of our collaborative sites), please submit the **Proposal for Extra Internship Site FORM** (see page 34) to the Program Director.

An academic requirement for all MFT students is to fulfill either a 300 hour or 500 hour clinical *Practicum / Internship*. At this point in time, *initially* it is the responsibility of the MFT faculty to insure placement of each intern therapist for his/her Practicum experience. Ideally, all intern therapists would conduct their Practicum at one or more of Evangelical’s counseling Centers. However, when the “client-load” of our (“on-site”) Centers is insufficient for meeting needed practicum hours, intern therapists will be placed at one of our collaborative off-site centers to either partially *or* fully fulfill their practicum hours. The MFT faculty is also willing to work on a case-by-case basis with intern therapists who may be considered for the following options:

OPTION A – Intern Therapist Initiated Split Practicum

If or when the “on-site” and/or collaborative off-site client-load is insufficient, an intern therapist may petition the Program Director for a split-practicum at a site of his/her own choosing that is *not* one of our collaborative sites. The following stipulations *must* be met:

- 1) The petition may not be submitted until the intern therapist has 3 or 4 months of Practicum experience. (It is encouraged, but **not** mandatory that the intern has gone through the 7-10 month evaluation by the MFT faculty members.)
- 2) The Proposal for Extra Internship Site *form* (see p. 34) must be submitted to the Program Director for review and to make an informed decision with the Clinical Director.
- 3) If approved, the student and “agency” must agree to the *No-Payment Policy* (see below).
- 4) If permission is granted, the intern therapist will be given forms (by the Graduate School of Marriage & Family Studies Assistant) to be signed by both the “agency” *and* by the intern therapist, and **must** be returned to the Program Director *prior* to beginning to see clients there.
- 5) If the agency/location where you will be doing a split practicum does *not* have its own “forms” or folder system, *it is up to the intern therapist to provide these*. In this case the intern therapist *must* use the “forms” from the Centers *if* no other forms are available. (Please see the Program Director about “adapting” certain forms.) The intern therapist must also provide or make sure that this regulation is met: that the *client files are kept in a locked filing cabinet that is kept in a locked room at the site* (all clinical files must have two locks between them and outside world). (Like the policy at our Centers, files should never leave the agency.)
- 6) The agency may want to provide some supervision, which is perfectly acceptable, and when this is true, the intern must participate when asked to do so. Nevertheless, the intern therapist must include the clients from this site during his/her regular supervision that is provided by the Program’s MAMFT supervisors.

OPTION B – Full “Off Site” Practicum (Student Initiated)

Understand that this option may be a possibility, depending upon a number of factors. Additional sites may be suggested for consideration, by students, to the Clinical and Program Directors, especially in areas further away from the geographical vicinity of ETS. When a student supplies the name of the agency and the contact information, the Clinical Director will investigate the possibility of the suggested site fulfilling the requirements and meeting the expectations for Practicum. If the Clinical and Program Directors approve the site as an option, then it may be possible for the intern to complete his/her practicum at that site. It will then be up to the intern therapist to contact this newly approved site and follow their protocols for being accepted as an intern there. The site must agree to the following three (3) stipulations:

- 1) The student and “agency” **must** agree to the *No-Payment Policy* (see below).
- 2) The agency must agree to the MAMFT program supervisors providing supervision to the intern therapist(s). The agency may provide in-house supervision of their own. In fact, supervision provided by the MFT program supervisors is considered secondary and educational to the supervision that is received at the off-site agency, as ultimate clinical responsibility resides with the agency.
- 3) The intern therapist must ask the Graduate School of Marriage & Family Studies Assistant for the off-site practicum forms, which **must** be signed by the agency *and* the intern therapist, and then returned to the Program Director *prior* to beginning the internship.

There are internship programs that might be available at TW Ponessa and at Pennsylvania Counseling Services (PCS). It may be possible for interns to seek an internship at one of these agencies, but interns *must do this on their own*, but *must first consult with the Program Director*.

No Payment Policy

Student interns working at “on-site” centers do not receive payment for their clinical work during their Practicum. To insure equity among all interns, those working at “off-site” locations will likewise **not** receive personal payment for their clinical work during their Practicum.

Practicum Flexibility

Customary practicum length is 21-24 months, usually beginning sometime during the Spring semester. (When a student changes from being an accelerated part-time to a part-time student, or vice-versa, the beginning of practicum may take place at a different time.) Also on occasion, due to extenuating circumstances, flexibility in length of the practicum is needed.

The MFT faculty takes responsibility for initial placement(s) to fulfill the Practicum requirement, and will also work with students in the placement process. The intent of the MFT faculty is for interns to complete the Practicum by graduation. If however, due to unforeseen circumstances or decisions made by a student, it becomes necessary for an intern to complete Practicum hours during the summer following graduation, students will be permitted to “walk” for graduation, as long as they will finish their required “hours” by the end of August. However, if the accumulation of hours is actually expected to extend past August, then the student will **not** be able to graduate or even “walk” for graduation.

II. Practicum Process Guidelines For On-line Students

Pre-Admission

Prior to admission to the program, seminary/program personnel will discuss with potential online students the fact that the student will be responsible to locate a site for his/her practicum, and then discuss in what type of locale he/she lives and the probability/possibility of securing a site. Potential students will be told that some help will be provided to them, by the program, in how to go about finding a site. This all will be done so that potential students will understand their responsibilities concerning the practicum.

Registered MFT Student, Pre-Practicum

ALL students in the MAMFT program must meet certain criteria before they can begin their clinical portion of the program, the Practicum. These criteria, along with the practicum admission and process is explained in detail in the MFT Program Handbook.

Informed Decision of Practicum Hours

Prior to beginning Practicum, each student must choose between completing either a 300 hour or 500 hour practicum, which takes place during the CC637 Family Therapy – Skills and Practice course. Educational/Regulatory requirements vary from state to state. The educational requirements for licensure for the Commonwealth of Pennsylvania is a practicum of 300 hours. If a student plans to remain in Pennsylvania to live and work, then he/she may choose the 300 hours option. If a student either *currently lives or plans to live and work in another state*, that state’s educational/regulatory requirements for licensure will be discussed with the student, sometime during this course, so that he/she may make an informed decision as to how many hours he/she will need to complete for practicum: either 300 hours or 500 hours.

The “Choice of Practicum Hours” form will be given to students in the CC637 course at least two months prior to beginning Practicum. This form must be submitted to the Program Director no later than the last day of classes in December (for those beginning Practicum in Spring), or another date to be determined if a student will begin Practicum at another time.

Finding and Procuring a Practicum Site

An academic requirement for all MFT on-line students is to fulfill either a 300 hour or 500 hour clinical *Practicum / Internship*, normally 21-24 consecutive months in length (with flexibility available when necessary), customarily beginning sometime during the Spring semester. Online students will be responsible to find an appropriate site where they can do their practicum/internship,

with the support and guidance of the program. Once a site has been located, online students will work through the approval process by submitting a **Proposal for Internship Site for On-line Students FORM** (see page 35) to the Program Director, for approval. (MFT personnel will then contact the site and discuss the appropriateness of taking on an MFT intern, and then inform the on-line student of its approval or not. Once approval/permission has been granted, a contract will be sent directly to the agency that will need to be signed and returned to the Program Director.) Forms will be sent to the student for the student to sign and for the student to give to the point person at the approved site to sign, and then these signed forms must be returned to the Program Director prior to the on-line student commencing with practicum.

A. Internship/practicum guidelines for students in the on-line MFT program consist of the following:

1. If the student lives “within a reasonable driving distance” to either The Wenger Marriage & Family Center (in Myerstown) or The Marriage & Family Center in Lititz, the student will be encouraged (but not required) to do her/his practicum in one of these locations, and to be supervised by one of the MFT department’s supervisors face to face. If the student opts to not do their practicum at one of these centers, then the student will be responsible to secure a practicum site in an Agency or Church that treats Families, Couples, and Individuals, and that will provide them with relational hours, according to the number of hours the student chooses to accumulate during the practicum, either:
 - A 300-hour practicum (120 relational hours requirement)
 - A 500-hour practicum (200 relational hours requirement)

The student must then submit, for approval, the **Proposal for Internship Site for On-line Students FORM** (see page 35) to the Program Director. MFT personnel will then contact the site and discuss the appropriateness of taking on an MFT intern.

2. If the student “*does not live within a reasonable distance*” to the centers, they will be responsible to secure a practicum site in an Agency or Church that treats Families, Couples, and Individuals, and that will provide them with relational hours, according to the number of hours the student chooses to accumulate during the practicum, either:
 - A 300-hour practicum (120 relational hours requirement)
 - A 500-hour practicum (200 relational hours requirement)

The student must then submit the **Proposal for Internship Site for On-line Students FORM** (see page 35) to the Program Director. MFT personnel will then contact the site and discuss the appropriateness of taking on an MFT intern.

3. If/When the internship site is approved, both the student intern and “agency” must agree to the *No-Payment Policy* (see above).
4. Once permission is granted, a contract will be sent to the agency to sign and other forms will be sent to the student (by the Marriage & Family Therapy Assistant) to be signed by both the “agency” *and* by the student intern, and then **must** be returned to the Program Director *prior* to the student intern beginning to see clients there.

B. During Practicum, both on-ground and on-line interns will/must participate in weekly supervision. (When the program contacts an agency to determine its suitability to take an MFT intern, the program will also discuss the kind of supervision that might/would be available to an intern at that agency. The program will then interview any potential supervisor to determine the kind of supervision that will be available and what might be needed additionally for our MFT intern.) Supervision for on-line students will fall under the following categories:

1. When an agency provides supervision with an AAMFT approved supervisor:
 - Student intern may complete all his/her supervision hours at the agency with that AAMFT approved supervisor.

- That AAMFT approved supervisor will be sent a **Clinical Supervision Contract** that she/he must complete, sign and submit to the Program Director prior to the intern commencing the internship..
- 2. When an agency provides supervision with a non- AAMFT approved supervisor, the student intern will be required to:
 - Get the name, email address and phone number of the agency's supervisor and send it to the Program Director, so that the program will be able to contact, for approval, the potential supervisor to confirm the qualifications of the supervisor, and once approved, for the intern to then meet weekly with that supervisor-, as well as to
 - have weekly supervision, via Zoom, with one of our assigned MFT program's supervisors.
 - The agency supervisor will be sent a **Clinical Supervision Contract** that she/he must complete, sign and submit to the Program Director prior to the intern commencing the internship.
- 3. When an agency does not provide supervision:
 - Student intern will be required to find an AAMFT approved supervisor in her/his area, and to pay for it.
 - The student intern will send the name, phone number and email address of the AAMFT approved supervisor to the Program Director. The program will then contact the supervisor to confirm his/her qualifications in order to grant approval/permission for the intern to meet with this supervisor.
 - The supervisor will then be sent a **Clinical Supervision Contract** that she/he must complete, sign and submit to the Program Director prior to the intern commencing the internship.

The on-line student intern will be subject to the agency's protocols and procedures where the student is doing his/her practicum/internship.

The intent of the MFT program is for interns to complete the Practicum by graduation. If however, due to unforeseen circumstances or decisions made by a student, it becomes necessary for an intern to complete Practicum hours during the summer following graduation, students will be permitted to "walk" for graduation, as long as they will finish their required "hours" by the end of August. However, if the accumulation of hours is actually expected to extend past August, then the student will **not** be able to graduate or even "walk" for graduation.

MFT Practicum Requirements for On-ground Interns

The following are the practicum requirements for MFT student intern therapists:

1. The practicum's duration is usually for 21-24 months (customarily serving a minimum of 21 months).
2. During the 21-24 months, the intern therapist is to complete a total of either 300 or 500 face-to-face client contact hours, 40% of which (120 or 200 hours) **must** be "relational" hours. A relational hour is when the intern meets with a couple or family in the therapy room for at least 50 minutes. (Group therapy typically does **not** count toward relational hours.)
3. The intern therapist is expected to work at least one day or partial day per week (depending upon client case load and agency expectations) at the internship/practicum site.
4. The intern therapist **must** participate in weekly supervision (of 1 hr), and is to be supervised by one of the MAMFT program supervisors throughout the duration of her/his practicum.
 - a. Supervision will be broken into four, 6-month rotations (paralleling the four semesters that students register for Practicum), each with a different supervisor.

- During the first and second rotations, interns will receive supervision in “*dyads*,” after which supervision will be done *individually* for the remaining two rotations.
- b. *Group supervision* will take place once per month for two (2) hours usually *during the first week of every month*, and interns will **not** meet for their dyadic or individual supervision during that week.
 - c. When supervision is impossible to do face-to-face, due to illness or emergency, supervision *may* take place using **secured** digital technology, like Zoom with use of the VPN or Doxy.Me – Skype and Google Hangouts are **not** permissible, as they do not provide the necessary security.
 - d. An off-site agency *must* agree to this supervision, although the agency may provide “in-house supervision.” The supervision provided by the MFT program supervisors is considered secondary and educational to the supervision received at the off-site agency, as ultimate clinical responsibility resides with the agency.
5. Complete a *minimum* of 60 hours (for the 300 hours option) or 100 hours (for the 500 hours option) of supervision with the MAMFT program supervisors. **One half (1/2) of the total hours of supervision must be “raw data”** (live and/or recorded; when necessary, only ¼ of the hours may be audio-taped). This means that therapy sessions need to be recorded as much as possible. [The intern will most likely receive more supervision than needed.] Also note that ***if an intern were to receive no supervision during any calendar month, none of the client contact hours will be permitted to count toward his/her total clinical hours!***
 6. The intern is expected to apply what is learned in supervision to her/his client cases. There will be times when a specific directive is given by the supervisor for an intern to do or not do (most likely in cases that tend to be difficult and/or have ethical issues, thus needing more direction); *the intern is expected to follow through and carry out the directive*. **If** the intern, for whatever reason, **decides to not carry out the given directive, this will be considered a breach of ethics, resulting in consequences, including possible dismissal from the program**, depending upon the seriousness of the breach. The supervisor’s experience and knowledge must be honored. [If the intern has a question about a given supervisor’s directive, (s)he may contact the Clinical Director and/or the Program Director.]
 7. The Practicum Evaluations will be completed on TaskStream/Watermark at the end of each supervisory rotation/practicum. Successful performance will be demonstrated at the end of CC845 by having a cumulative score of 2.0 or higher in each of the five “skill areas.” In CC846, successful performance will be demonstrated by showing **some** progression in theoretical competency and skills development from the previous practicum evaluation (ideally demonstrated in most categories). Successful performance will be demonstrated at the end of CC847 by showing **some** progression in theoretical competency and skills development from the previous practicum evaluation, and/or maintaining competency once attained. Successful performance of the final Practicum, CC848, will be demonstrated by attaining the program level competency score (which is 4.0) in at least four (4) of five (5) “skill areas” of the evaluation. The student will receive a grade of “CR” upon successful completion of each practicum.
 8. The intern therapist (and any other off-site agency) must agree to a *no-payment policy*. The intern therapist is *not* to be paid for his/her clinical work during her/his practicum.
 9. The intern therapist is to sign the MAMFT Practicum Agreement of Evangelical Seminary (see page 36-37).
 10. When an intern therapist works at an off-site agency, other than a collaborative site, the intern therapist must get the necessary forms from the Marriage & Family Therapy Assistant, which must be signed by the agency **and** the intern therapist, and then returned to the Program Director *prior* to beginning the internship/practicum.

MFT Practicum Requirements for On-Line Interns

The following are the practicum requirements for MFT on-line student intern therapists:

1. The practicum's duration is usually for 21-24 months (customarily serving a minimum of 21 months).
2. During the 21-24 months, the intern therapist is to complete a total of either 300 or 500 face-to-face client contact hours, 40% of which (120 or 200 hours) **must** be "relational" hours. A relational hour is when the intern meets with a couple or family in the therapy room for at least 50 minutes. (Group therapy typically does **not** count toward relational hours.)
3. The intern therapist is expected to work at least one day or partial day per week (depending upon client case load and agency expectations) at the internship/practicum site.
4. The intern therapist **must** participate in weekly supervision (of 1 hr), and is to be supervised by the supervisor as explained above, throughout the duration of her/his practicum.
 - a. Supervision will be broken into four, 6-month rotations (paralleling the four semesters that students register for Practicum).
 - b. *Group supervision* will take place once per month for two (2) hours usually *during the first week of every month*, and interns will **not** meet for their individual supervision during that week. On-line student interns will join group supervision via Zoom, and will be expected to share recordings of their cases.
 - c. When an agency provides non AAMFT-approved supervision, the weekly supervision provided by the MFT program supervisors is considered secondary and educational to the supervision received at the agency, as ultimate clinical responsibility resides with the agency. The agency *must* agree to this supervision.
5. Complete a *minimum* of 60 hours (for the 300 hours option) or 100 hours (for the 500 hours option) of supervision with the MAMFT program supervisors. ***One half (1/2) of the total hours of supervision must be "raw data"*** (live and/or recorded; when necessary, only ¼ of the hours may be audio-taped). This means that therapy sessions need to be recorded as much as possible. [The intern will most likely receive more supervision than needed.] Also note that ***if an intern were to receive no supervision during any calendar month, none of the client contact hours will be permitted to count toward his/her total clinical hours!***
6. The intern is expected to apply what is learned in supervision to her/his client cases. There will be times when a specific directive is given by the supervisor for an intern to do or not do (most likely in cases that tend to be difficult and/or have ethical issues, thus needing more direction); *the intern is expected to follow through and carry out the directive*. **If** the intern, for whatever reason, **decides to not carry out the given directive, this will be considered a breach of ethics, resulting in consequences, including possible dismissal from the program**, depending upon the seriousness of the breach. The supervisor's experience and knowledge must be honored. [If the intern has a question about a given supervisor's directive, (s)he may contact the Clinical Director and/or the Program Director.]
7. The Practicum Evaluations will be completed on TaskStream/Watermark at the end of each supervisory rotation/practicum. Successful performance will be demonstrated at the end of CC845 by having a cumulative score of 2.0 or higher in each of the five "skill areas." In CC846, successful performance will be demonstrated by showing **some** progression in theoretical competency and skills development from the previous practicum evaluation (ideally demonstrated in most categories). Successful performance will be demonstrated at the end of CC847 by showing **some** progression in theoretical competency and skills development from the previous practicum evaluation, and/or maintaining competency once attained. Successful performance of the final Practicum, CC848, will be demonstrated by attaining the program level competency score (which is 4.0) in at least four (4) of five (5)

“skill areas” of the evaluation. The student will receive a grade of “CR” upon successful completion of each practicum.

8. The student intern therapist and agency must agree to a *no-payment policy*. The student intern therapist is *not* to be paid for his/her clinical work during her/his practicum.
9. The student intern therapist is to sign the MAMFT Practicum Agreement of Evangelical Seminary (see page 38).
10. When an on-line student intern therapist works at an agency, the student intern therapist must get the necessary forms from the Marriage & Family Therapy Assistant, which must be signed by the agency **and** the student intern therapist, and then returned to the Program Director *prior* to beginning the internship/practicum.

Ending the Program

Each student must undergo two exit assessments. The first assessment is an exit questionnaire (done on TaskStream/Watermark) and a group interview, usually held on the same day as the final class of the MFT Advanced Seminar course in January. [On-line students will join this group interview via Zoom.] The second assessment is done on-line in TaskStream/Watermark after graduation. This assessment is **very** important as it helps us assess our program goals, so please participate in this!

General Policies & Definitions

Disability Policy

Any student whose disability falls within ADA guidelines **must** see the Dean of Students and also provide the necessary documents of their disability before any accommodation(s) can be provided by the professor. Please see Evangelical’s Student Handbook for further details.

Academic Integrity

Academic honesty in your work is expected and required. All work must be your own. Violations of academic integrity/honesty include, but are not limited to: *plagiarism* (substituting as one’s own work part or all of any assignment, oral or written, that is copied, paraphrased or purchased from another source, including on-line sources, without proper acknowledgement of that source); *cheating*; and *facilitating academic dishonesty* (helping another student violate this policy). Academic dishonesty is a serious infraction and will not be tolerated. Any student found guilty of plagiarism risks failure of the assignment, and possibly the course. Located on Canvas, under the MFT Program Information, is a document entitled *APA Guidelines and Plagiarism*. **Please** refer to this. Also please see the Student Handbook policy concerning academic integrity/honesty.

APA Format

All papers submitted during your tenure in the MFT Program will be written in APA format. Located on Canvas, under the MFT Program Information, is a document entitled *APA Guidelines and Plagiarism*. **Please** refer to this to make sure you write your papers according to APA style.

Attendance & Assignments

Students are expected to attend all classes, and to come prepared to each class, having read what has been assigned, and having completed assignments that are due. Students are also expected to be punctual!

Grades

An MFT student is expected to maintain a minimum 3.0 grade point average in all **core** MFT courses, with no grade lower than a C in **any** MFT course. If a student receives a C- or lower in any

marriage and family therapy course, that course **must** be repeated. MFT faculty uses grade equivalents that are established and stated in the seminary catalog.

Professional Ethics

While a student is enrolled in the MAMFT Program, you will be expected to adhere to the AAMFT Code of Ethics. Violation of the professional standards may result in disciplinary action and possible dismissal from the program.

Evaluation, Assessment & Collection of Information: Policies and Procedures

In order to improve the Program, as well as to meet the requirements for accreditation, assessment and evaluation of students will take place throughout the program, and additionally as a graduate of the program. As a new student, basic information about you will be gathered via Populi and reported to the MFT Director.

There are two “Mid-term Evaluations” of all MFT students that are done by the MFT faculty. The first evaluation is done 3-4 months prior to beginning the Practicum (see pp.40-41). This evaluation determines a student’s preparedness to begin the Practicum, which is explained on pages 18-19. Once a student has begun the Practicum, the second evaluation is done 7-10 months later, by the MFT faculty (see pp. 42-43). The intent of this evaluation is to make sure that interns are progressing appropriately both professionally and personally in their practicum experience. This evaluation is explained on pp. 20-21. Each student involved in these evaluations will receive a letter informing him/her of the results of the completed evaluation, along with an electronic copy of the evaluation.

While participating in the Practicum, at the end of each of the four rotations of supervision (each rotation is 6 months, with the final rotation possibly being either shorter or longer), evaluations will be conducted (and completed on TaskStream/Watermark). These evaluations include an intern self-evaluation, the supervisor’s evaluation of the intern, and the intern’s evaluation of the supervisor (see pp.44-61). Explanation of successful completion of these evaluations is given on p. 21.

The MFT Program has an Assessment Plan (see pp. 62-65 for the Program Outcomes: Program Goals, Student Learning Outcomes, and Faculty Outcomes), which use the grades of various papers and exams, and evaluation results. According to this Assessment Plan, each Student Learning Outcome is clearly labeled as to what will be used to assess each outcome. This information and data collected will remain anonymous, and will be used for assessment purposes for the improvement of the Program.

After graduating from the MAMFT Program, you will occasionally receive a survey that will ask different kinds of questions that will help us collect information for the purpose of submitting the COAMFTE Annual Report and for providing evidence of the program attaining its Program Outcomes in order to maintain COAMFTE accreditation. We will greatly appreciate your participation in these.

Protection of Private Information

Self-awareness and personal growth is an important aspect of development as a professional therapist. Courses in the program will have assignments that will invite students to share personal information in small and large groups and in written assignments. The MFT faculty wants you to know that you will never be forced to share information that you are uncomfortable sharing. We seek to protect your privacy, yet stretch you to become transparent while developing appropriate boundaries as a professional. The faculty is committed to creating a safe environment in which you can address personal concerns. We encourage you as a therapist-in-training to stretch and to risk

more with us and your student colleagues than you might normally be prepared to do. In general, self-reflection is worth the discomfort in terms of the growth it can produce for you, and what it adds to your ability to be helpful to others.

In the process of becoming a marriage and family therapist, personal issues are often brought up for students. This is normal and to be expected. When painful experiences from a student's past come up and even get in the way of his/her clinical work, MFT faculty expect that students will seek their advice. We will be happy to discuss these issues as they pertain to clinical work, but will make referrals for therapy when the issue needs to be addressed more thoroughly by the student.

Faculty members share student clinical and academic information and progress with each other when evaluating student progress. Personal information directly and specifically related to academic performance and clinical practice may be discussed during these evaluation sessions. Otherwise, faculty will not share personal confidences or struggles of students with one another.

Grievances Policies

Please check Evangelical's Student Handbook for academic and other grievances policies.

Serious Responsibility of the MFT Faculty

We are committed to helping you thrive in developing your gifting and calling to its fullest. That is the reason we are here. Nevertheless, because marriage and family therapists intervene in the lives of other people, their clients, it is of utmost importance that only competent beginning-level clinicians be allowed to graduate. In cases where a student is severely lacking in clinical skill and/or who is severely hindered by personal difficulties, it is the serious responsibility of the MFT faculty to identify the student and his/her difficulties, and to advise that student in another, different direction, out of the program.

Advising a student out of the program is a sad and difficult situation for both student and faculty. Because of this, faculty will attempt to work with any student who exhibits such deficiencies. Advising a student out of the program is very rare and which we try to avoid.

Deficiencies include, but are not limited to the following:

1. inability to appropriately apply theoretical material in a clinical setting. This includes being unable to engage clients in therapy, to adequately conceptualize cases, to diagnose existing problems, and to design and implement treatment plans and strategies.
2. consistent failure to work with supervisors, faculty and/or students.
3. manifestation of either a serious enough emotional problem or personal issue that negatively impacts clients, and either make no effort to resolve these problems or, after engaging in therapy, have made insufficient gains to continue in the practice of marriage and family therapy.

The explanation and possible outcomes of the student evaluation prior to beginning practicum and of the intern evaluation 7-10 months after beginning practicum are in place to serve as guidelines to deal with a student who may be struggling with deficiencies.

Canvas

Evangelical uses Canvas to aid in course organization. Syllabi and information will be located on Canvas under each class. Each student is responsible for the information the professor places there.

The Program Director receives invitations from students in other COAMFTE schools who are doing research projects for their degree. The Program Director will place all such invitations on Canvas. Please look on Canvas from time to time to check what research projects in which you are willing

to participate, and thus help out another fellow MFT student somewhere else! Thanks!

TaskStream/Watermark

The MFT Program uses TaskStream/Watermark, an online assessment platform, for all of its courses. All course assignments are submitted to TaskStream/Watermark and electronically graded by professors. TaskStream/Watermark also serves as a “gradebook” for each course. Evaluations are also done via TaskStream/Watermark. Each *new* student will be given directions on how to enroll in and use TaskStream/Watermark prior to beginning the Fall semester.

The Program also has information on TaskStream/Watermark, under MFT Program Information. You will find: the MFT Program Handbook, the Intern Manual, forms used at the counseling centers, and lots of the “Helps” for the counseling centers. There is also other information there. Check it out!

Time2Track

The MFT Program uses Time2Track to track interns’ clinical training and supervision hours during Practicum. Interns will submit their clinical and supervision hours within 24 hours after seeing clients and supervisors. These hours are monitored by the Clinical Director, The Marriage & Family Centers’ Administrative Assistant, and the Program Director, and are considered the official hours.

Technology Training for Students/Faculty/Supervisors

New students, faculty and supervisors will receive training for TaskStream/Watermark, Time2Track, and the Video recording systems at our Centers via emails, instructions and videos. “Keys” for TaskStream/Watermark will be sent via email to new students prior to the beginning of classes, in order for them to “enroll” in Taskstream, along with instructions and links to videos as to how to navigate this system. “Keys” for Time 2Track will be sent via email to new interns prior to their beginning Practicum, in order to “enroll” in Time2Track, along with instructions and links to videos as to how to navigate this system. These instructions and videos provide what is necessary in order to learn how to navigate each of these platforms, and will also be available to them on TaskStream/Watermark, under “MFT Program Information.”

For any new faculty and supervisors, the instructions and videos will also be made available to them concerning Taskstream, Time2Track, and the video recording systems at our Centers, as well as extra support by the Marriage and Family Studies Assistant.

Definition of Diversity

The program agreed to adopt COAMFTE’s definition of diversity during the May 5, 2015 program meeting. The program’s definition of diversity is: *Diversity includes (but is not limited to) race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religion, spiritual and/or religious beliefs, nation or origin, or other relevant social categories, immigration or language.*

PERSONAL DEVELOPMENT

Aside from the professional development that this program affords, students will be challenged to grow personally in their own marriages, family and personal relationships. A therapist cannot lead others to places where they are not willing to go themselves. The focus here is not upon perfection of character and relationships, but rather upon the intentionality and integrity of marriage and family therapists to focus and deal with their own issues as an ongoing process of Christian sanctification. Structures and formats for personal development include, but are not limited to:

MFT RETREAT for on-ground students (and possibly for online students)

This informal retreat, *held during early fall of the first year of study*, helps to orient on-ground students to the program and to strengthen the cohort. *Students and their spouses (when applicable) are expected to attend.* The goals of the retreat are:

- a) To strengthen and promote bonding and unity among the incoming class of students who will journey together as a cohort group in this program;
- b) To promote and foster “preventative care” for marriages and families during the intense program of study;
- c) To promote personal and relational enrichment;
- d) To promote spousal support of this program and for a potential networking of those spouses, couples, and singles to begin to develop; and
- e) To foster the student-faculty relationship.

COHORT SUPPORT

Since this program is structured and sequential, classes of students will progress together. This allows for an increased sense of relational connection and support throughout the program.

PERSONAL GROWTH PLAN (P.G.P.)

Although each student must have submitted and received approval for his/her Personal Growth Plan proposal (inclusive of a beginning and end date) as part of the criteria to be met in order to begin her/his practicum, it will not be until the second fall semester (part-time students) and first Fall semester (accelerated part-time students) that he/she actually register for his/her PGP. The personal growth plan is designed by each student him/her-self, with the Marriage and Family Studies Assistant approval and oversight. *All students* must participate in a minimum of six (6) therapy sessions for individual, marital or family concerns. The intention of the PGP is for each student to address a particular need/issue that will help her/him to progress personally and/or relationally, which will thus serve to also help to prepare her/him as a therapist.

Students must submit a written proposal of their PGP to the Graduate School of Marriage & Family Studies Assistant for what they expect to do, when they plan to begin and end, what issue(s) they hope to address, and with whom they hope to do therapy. The PGP will be approved and monitored by the Graduate School of Marriage & Family Studies Assistant. Upon completion of the PGP, students must submit a written summary of what they learned. A grade of “S” will be given when the PGP is completed.

Beyond Graduation: Professional Credentials

Pennsylvania MFT Licensure Requirements

- Masters Degree in MFT (or closely related field) = meeting the educational requirements
- 3000 post graduate “clinical” hours:
 - At least one-half (1500 hrs) of the experience must consist of providing face to face services in one or more of the following areas:
 1. Assessment
 2. Couples Therapy
 3. Family Therapy
 4. Other systems interventions
 5. Consultation
 6. Individual Therapy
 7. Group Therapy
 - The other half (1500 hrs) **may** include clinical (non-face-to-face) time related to:
 1. Staff Meetings
 2. Note-taking/clinical record keeping/paperwork; billing, etc.
 3. Phone calls related to clinical work
 4. Reading/research related to clinical work
 5. Leading job-related support groups or psycho-educational groups
 - The 3000 hours must be completed in no less than 2 years and no more than 6 years
 - 150 hours of supervision (a 1:20 or 2:40 supervision-clinical ratio, *on a weekly basis*)
 - 75 hours **MUST** be individual supervision
 - 75 hours **MAY** be group supervision
 - Of the clinical hours, 1500 hours **must** be supervised by an:

AAMFT Approved Supervisor

OR

AAMFT Supervisor Candidate

The other 1500 hours **may** be supervised by:

A licensed therapist (MFT or other) who has at least a master’s degree in a related field and 5 years experience within the last 10 years in that field.
- Passing the MFT Licensing Examination: 200 multiple choice questions in 4 hours.
This is taken after you meet all the requirements and submit your official application for licensure.

*******Please Note: Once you graduate, you must be under supervision in order to accumulate hours toward licensure.**

Proposal for Extra Internship Site FORM

According to the MFT Handbook and Intern Manual, when an intern would like to add an extra internship site, there are several stipulations that must be met (see below). If these are met, then the intern therapist may submit a proposal for an additional site. To do so, please complete this form.

Name of site (agency/church) _____

Address of site _____

Name of contact at site: _____

Position of this contact person: _____

Phone number of contact: _____

Describe the type(s) of counseling services (individual, couple, family, premarital) that you expect to provide at this site:

How many weekly client hours do you expect to provide at this site? _____

When do you hope to begin to see clients at this site? _____

When do you plan to stop seeing clients at this site? _____

It is important that you read the following and then sign the form at the bottom:

1) ***I understand that***, if I am currently interning at one of Evangelical's counseling sites, this will remain a priority and I will continue interning at that site (unless otherwise determined by the Clinical Director).

2) ***I also understand that***, if I agree to provide counseling services until a specified date at this extra site, and I attain the required total number of practicum hours (120 relational/300 total OR 200 relational/500 total) before the agreed upon ending date with this extra site,

a) I will be able to continue to see clients at this extra site under the liability insurance of the program, **and**

b) I will pay my assigned supervisor for the supervision of these cases. [This means that you will pay them the fee that Evangelical normally pays them.]

3) ***I understand that***, if this is a church site, I must pay to have this site listed on Evangelical's liability insurance policy with CPH in order to cover them if anything should ever happen. (The fee is actually 10% of the cost of the policy (which fluctuates), but the 10% usually runs between only \$30 and \$40 per year.) I agree to pay this cost.

Intern Signature _____ **Date** _____

DECISION: ☐ **Approved** ☐ **Not approved (reason)** _____

Signature of Clinical Director or Program Director **Date** _____

Proposal for Internship Site for On-line Students FORM

According to the MFT Handbook and Intern Manual, when an on-line student would like to secure an internship site, there are several stipulations that must be met (see below). If these are met, then the student may submit a proposal for an internship site. To do so, please complete this form.

Name of site (agency/church) _____

Address of site _____

Name of contact at site: _____

Position of this contact person: _____

Phone number of contact: _____

Describe the type(s) of counseling services (individual, couple, family, premarital) that you expect to provide at this site:

How many weekly client hours do you expect to provide at this site? _____

When do you hope to begin to see clients at this site? _____

When do you plan to stop seeing clients at this site? _____

It is important that you read the following and then sign the form at the bottom:

1) ***I understand that***, if I agree to provide counseling services until a specified date at this site, and I attain the required total number of practicum hours (150 relational/300 total OR 250 relational/500 total) before the agreed upon ending date with this extra site,

a) I will be able to continue to see clients at this site under the liability insurance of the program, **and**

b) I will pay my assigned ETS supervisor for the supervision of these cases, if applicable. [This means that you will pay her/him the fee that Evangelical normally pays them.]

3) ***I understand that***, if this is a church site, I must pay to have this site listed on Evangelical's liability insurance policy with CPH in order to cover them if anything should ever happen. (The fee is actually 10% of the cost of the policy (which fluctuates), but the 10% usually runs between only \$30 and \$40 per year.) I agree to pay this cost annually.

Intern Signature _____ **Date** _____

DECISION: ☐ **Approved** ☐ **Not approved** (reason) _____

Signature of Clinical Director or Program Director **Date** _____

PRACTICUM AGREEMENT for On-ground Students
Evangelical Theological Seminary
Master of Arts in MFT

I agree to:

1. Serve in one of the Centers one evening per week initially or at _____ for a minimum of 21-24 months (usually during four semesters and one, maybe two summers). I understand that my case load will gradually be increased, with the intention of clients being added to the afternoon (and possibly the morning), and that if I am unable to commit to both an afternoon and an evening, I may have to take longer to accumulate my hours, and may not graduate at the expected time.
2. Complete 300 or 500 (circle the hours you've chosen) direct fact-to-face client contact hours (including all placements) prior to graduation, 40% of which **must** be relational (meaning either 120 or 200 hours respectively). If for some reason I am not able to complete all of my clinical hours prior to graduation, I understand that I will be able to "walk" during the graduation ceremony **only if** I will finish the required hours by the end of August, but will not receive my diploma until I finish all of the required hours. However, if the accumulation of hours is actually expected to extend past August, then I understand that I will not be able to "walk" or graduate.
3. Meet for **weekly** supervision (group, dyad &/or individual) with a Program appointed supervisor during the duration of my practicum. I also agree to complete the minimum of 60 hours (for the 300 hours option) or 100 hours (for the 500 hours option) of supervision prior to graduation. *One half (1/2) of the total hours of supervision must be "raw data"* (live and/or recorded; when necessary, only ¼ of the hours may be audio-taped). I understand that this supervision must be with one of Evangelical's MAMFT Program supervisors. I also comprehend that when supervision is impossible to do face-to-face, due to illness or emergency, supervision *may* take place using **secured** digital technology, like Zoom or Doxy.Me – Skype and Google Hangouts are **not** permissible, as they do not provide the necessary security needed for confidentiality. (Agencies may require "in-house" supervision, which must be honored by the intern. In this case, the supervision provided by the MFT program supervisor is considered secondary and educational to the supervision received at the off-site agency, as ultimate clinical responsibility resides with that agency.)
4. Apply what is learned in supervision to my client cases. I understand that there will be times when a specific directive may be given by the supervisor for me to do or not do (most likely in cases that tend to be difficult and/or have ethical issues, thus needing more direction); *I, the intern, am expected to follow through and carry out the directive. If I, the intern, for whatever reason, decide to not carry out the given directive, this will be considered a breach of ethics, resulting in consequences, including possible dismissal from the program,* depending upon the seriousness of the breach. The supervisor's experience and knowledge must be honored. [If I, the intern, have a question about a given supervisor's directive, you may contact the Clinical Director and/or the Program Director.)
5. Complete initial paperwork and session summaries within 48 hours of client contact.
6. Complete billing procedures immediately following the session.
7. Only see clients in the Centers when another intern or staff is present for assistance.
8. Record appointments promptly in the Room Reservation Notebooks, and use the assigned room.
9. Maintain time restraints, for the courtesy of the next client scheduled.
10. Close client files promptly upon termination or if the case is inactive for 30 days.
11. Maintain confidentiality of clients. Client files must **not** be removed from the Centers.
12. Not leave children unattended in the Centers.
13. Complete and submit client contact and supervision hours on Time2Track *as I do them*, knowing that, if I fall behind, my clinical hours from the third month on (in arrears) will *not* count toward my total hours.
14. Abide by the AAMFT Code of Ethics.

15. When nearing completion of my practicum (at least three months beforehand), discuss my case load with my supervisor and the Clinical Director, to determine which cases will be terminated and which will be transferred.
16. Discourage my clients from following me to another place of practice upon completion of my Practicum, understanding that these are clients of the Center.
17. Upon completing my practicum requirements, properly close my case files, knowing that, if this is not done prior to graduation, my diploma will be withheld until accomplished.

I have read The Marriage and Family Center Student Manual and agree to abide by the above listed items and the policies stipulated in the Manual.

Intern Therapist Signature

Date

PRACTICUM AGREEMENT for On-line Students
Evangelical Theological Seminary
Master of Arts in MFT

I agree to:

1. Serve at _____ for a minimum of 21-24 months (usually during four semesters and one, maybe two summers). I understand that my case load will need to be gradually increased at this site, in order to accumulate the necessary hours, to be able to graduate at the expected time.
2. Complete 300 or 500 (circle the hours you've chosen) direct fact-to-face client contact hours prior to graduation, 40% of which **must** be relational (meaning either 120 or 200 hours respectively). If for some reason I am not able to complete all of my clinical hours prior to graduation, I understand that I will be able to "walk" during the graduation ceremony **only if** I will finish the required hours by the end of August, but will not receive my diploma until I finish all of the required hours. However, if the accumulation of hours is actually expected to extend past August, then I understand that I will not be able to "walk" or graduate.
3. Meet for **weekly** supervision (group, & individual) with a supervisor as is stipulated by the guidelines on page 24, during the duration of my practicum. I also agree to complete the minimum of 60 hours (for the 300 hours option) or 100 hours (for the 500 hours option) of supervision prior to graduation. *One half (1/2) of the total hours of supervision must be "raw data"* (live and/or recorded; when necessary, only 1/4 of the hours may be audio-taped). I understand that this supervision must be in accordance to the supervision guidelines for on-line students (page 24). (When agencies provide weekly non-AAMFT approved supervision, the weekly supervision provided by the MFT program supervisor is considered secondary and educational to the supervision received at the agency, as ultimate clinical responsibility resides with that agency.)
4. Apply what is learned in supervision to my client cases. I understand that there will be times when a specific directive may be given by the supervisor for me to do or not do (most likely in cases that tend to be difficult and/or have ethical issues, thus needing more direction); *I, the intern, am expected to follow through and carry out the directive. If I, the intern, for whatever reason, decide to not carry out the given directive, this will be considered a breach of ethics, resulting in consequences, including possible dismissal from the program,* depending upon the seriousness of the breach. The supervisor's experience and knowledge must be honored. [If I, the intern, have a question about a given supervisor's directive, you may contact the Program Director.)
5. Complete initial paperwork and session summaries within the agency's expectations.
6. Complete billing procedures as per the agency's expectations.
7. Only see clients in the agency when another intern or staff is present for assistance.
8. Maintain time restraints, for the courtesy of the next client scheduled.
9. Close client files promptly upon termination as per the agency's directives.
10. Maintain confidentiality of clients. Client files must **not** be removed from the agency.
11. Complete and submit client contact and supervision hours on Time2Track *as I do them*, knowing that, if I fall behind, my clinical hours from the third month on (in arrears) will *not* count toward my total hours.
12. Abide by the AAMFT Code of Ethics.
13. When nearing completion of my practicum (at least three months beforehand), discuss my case load with my supervisor, to determine which cases will be terminated and which will be transferred.
14. Upon completing my practicum requirements, properly close my case files, knowing that if this is not done prior to graduation, my diploma will be withheld until accomplished.

I agree to abide by the above listed items and the policies of the agency where I will do my practicum.

Intern Therapist Signature

Date

Choice of Practicum Hours

Prior to beginning Practicum, each student must choose between completing either a 300 hour or 500 hour practicum. The following is an explanation for this necessity.

The COAMFTE Accreditation Standards Version 12 states that the Practicum be “500 clinical contact hours, with individuals, couples, families and other systems physically present, at least 40% of which must be relational. Alternatively, the program may demonstrate that graduating students achieve a competency level equivalent to the 500 client contact hours. The program must define this competency level and document how students are evaluated and achieve the defined level. The program demonstrates a consistent set of evaluation criteria for achieving the defined level of competency across all students. In addition, programs that do not require 500 hours must document that students are informed about licensure portability issues that may result from not having 500 hours.

When the MAMFT Program received its accreditation on May 1, 2013, it did so with having 300 hours for its Practicum. We believe that we can demonstrate, as we did for initial accreditation, that our 300 hour Practicum does achieve the desired competency level that is equivalent to the 500 hours. (May it be stated that COAMFTE has never produced evidence that 500 hours of practicum produces a higher level of competency.) We believe that our track record evidences proof of the efficacy of our 300 hour practicum, which also is the educational requirement for Pennsylvania.

The educational requirements for licensure for the Commonwealth of Pennsylvania is a practicum of 300 hours. If you plan to remain in Pennsylvania to live and work, then you can choose the 300 hours option. If you plan to live and work in another state whose educational requirements for licensure is a practicum of more than 300 hours (most likely 500 hours), then you will need to choose the 500 hours option. (Many, but not all states do require 500 hours of practicum in order to be licensed.)

Once a person is licensed in one state, it does not mean that that license will be accepted unconditionally by another state. There are “portability” issues (educational requirements differ) when it comes to getting licensed in another state. Be advised to look into the state where you plan to practice, to see the licensure laws in that state.

For states that border Pennsylvania, these are their licensure laws for Practicum hours:

New Jersey: Clinical Practice (a minimum of four, three semester hour or equivalent quarter hour, courses.)

Maryland: at least 300 hours of direct client contact

New York: a supervised practicum in marriage and family therapy of at least 300 client contact hours.

Ohio: 500 hours of clinical contact, 50% of which must be relational hours

West Virginia: at least 12 months and 300 client contact hours, half of which must be relational

Delaware: at least 9 credit hours and 300 client contact hours, half of which must be relational.

The intention is for each intern to make a choice and to not change his/her mind. However, if an intern would decide to switch from 500 hours to 300 hours, this will be permissible to do, while switching “up” will not be allowed. The “Choice of Practicum Hours” form will be given at least two months prior to those who will begin Practicum. This form must be submitted to the Program Director no later than the last day of classes in December (for those beginning Practicum in Spring), or another date to be determined if a student will begin Practicum at another time

I, _____ (please print), declare that I choose (check your choice):

_____ **300 hours for Practicum**

_____ **500 hours for Practicum**

I acknowledge explanation of the issue of licensure portability, and understand the implications of my choice.

Signature

Date

Initials of Program Director

Date Rec'd

**MFT Student Evaluation
For Entrance to Begin Practicum**

Student: _____

Date: _____

Interpersonal Skills:

How have we seen this student interact with other students?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very well at all	Not so well	Well	Very well	Extremely well

Comments (strengths and growth areas?): _____

Teachability & Learning:

How well have we seen this student exhibit an attitude of openness & teachability?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very well at all	Not so well	Well	Very well	Extremely well

Comments: _____

How have we seen this student demonstrate his/her attitude toward learning?

Do the student's grades reflect understanding of material (theories, etc.)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very well at all	Not so well	Well	Very well	Extremely well

Comments: _____

Self-of-the-therapist:

How well is the student addressing personal & self-of-the-therapist issues?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very well at all	Not so well	Well	Very well	Extremely well

Comments: _____

Diversity:

How well does the student demonstrate awareness of issues of diversity and culture?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very well at all	Not so well	Well	Very well	Extremely well

Comments: _____

Spirituality:

How well does the student demonstrate his/her spirituality?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very well at all	Not so well	Well	Very well	Extremely well

Comments: _____

How well does the student do in integrating faith with theory & praxis?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not very well at all	Not so well	Well	Very well	Extremely well

Comments: _____

Theoretical Knowledge

How well does the student conceptualize theory at this point?

1 ☐ Not very well at all 2 ☐ Not so well 3 ☐ Well 4 ☐ Very well 5 ☐ Extremely well

Comments: _____

Therapeutic/Clinical Skill:

How well does the student demonstrate therapeutic skills to this point?

1 ☐ Not very well at all 2 ☐ Not so well 3 ☐ Well 4 ☐ Very well 5 ☐ Extremely well

Comments: _____

How well does the student demonstrate case conceptualization, assessment and treatment planning skills to this point?

1 ☐ Not very well at all 2 ☐ Not so well 3 ☐ Well 4 ☐ Very well 5 ☐ Extremely well

Comments: _____

Readiness & Fit:

How well do we see this student “fit” with becoming an MFT?

1 ☐ Not very well at all 2 ☐ Not so well 3 ☐ Well 4 ☐ Very well 5 ☐ Extremely well

Comments: _____

Areas of Concern: (Are there any areas of concern?)

Do we recommend that this student continue in the program? Yes ☒ No ☐

Do we see that this student is ready to begin practicum?

With NO restrictions	Yes <input type="checkbox"/>
With Restrictions	Yes <input type="checkbox"/>
Hold off practicum to address restrictions	Yes <input type="checkbox"/>
No Admittance to the practicum	Yes <input type="checkbox"/>

Suggested actions to be taken (if applicable):

Signature of Program Director

Date

MID-TERM EVALUATION 2

INTERN SKILLS EVALUATION 7-10 Months into Practicum

Intern _____ Date _____

Please mark your score for the two (2) areas below.

	1	2	3	4	5	
STUDENT LEARNING OUTCOMES	NEI	Deficient	Below Expectation	Meets Expectation	Exceeds Expectation	Exceptional Skills
Demonstrates comprehension and application of the relational/systemic marriage and family therapeutic models.						
Able to articulate what marriage and family theory/theories inform their clinical work and its application to multicultural contexts.						
Demonstrates knowledge and competency in assessment, diagnosis, treatment planning, and therapeutic interventions with individuals, couples and families seeking treatment, from a relational/systemic framework that is multi-culturally-informed.						
Demonstrates knowledge and basic application of research to marriage and family therapy.						
Demonstrates knowledge and competency of MFT ethical, legal and professional issues.						
Demonstrates awareness of and addresses “self of the therapist” issues that impact the capacity for practice/service and ministry.						
Demonstrates awareness and comprehension of and sensitivity to issues of diversity and multiculturalism in the therapeutic process.						
Demonstrates comprehension and the ability to integrate Christian faith and Biblical principles with marriage and family theory and praxis.						
Demonstrate knowledge and comprehension of Biblical principles and spiritual formation.						

OTHER AREAS OF EVALUATION

Interpersonal Skills:

How well have we seen this student interact with other students?

1 **2** **3** **4** **5**
 Not very well at all Not so well Well Very well Extremely well

Comments (strengths and growth areas?):

Teachability & Learning:

How well have we seen this student exhibit an attitude of openness & teachability?

1 **2** **3** **4** **5**
 Not very well at all Not so well Well Very well Extremely well

Comments:

How well do the student's grades reflect understanding of material (theories, etc.)

1 **2** **3** **4** **5**
 Not very well at all Not so well Well Very well Extremely well

Comments:

Spirituality:

How well does the student demonstrate his/her spirituality?

1	2	3	4	5
Not very well at all	Not so well	Well	Very well	Extremely well

Have we seen growth? In this person personally and professionally? **Yes** **No**

How? Comments:

Please describe the intern's strengths (both personally and professionally): _____

Please describe the intern's growth areas (any areas of skill development that ought to be a focus, or areas of concern): _____

Do we recommend that this student continue in the program?

With NO restrictions	Yes
-----------------------------	------------

With restrictions	Yes
--------------------------	------------

Take a 6 month break to work on specific issues	Yes
--	------------

Actions to be taken:

Intern Self-Evaluation of Clinical Experience

Intern Therapist: _____ Supervisor: _____

Dates of Supervision: _____ Rotation: **1** **2** **3** **4**

Based on the rating scale, rate the level of competency that this intern has attained in each skill area listed below during this rotation period. Provide comments that highlight key issues for this intern.

I. CONCEPTUAL & PERCEPTUAL SKILLS (Theoretical Competency)	1 Deficient / Limited	2 Beginning	3 Advancing	4 Meets Program- Level Competencies (PLCs) (expectations)	5 Exceptional Skills
Definitions & PLCs	Student has difficulty engaging this area, which may jeopardize future skill development	Student displays <i>beginning recognition</i> of PLCs, with early skill development	Student displays <i>progression in advancing</i> skills in multiple areas of PLCs	Student displays program level competency skills in these areas	Student displays exceptional skills in these areas.
1. Knowledge Base: The intern: understands family & basic systems concepts; is able to articulate principles of human development & FLC issues pertaining to the case; communicates an understanding of human interaction & normal family processes; can articulate how gender roles & sexuality impact the client and therapeutic process; & links hypotheses, goals, plans and interventions to an articulated therapeutic model(s). Comments:					
2. Familiarity with Therapy Models: Intern has basic knowledge & accurate grasp of family therapy theories/ models & their techniques, and the integration of the models; and is able to think systemically. Comments:					
3. Awareness of Diversity Issues: Intern: can articulate how gender, race, ethnicity, culture, class, religion/spirituality, faith, & sexual orientation impact the client and therapeutic process; recognizes contextual factors/issues of client difference from self; responds with sensitivity & positive professional regard to client diversity; & is able to work with the client's world view. Comments:					
4. Recognition of Relational Patterns: Intern: recognizes & engages client hierarchies, triangles, boundaries, intergenerational patterns & legacies, attachment styles, interaction patterns (described in terms of cognitive, behavioral & affective sequences), clients' coping skills & strengths; assesses impact of stressors; <i>differentiates content from process</i> ; & is able to articulate his/her impact on the therapy process, all to help facilitate client change. Comments:					
Overall Rating					

II. EXECUTIVE SKILLS (Clinical Competency)	1 Deficient / Limited	2 Beginning	3 Advancing	4 Meets PLCs	5 Exceptional Skills
Definitions & PLCs	Student has <i>difficulty engaging</i> this area, which may jeopardize future skill development	Student displays <i>beginning recognition</i> of PLCs, with early skill development	Student displays <i>progression</i> in advancing skills in multiple areas of PLCs	Student displays program level competency skills in these areas	Student displays exceptional skills in these areas.
1. Joining: Intern: engages clients; establishes & maintains therapeutic relationship by establishing & maintaining rapport through clear communication that conveys a sense of competency, authority & trustworthiness, while simultaneously demonstrating empathy, warmth, care and respect; gathers information without making client feel interrogated; inspires hope & trust; conveys confidence; paces therapy appropriately; adjusts language to that of clients; observes & manages self in interaction with client; and notes & addresses relationship breeches with effective repair. Comments:					
2. Basic Therapeutic Skills: Intern: actively listens & empathically attunes; elicits client sharing; reflects accurately; asks open ended questions; guides the communication process; explores clients' expectations, frame of reference, point of view & preparedness to make changes; clarifies goals; establishes boundaries; uses influence to promote client strengths; explores history of PP; provides focus; identifies core themes; balances effective listening & leading by talking; uses humor appropriately; & promotes a therapeutic process responsive to client need. Comments:					
3. Case Conceptualization: Intern understands the PP by: eliciting important/relevant background information and Hx of the PP; assessing the family structure & interaction patterns as well as the intergenerational patterns; identifying client strengths/resources and obstacles; completing a genogram; assessing significance of diversity issues: gender roles, ethnicity, culture, SES, etc; assessing significance of: biological basis of behavior, employment, school & developmental issues, all through using the lenses of the theories; exploring previous solutions & prior Tx; and choosing a theory/theories that will best explain what is going on & effectively treat the PP. Intern can appropriately conceptualize the PP and complete the Case Conceptualization Form for each client case in a timely manner Comments:					

II. EXECUTIVE SKILLS (cont'd) (Clinical Competency)	1 Deficient / Limited	2 Beginning	3 Advancing	4 Meets PLCs	5 Exceptional Skills
Definitions & PLCs	Student has <i>difficulty engaging</i> this area, which may jeopardize future skill development	Student displays <i>beginning recognition</i> of PLCs, with early skill development	Student displays <i>progression</i> in advancing skills in multiple areas of PLCs	Student displays program level competency skills in these areas	Student displays exceptional skills in these areas.
4. Clinical Assessment & Diagnosis: Intern: uses Mental Status Exam (MSE) and DSM for appropriate assessment & Dx; assesses family Hx & dynamics using genogram & other assessment instruments appropriate to the case; clarifies the PP by gathering its history & context , & explores previous solutions & prior Tx; assesses strengths; uses assessment strategies sensitive to diversity issues; notes medications used by client; does a risk assessment; develops safety plans as needed; acknowledges contextual factors relevant to the case; makes appropriate referrals (psychiatric, medical, etc.); explores resources; consults other professionals associated with the case with appropriate releases signed; indicate client's sense of hope, prognosis, modalities to be used, and expected length of Tx; & competently completes Clinical Assessment Form for each client case in a timely manner. Comments:					
5. Hypothesizing: Intern can: conceptualize & formulate a systemic hypothesis of the PP; form hypotheses based on clients' frame of reference & assessment info; frame PP in systemic terms; form hypotheses based on theories of change. Comments:					
6. Treatment Planning: Intern: develops treatment plans based upon case conceptualization, assessment & hypotheses that are theory-specific; collaboratively determines clear, measured, reachable Tx goals with clients; establishes short and long term goals; modifies Tx plan as needed; plans for termination; transfers cases when appropriate; seeks to coordinate Tx when necessary; & competently completes the Treatment Plan Form for each client case in a timely manner. Comments:					
7. Intervention Strategies: Intern: uses interventions that are: based on case conceptualization, assessment, hypotheses & Tx plan, & are theory-specific; invites other family members into Tx; guides dynamics; interrupts negative communication cycles; deflects blaming & scapegoating; facilitates expression of emotions & behavior change; reframes; facilitates enactments; promotes engagement & experiential shifts; challenges clients appropriately; assigns homework; uses appropriate techniques; & guides interventions with clinical skills promoting change. Comments:					

II. EXECUTIVE SKILLS (cont'd) (Clinical Competency)	1 Deficient / Limited	2 Beginning	3 Advancing	4 Meets PLCs	5 Exceptional Skills
Definitions & PLCs	Student has <i>difficulty engaging</i> this area, which may jeopardize future skill development	Student displays <i>beginning recognition</i> of PLCs, with early skill development	Student displays <i>progression</i> in advancing skills in multiple areas of PLCs	Student displays program level competency skills in these areas	Student displays exceptional skills in these areas.
8. Integration of Models/Concepts: Intern: is able to operationalize theories; incorporates appropriate models for PPs; integrates concepts/ models into a clear working model of therapy; articulates theory as it's applied in practice, utilizing concepts appropriately, & describing interventions that fit with the theory & hypothesis. Comments:					
Overall Rating					
III. PROFESSIONAL SKILLS					
1. Session Management: Intern: effectively introduces clients to therapy; explains policies & procedures of the center, especially consent for video taping; effectively engages clients in therapeutic conversation, yet controls the flow of communication; manages intense interactions appropriately, demonstrating skill at both escalating and de-escalating intensity at appropriate times; manages time & finishes sessions within the time limits; manages scheduling smoothly; is flexible & links what the client brings to a session to the plan for the session; & follows policies regarding collection of fees. Comments:					
2. Supervision Responsibilities: Intern: attends supervision regularly and is punctual; comes prepared; brings videos for review; is respectful of other supervisees; accepts & uses supervisory feedback effectively. Comments:					
3. Ethical Issues: Intern: knows & observes the AAMFT Code of Ethics; knows state laws concerning privileged communication, mandatory reporting & duty-to-warn issues; seeks supervisory input & backup for emergency situations and adequately documents the events; follows supervisor's directives in specific cases; avoids potentially exploitive and/or dual role relationships with clients; deals appropriately with his/her own issues as they affect therapy; & is willing to take responsibility for her/his own actions in therapy. Comments:					

III. PROFESSIONAL SKILLS (cont'd)	1 Deficient / Limited	2 Beginning	3 Advancing	4 Meets PLCs	5 Exceptional Skills
Definitions & PLCs	Student has <i>difficulty engaging</i> this area, which may jeopardize future skill development	Student displays <i>beginning recognition</i> of PLCs, with early skill development	Student displays <i>progression</i> in advancing skills in multiple areas of PLCs	Student displays program level competency skills in these areas	Student displays exceptional skills in these areas.
4. Paperwork: Intern: maintains case files appropriately; keeps up-to-date with paperwork; completes session summaries in a timely manner; & follows center procedures. Comments:					
5. Professional Behaviors: Intern: presents as confident, yet without arrogance; acts in a professional manner; dresses professionally; treats staff & clients with respect; can handle unexpected & crisis situations with poise & skill, using consultation when appropriate; is punctual for sessions & supervision; appropriately consults with other professionals involved with cases; & uses signed releases when necessary. Comments:					
Overall Rating					
IV. EVALUATION SKILLS					
1.Evaluation of Therapeutic Progress: Intern is able to evaluate: the link between theory, assessment, hypotheses, Tx plans & interventions; the effectiveness of interventions; how well the objectives of therapy have been met in terms of client goals & the intern's perspective & analysis; and uses client feedback. Comments:					
2. Evaluation of Self-as-Therapist: Intern: articulates awareness of personal issues and how they impact therapy; realistically evaluates self in terms of skill areas & effectiveness; recognizes how use of self contributes to an enhanced understanding of the case; works with supervisor to improve therapeutic effectiveness & to expand skills; & articulates strengths & growth areas as a therapist. Comments:					
3. Evaluate Progress & Terminate Treatment: Intern: evaluates the progress of sessions toward goals by conducting periodic evaluations with clients (every 6/7 sessions); recognize when Tx goal(s) and plan require modification; effectively plans & carries out termination; & completes the Evaluation of Treatment Forms for both client & intern. Comments:					
Overall Rating					

V. PERSONAL SKILLS	1 Deficient / Limited	2 Beginning	3 Advancing	4 Meets PLCs	5 Exceptional Skills
Definitions & PLCs	1 Student has <i>difficulty</i> engaging this area, which may jeopardize future skill development	2 Student displays <i>beginning</i> <i>recognition</i> of PLCs, with early skill development	3 Student displays <i>progression</i> in advancing skills in multiple areas of PLCs	4 Student displays program level competency skills in these areas	5 Student displays exceptional skills in these areas.
1. Personal Qualities of the Therapist: Intern: shares personal info appropriately; is authentic, patient, caring, empathic, sensitive, flexible, accepting of others, warm, introspective, curious; has a non-defensive attitude; takes responsibility for mistakes; manages anxiety; uses humor appropriately; thinks critically & analytically; demonstrates emotional maturity & ability to be self-reflective; accepts feedback; uses boundaries. Comments:					
2. Integration of Faith/Biblical Principles: Intern appropriately discusses faith issues with clients, and effectively uses Biblical principles with appropriate client cases, but does impose his/her own beliefs on client(s). Comments:					
Overall Rating					

Total Overall Rating: _____

Please describe intern's strengths.

Please describe "growth areas" that you suggest this intern focus on improving/strengthening.

Please describe areas of skill development that you believe should be a focus in the next supervision.

Comments:

Date of Review/Evaluation _____

Signature of Supervisee/Intern

Date

Signature of Supervisor

Date

At the end of the 2nd and 4th rotations of supervision, the intern is to also include the following items in his/her self-evaluation.

Intern Therapist: _____ **Supervisor:** _____

Dates of Supervision: _____ Rotation: 1 ☐ 2 ☐ 3 ☐ 4 ☐

1. Reflect upon how you have used the supervisory process, then write a summary of your supervision experience to date, including the dynamics you've experienced in supervision. Include how supervision has influenced you in the following areas: 1) awareness of new self-of-the-therapist and diversity issues; 2) your growth in understanding theories/models; 3) the supervision process itself – meaning the dynamics with supervisors; goals met, growth, etc.
2. Reflect upon your clinical growth, then write a summary of your clinical learning and development up to this point.
3. Reflect upon and then write a description of the nature of your engagement with clients, with respect to: joining; the progression of therapy; personality dynamics; your ability to take diversity issues into account; and how you have grown/progressed.

Evaluation of Supervisor by Intern Therapist

Supervisor: _____ Intern Therapist: _____
 Period of Supervision: _____ Rotation: 1 2 3 4

Base the following questions on the following scale:

1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent

1. Overall, how would you rate the quality of supervision given to you by your supervisor?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

2. How would you rate the quality of the supervisory relationship?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

3. How would you rate your supervisor's knowledge of family therapy?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

4. How would you rate your supervisor's ability to express that knowledge with you?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

5. How would you rate your supervisor's ability to relate to where you are in the learning process?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

6. How would you rate the learning environment created by your supervisor?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

7. How would you rate your supervisor's ability to encourage your personal & professional growth?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

8. How would you rate your supervisor's ability to respect your therapeutic style?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

9. How would you rate your supervisor's ability to expand your repertoire of therapeutic style?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

10. How would you rate your supervisor's ability to excite and motivate you to continually challenge yourself?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

11. How would you rate your supervisor's availability to you?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

12. How would you rate your supervisor's sensitivity and ability to appropriately address faith issues?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

13. How would you rate your supervisor's ability to appropriately address issues of diversity?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

14. How would you rate your supervisor's effectiveness in discussing the integration of theory and practice?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

15. How would you rate your supervisor's effectiveness in helping you by reviewing videos of your therapy sessions?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

16. How would you rate your supervisor's helpfulness in reading session summaries and in giving feedback to you?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

17. How effective do you think your supervisor is as a clinician?

1	2	3	4	5
Very Ineffective				Very Effective

18. How effective do you think your supervisor thinks of you as a clinician? (Based on your experience level).

1	2	3	4	5
Very Ineffective				Very Effective

19. **(For group supervision ONLY)** How effective is your supervisor in encouraging group process?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

Please describe how your professional development was expanded and/or advanced (while working with your supervisor during this rotation): _____

Please provide the key issues that your supervisor discussed with you during this rotation:

Please give us a sense of what you see as the *strengths* of your supervisor: _____

Please give us a sense of what you see as any *weaknesses* and/or recommendations for change:

Additional comments: _____

Signature of Supervisee/Intern

Date

Signature of Supervisor

Date

Supervisor's Evaluation of Intern's Clinical Experience

Intern Therapist: _____ Supervisor: _____

Dates of Supervision: _____ Rotation: **1** **2** **3** **4**

Based on the rating scale, rate the level of competency that this intern has attained in each skill area listed below during this rotation period. Provide comments that highlight key issues for this intern.

I. CONCEPTUAL & PERCEPTUAL SKILLS (Theoretical Competency)	1 Deficient / Limited	2 Beginning	3 Advancing	4 Meets Program- Level Competencies (PLCs) (expectations)	5 Exceptional Skills
Definitions & PLCs	Student has difficulty engaging this area, which may jeopardize future skill development	Student displays <i>beginning recognition</i> of PLCs, with early skill development	Student displays <i>progression in advancing</i> skills in multiple areas of PLCs	Student displays program level competency skills in these areas	Student displays exceptional skills in these areas.
1. Knowledge Base: The intern: understands family & basic systems concepts; is able to articulate principles of human development & FLC issues pertaining to the case; communicates an understanding of human interaction & normal family processes; can articulate how gender roles & sexuality impact the client and therapeutic process; & links hypotheses, goals, plans and interventions to an articulated therapeutic model(s). Comments:					
2. Familiarity with Therapy Models: Intern has basic knowledge & accurate grasp of family therapy theories/ models & their techniques, and the integration of the models; and is able to think systemically. Comments:					
3. Awareness of Diversity Issues: Intern: can articulate how gender, race, ethnicity, culture, class, religion/spirituality, faith, & sexual orientation impact the client and therapeutic process; recognizes contextual factors/issues of client difference from self; responds with sensitivity & positive professional regard to client diversity; & is able to work with the client's world view. Comments:					
4. Recognition of Relational Patterns: Intern: recognizes & engages client hierarchies, triangles, boundaries, intergenerational patterns & legacies, attachment styles, interaction patterns (described in terms of cognitive, behavioral & affective sequences), clients' coping skills & strengths; assesses impact of stressors; <i>differentiates content from process</i> ; & is able to articulate his/her impact on the therapy process, all to help facilitate client change. Comments:					
Overall Rating					

II. EXECUTIVE SKILLS (Clinical Competency)	1 Deficient / Limited	2 Beginning	3 Advancing	4 Meets PLCs	5 Exceptional Skills
Definitions & PLCs	Student has <i>difficulty engaging</i> this area, which may jeopardize future skill development	Student displays <i>beginning recognition</i> of PLCs, with early skill development	Student displays <i>progression</i> in advancing skills in multiple areas of PLCs	Student displays program level competency skills in these areas	Student displays exceptional skills in these areas.
1. Joining: Intern: engages clients; establishes & maintains therapeutic relationship by establishing & maintaining rapport through clear communication that conveys a sense of competency, authority & trustworthiness, while simultaneously demonstrating empathy, warmth, care and respect; gathers information without making client feel interrogated; inspires hope & trust; conveys confidence; paces therapy appropriately; adjusts language to that of clients; observes & manages self in interaction with client; and notes & addresses relationship breeches with effective repair. Comments:					
2. Basic Therapeutic Skills: Intern: actively listens & empathically attunes; elicits client sharing; reflects accurately; asks open ended questions; guides the communication process; explores clients' expectations, frame of reference, point of view & preparedness to make changes; clarifies goals; establishes boundaries; uses influence to promote client strengths; explores history of PP; provides focus; identifies core themes; balances effective listening & leading by talking; uses humor appropriately; & promotes a therapeutic process responsive to client need. Comments:					
3. Case Conceptualization: Intern understands the PP by: eliciting important/relevant background information and Hx of the PP; assessing the family structure & interaction patterns as well as the intergenerational patterns; identifying client strengths/resources and obstacles; completing a genogram; assessing significance of diversity issues: gender roles, ethnicity, culture, SES, etc; assessing significance of: biological basis of behavior, employment, school & developmental issues, all through using the lenses of the theories; exploring previous solutions & prior Tx; and choosing a theory/theories that will best explain what is going on & effectively treat the PP. Intern can appropriately conceptualize the PP and complete the Case Conceptualization Form for each client case in a timely manner Comments:					

II. EXECUTIVE SKILLS (cont'd) (Clinical Competency)	1 Deficient / Limited	2 Beginning	3 Advancing	4 Meets PLCs	5 Exceptional Skills
Definitions & PLCs	Student has <i>difficulty engaging</i> this area, which may jeopardize future skill development	Student displays <i>beginning recognition</i> of PLCs, with early skill development	Student displays <i>progression</i> in advancing skills in multiple areas of PLCs	Student displays program level competency skills in these areas	Student displays exceptional skills in these areas.
4. Clinical Assessment & Diagnosis: Intern: uses Mental Status Exam (MSE) and DSM for appropriate assessment & Dx; assesses family Hx & dynamics using genogram & other assessment instruments appropriate to the case; clarifies the PP by gathering its history & context , & explores previous solutions & prior Tx; assesses strengths; uses assessment strategies sensitive to diversity issues; notes medications used by client; does a risk assessment; develops safety plans as needed; acknowledges contextual factors relevant to the case; makes appropriate referrals (psychiatric, medical, etc.); explores resources; consults other professionals associated with the case with appropriate releases signed; indicate client's sense of hope, prognosis, modalities to be used, and expected length of Tx; & competently completes Clinical Assessment Form for each client case in a timely manner. Comments:					
5. Hypothesizing: Intern can: conceptualize & formulate a systemic hypothesis of the PP; form hypotheses based on clients' frame of reference & assessment info; frame PP in systemic terms; form hypotheses based on theories of change. Comments:					
6. Treatment Planning: Intern: develops treatment plans based upon case conceptualization, assessment & hypotheses that are theory-specific; collaboratively determines clear, measured, reachable Tx goals with clients; establishes short and long term goals; modifies Tx plan as needed; plans for termination; transfers cases when appropriate; seeks to coordinate Tx when necessary; & competently completes the Treatment Plan Form for each client case in a timely manner. Comments:					
7. Intervention Strategies: Intern: uses interventions that are: based on case conceptualization, assessment, hypotheses & Tx plan, & are theory-specific; invites other family members into Tx; guides dynamics; interrupts negative communication cycles; deflects blaming & scapegoating; facilitates expression of emotions & behavior change; reframes; facilitates enactments; promotes engagement & experiential shifts; challenges clients appropriately; assigns homework; uses appropriate techniques; & guides interventions with clinical skills promoting change. Comments:					

II. EXECUTIVE SKILLS (cont'd) (Clinical Competency)	1 Deficient / Limited	2 Beginning	3 Advancing	4 Meets PLCs	5 Exceptional Skills
Definitions & PLCs	Student has <i>difficulty engaging</i> this area, which may jeopardize future skill development	Student displays <i>beginning recognition</i> of PLCs, with early skill development	Student displays <i>progression</i> in advancing skills in multiple areas of PLCs	Student displays program level competency skills in these areas	Student displays exceptional skills in these areas.
8. Integration of Models/Concepts: Intern: is able to operationalize theories; incorporates appropriate models for PPs; integrates concepts/ models into a clear working model of therapy; articulates theory as it's applied in practice, utilizing concepts appropriately, & describing interventions that fit with the theory & hypothesis. Comments:					
Overall Rating					
III. PROFESSIONAL SKILLS					
1. Session Management: Intern: effectively introduces clients to therapy; explains policies & procedures of the center, especially consent for video taping; effectively engages clients in therapeutic conversation, yet controls the flow of communication; manages intense interactions appropriately, demonstrating skill at both escalating and de-escalating intensity at appropriate times; manages time & finishes sessions within the time limits; manages scheduling smoothly; is flexible & links what the client brings to a session to the plan for the session; & follows policies regarding collection of fees. Comments:					
2. Supervision Responsibilities: Intern: attends supervision regularly and is punctual; comes prepared; brings videos for review; is respectful of other supervisees; accepts & uses supervisory feedback effectively. Comments:					
3. Ethical Issues: Intern: knows & observes the AAMFT Code of Ethics; knows state laws concerning privileged communication, mandatory reporting & duty-to-warn issues; seeks supervisory input & backup for emergency situations and adequately documents the events; follows supervisor's directives in specific cases; avoids potentially exploitive and/or dual role relationships with clients; deals appropriately with his/her own issues as they affect therapy; & is willing to take responsibility for her/his own actions in therapy. Comments:					

III. PROFESSIONAL SKILLS (cont'd)	1 Deficient / Limited	2 Beginning	3 Advancing	4 Meets PLCs	5 Exceptional Skills
Definitions & PLCs	Student has <i>difficulty engaging</i> this area, which may jeopardize future skill development	Student displays <i>beginning recognition</i> of PLCs, with early skill development	Student displays <i>progression</i> in advancing skills in multiple areas of PLCs	Student displays program level competency skills in these areas	Student displays exceptional skills in these areas.
4. Paperwork: Intern: maintains case files appropriately; keeps up-to-date with paperwork; completes session summaries in a timely manner; & follows center procedures. Comments:					
5. Professional Behaviors: Intern: presents as confident, yet without arrogance; acts in a professional manner; dresses professionally; treats staff & clients with respect; can handle unexpected & crisis situations with poise & skill, using consultation when appropriate; is punctual for sessions & supervision; appropriately consults with other professionals involved with cases; & uses signed releases when necessary. Comments:					
Overall Rating					
IV. EVALUATION SKILLS					
1.Evaluation of Therapeutic Progress: Intern is able to evaluate: the link between theory, assessment, hypotheses, Tx plans & interventions; the effectiveness of interventions; how well the objectives of therapy have been met in terms of client goals & the intern's perspective & analysis; and uses client feedback. Comments:					
2. Evaluation of Self-as-Therapist: Intern: articulates awareness of personal issues and how they impact therapy; realistically evaluates self in terms of skill areas & effectiveness; recognizes how use of self contributes to an enhanced understanding of the case; works with supervisor to improve therapeutic effectiveness & to expand skills; & articulates strengths & growth areas as a therapist. Comments:					
3. Evaluate Progress & Terminate Treatment: Intern: evaluates the progress of sessions toward goals by conducting periodic evaluations with clients (every 6/7 sessions); recognize when Tx goal(s) and plan require modification; effectively plans & carries out termination; & completes the Evaluation of Treatment Forms for both client & intern. Comments:					
Overall Rating					

V. PERSONAL SKILLS	1 Deficient / Limited	2 Beginning	3 Advancing	4 Meets PLCs	5 Exceptional Skills
Definitions & PLCs	1 Student has <i>difficulty</i> engaging this area, which may jeopardize future skill development	2 Student displays <i>beginning</i> <i>recognition</i> of PLCs, with early skill development	3 Student displays <i>progression</i> in advancing skills in multiple areas of PLCs	4 Student displays program level competency skills in these areas	5 Student displays exceptional skills in these areas.
1. Personal Qualities of the Therapist: Intern: shares personal info appropriately; is authentic, patient, caring, empathic, sensitive, flexible, accepting of others, warm, introspective, curious; has a non-defensive attitude; takes responsibility for mistakes; manages anxiety; uses humor appropriately; thinks critically & analytically; demonstrates emotional maturity & ability to be self-reflective; accepts feedback; uses boundaries. Comments:					
2. Integration of Faith/Biblical Principles: Intern appropriately discusses faith issues with clients, and effectively uses Biblical principles with appropriate client cases, but does impose his/her own beliefs on client(s). Comments:					
Overall Rating					

Total Overall Rating: _____

Please describe intern's strengths.

Please describe "growth areas" that you suggest this intern focus on improving/strengthening.

Please describe areas of skill development that you believe should be a focus in the next supervision.

Comments:

Date of Review/Evaluation _____

Signature of Supervisee/Intern

Date

Signature of Supervisor

Date

PLAN for the ASSESSMENT, REVIEW AND REVISION of the MAMFT PROGRAM OUTCOMES (PGs, SLOs and FOs)

1. Identify / Review and/or Revise the Program Mission Statement:

- The MAMFT faculty/personnel will define the Program Mission, making sure it is aligned with the seminary's mission.
- The Program Mission will be informed by and revised as necessary, based upon the assessment of Program Goals, Student Learning Outcomes, and Faculty Outcomes (FOs).

2. Develop, Review and/or Revise Program Outcomes [Program Goals (PGs) and Student Learning Outcomes (SLOs)]

- MAMFT faculty/personnel will first develop the Program Goals, Student Learning Outcomes, and Faculty Outcomes, making sure that they are measurable.
- These will be informed by AAMFT Core Competencies and Pennsylvania state licensing regulations (Professional Marriage and Family Principles) and Evangelical's Communities of Interest (to possibly include Evangelical MFT faculty, supervisors, students, and administrators, graduates, collaborative sites, and employers of the program's graduates).
- These PGs and SLOs will be reviewed annually, based on the data collected, and/or revised as necessary, according to the assessment plan.

3. Check, Review, Evaluate and/or Revise Curriculum and Organizational Alignment

- With the use of the Curriculum Map Matrix for SLOs, PMFTPs & Courses, MFT faculty/personnel will identify and indicate where Student Learning Outcomes fit within the curriculum.
- With the use of the MFT Competencies Course Matrix, MFT faculty/personnel will identify how the curriculum addresses the Student Learning Outcomes and supports the achievement of the program outcomes (PGs and SLOs).
- The MFT Program will evaluate and review the data from student feedback concerning teaching/learning practices, the physical, technological, instructional and clinical resources, supervisor resources and sufficiency, as well as student support services, and /or revise these areas as needed, on a yearly basis.
- The MFT Program will evaluate and review the data from faculty, MFT personnel and supervisor surveys (done according to the design in [4] below).
- The MFT Program Director, along with seminary administrators, will evaluate, review and/or revise (*every 3 years*) the policies and procedures in place to determine that faculty, fiscal, physical, technological and instructional resources are sufficient to meet the program outcomes.
- MFT faculty/personnel, along with academic administrators, will evaluate (*every 3 years*) how the seminary environment encourages faculty teaching, scholarship, service and practice, and how the environment allows the program to achieve the program outcomes.
- The MFT Program Director, along with academic administrators, will evaluate and/or revise (*every 3 years*) how student support services sufficiently meet the needs of students and the program.

4. Design and Develop an Assessment Plan

- MFT faculty/personnel will design an assessment plan that addresses all of the program outcomes, stating what data for what targets and their benchmarks will be collected for each SLO and FO, for assessment purposes.
- The registrar of the seminary will gather information about new students from both application and registration materials, and report this to the MFT Program Director each fall.

- MFT faculty/personnel will develop and give/send (a) relevant survey(s) (based on the program's POs, SLOs and current Standards requirements) to the following communities of interest, for the purpose of collecting information/data that will help in assessing the POs, SLOs and current Standards requirements of the program and needs of the communities:
 - Graduating students of the MAMFT Program, annually upon graduation
 - Graduates of the MAMFT Program since the previous survey, every year.
 - All graduates of the MAMFT Program at least every three years.
 - Employers of graduates every two or three years,
 - Collaborative site point personnel, at least every two years.
 - Supervisors, every two or three years
 - MFT faculty, at least every two years

5. Collect, Analyze, and Review data

- MFT faculty/personnel will gather the information/data, following the assessment plan, for the purpose of providing evidence of achieving the program's PGs, SLOs, FOs, and current Standard's requirements.
- MFT faculty will review and analyze the data and its results to determine how well the program is meeting its stated program outcomes (PGs, SLOs, etc.).

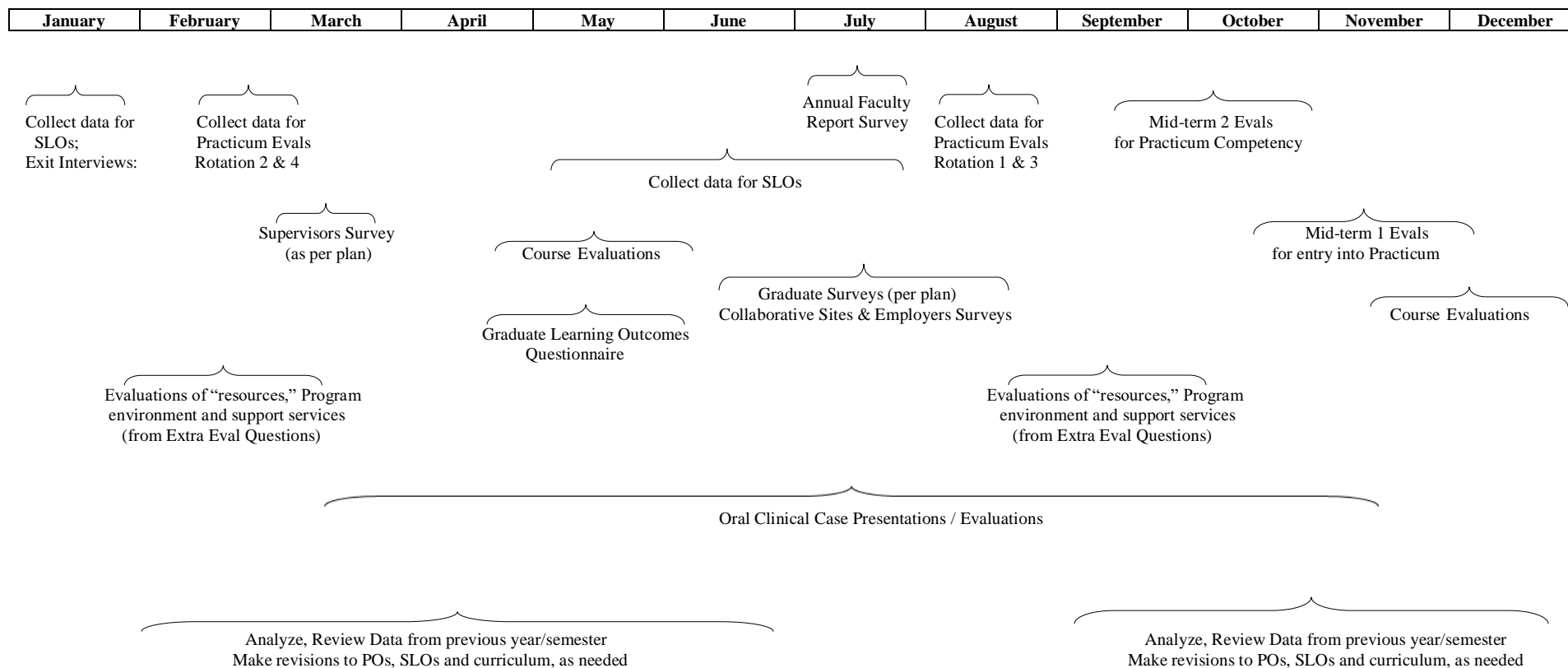
6. Take Action: Revision of Program

- Based upon the results of the data and its analysis, MFT faculty/personnel will determine what about the program is effective and sufficient, as well as what about the program needs to be revised.
- MFT faculty/personnel will then revise those aspects of the program indicated by the data review, in order to better achieve its program outcomes (PGs, SLOs, etc.).

7. Report to Stakeholders

- Report data to COAMFTE, as well as to other accreditation bodies (i.e., Middle States and ATS) as needed.
- Report to the seminary faculty, as well as to certain communities of interest (i.e., posting key results on the seminary's web site and on the counseling centers' web site, informing supervisors and possibly other practicum collaborative sites and employers of graduates).

Annual Assessment Timeline/Calendar



Annual Assessment Timeline/Calendar

July – December

- **Collect** data for SLOs & FOs
- **Report** outcome data from Self-Study (when applicable)
- **Analyze & Review** results/outcomes of data, then **Revise** SLOs & Curriculum, etc. , as needed
- **Identify & Check** curriculum alignment with SLOs (every other year)
- **Report** outcome data from previous year, as needed

June-Aug: Collect data for SLOs

July: Practicum Evaluations 1st & 3rd Rotations

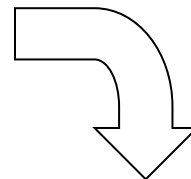
September-October: Mid-term 2 Evaluations

October-December: Mid-term 1 Evaluations

September-December:

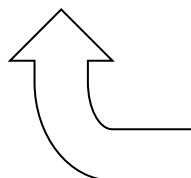
Analyze & Review results of data (past semester/year)

Revise SLOs & Curriculum, as needed



January – June

- COAMFTE Annual Report
- **Collect** data for SLOs & FOs
- **Review, & analyze** previous semester/year's data & **revise** program outcomes, as needed
- **Evaluate/Review/Revise** policies/procedures of resources
- **Evaluate** program environment, etc. re: EOs
- **Evaluate/Revise** student support services
- **Report** outcome data from previous year, as needed
- **Report** outcome data from Self-Study (when applicable)



January: Practicum Evaluations 2nd & 4th Rotations

January: Collect data for SLOs

February – June: (as needed)

Analyze & Review results of data (past semester/yr)

Revise SLOs & Curriculum, etc. as needed

April-May: Evaluations of resources, Program environment, student support services (as per plan)

May-June: Graduate assessments

June-Aug: Collect data for SLOs

Annual Assessment Plan Design

Student Learning Outcomes (SLO)	SLO 1 Students will demonstrate comprehension and application of the relational/systemic marriage and family therapeutic models	SLO 2 Students will be able to articulate what marriage and family theory/theories inform their clinical work and its application to multicultural contexts	SLO 3 Students will demonstrate knowledge and competency in assessment, diagnosis, treatment planning, and therapeutic interventions with individuals, couples and families seeking treatment, from a relational/systemic framework that is multi-culturally-informed.	SLO 4 Students will demonstrate knowledge and basic application of research to marriage and family therapy	SLO 5 Students will demonstrate knowledge and competency of MFT ethical, legal and professional issues
Data to Use					
	<i>At least 80% of students receive grade of 83% or higher on:</i> 1) Theories Paper in CC527 & 2) Personal Models Paper in CC528	CC528 Theoretical Paper <i>At least 80% of students receive grade of 83% or higher</i>	<i>At least 80% of students receive grade of 83% or higher on:</i> 1) Role-play CC.CA & TP in CC625 2) Final Exam's CC, CA & TP in CC729	CC627 Task Analysis Assessment & Paper <i>At least 80% of students receive grade of 83% or higher</i>	CC728 Case Studies (presentation/paper) <i>At least 80% of students receive grade of 83% or higher</i>
		CC826 Advanced Seminar Paper <i>At least 80% of students receive grade of 83% or higher</i>	CC729 Final Exam <i>At least 80% of students receive grade of 83% or higher</i> Oral Clinical Case Presentation <i>Pass</i>		
	Mid-Term Student Evals # 1 & 2 <i>At least 80% of students receive a 3.0 or higher on this SLO</i>	Mid-Term Student Eval # 2 <i>At least 80% of students receive a 3.0 or higher for this SLO</i>	Client Evaluations <i>Interns collectively receive 2.0 or lower</i>		
	Practicum Evals <i>Students show a progression in competency development over duration of Practicum</i> <i>At least 80% of students attaining program-level competency by end of Practicum</i> Sup eval of Intern: in Familiarity of Therapy Models and in Integration of Models		Practicum Evals <i>Students show a progression in competency development over duration of Practicum</i> <i>At least 80% of students attaining program-level competency by end of Practicum</i> Sup eval of Intern: CC, CA & Dx, Hypoth, TP, Interventions		Practicum Evals <i>Students show a progression in competency development over duration of Practicum</i> <i>At least 80% of students attaining program-level competency by end of Practicum</i>

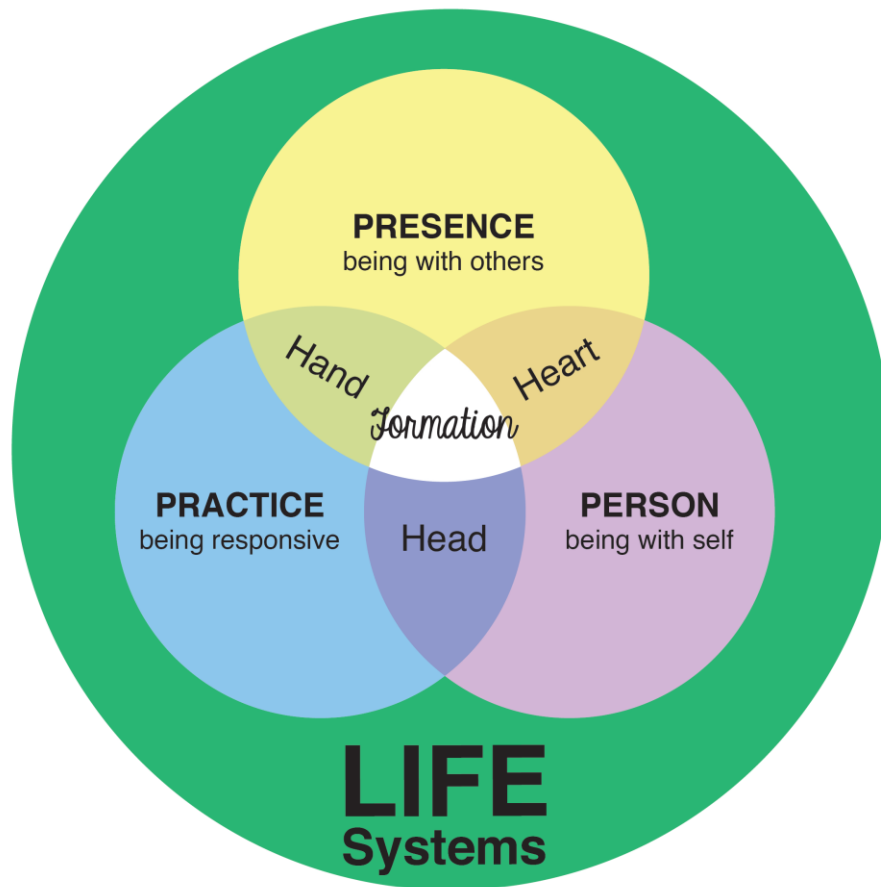
Student Learning Outcomes (SLO) Data to Use /	SLO 6 Students will demonstrate awareness of and address “self of the therapist” issues that impact the capacity for practice/service and ministry.	SLO 7 Students will demonstrate awareness and comprehension of and sensitivity to issues of diversity and multiculturalism in the therapeutic process	SLO 8 Students will demonstrate comprehension and the ability to integrate Christian faith and Biblical principles with marriage and family theory and praxis.	SLO 9 Students will demonstrate knowledge and comprehension of Biblical principles and spiritual formation.	
	CC729 Personal Addictions Paper <i>At least 80% of students receive grade of 83% or higher</i>	CC827 Cultural Genogram Paper <i>At least 80% of students receive grade of 83% or higher</i>	CC837 Theology of Sexuality Paper <i>At least 80% of students receive grade of 83% or higher</i>	CT543 Constructive Theology Project SF511 Engaged Learning Project & Integrative Report <i>At least 80% of the students will receive a grade of 83% or higher</i>	
	CC837 Personal Sexual Journey Paper <i>At least 80% of students receive grade of 83% or higher</i>	CC648 Posts of Theological Positions Statements <i>At least 80% of students receive grade of v or higher</i>	CC648 Personal Position Paper <i>At least 80% of students receive grade of 83% or higher</i>	One Spiritual Formation Personal Response Paper (from CC625/637/729/827) <i>At least 80% of the students will receive a grade of 83% or higher</i>	
	Mid-Term Student Eval # 1 & 2 <i>At least 80% of students receive a 3.0 or higher for this SLO</i>				
	Practicum Evals <i>Students show a progression in competency development over duration of Practicum</i> <i>At least 80% of students attaining program-level competency by end of Practicum</i>	Practicum Evals <i>Students show a progression in competency development over duration of Practicum</i> <i>At least 80% of students attaining program-level competency by end of Practicum</i>	Practicum Evals <i>Students show a progression in competency development over duration of Practicum</i> <i>At least 80% of students attaining program-level competency by end of Practicum</i>		

Faculty Out-comes (FO) Data to use	FO 1 Faculty will demonstrate excellence in teaching	FO 2 Faculty will engage in professional activities that will enhance student learning & the learning environment	FO 3 Faculty will mentor students & graduates in collaborative learning experiences in order to develop competent beginning marriage & family therapists, & to advance the field of MFT	FO 4 Faculty will participate & contribute in service to the life of the seminary, a local congregation, denomination and/or a community	FO 5 Faculty will address cultural diversity issues in their courses and in supervision
	Student Course Evals <i>Will be at least a 3.5 or higher (out of 5.0)</i>	All faculty will engage in providing professional therapeutic (clinical) services <i>As reported in the annual faculty report survey</i>	Faculty will collectively advise & mentor at least 25 MFT student per year <i>As reported in the annual faculty report survey</i>	Faculty will collectively participate on at least 3 committees/groups/councils per year <i>As reported in the annual faculty report survey</i>	
	Faculty Peer Evals <i>When reviewing faculty peer evaluations, the Dean of Faculty's results will be meeting standard performance or above</i>	All faculty will maintain state licensure as LMFT (or its equivalent) <i>As reported in the annual faculty report survey</i>	Faculty will collectively instruct & teach at least 25 student per year <i>As reported in the annual faculty report survey</i>	Each MFT faculty will participate & contribute in service to at least one of the following: a local congregation, denomination, &/or local community <i>As reported in the annual faculty report survey</i>	Student intern evaluations of faculty supervisors will be at least 3.5 (out of 5.0) on the questions(s) dealing with cultural diversity.
		All faculty will maintain AAMFT approved supervisor status <i>As reported in the annual faculty report survey</i>	All faculty will demonstrate acceptable supervision performance <i>With scores of at least 3.5 on intern evaluations of supervisors</i>		
		Faculty will collectively average at least five professional presentations &/or publications, and/or Reviews <i>As reported in the annual faculty report survey</i>	Faculty will collectively provide supervision to graduates &/or supervision of supervision for at least 9 individuals per year <i>As reported in the annual faculty report survey</i>		
		Faculty will collectively accrue at least 90 CEUs each two-year licensure period, & collectively average at least 30 CEUs each year <i>As reported in the annual faculty report survey</i>			
		Faculty will fulfill their annual contracts <i>As reported in the annual faculty report survey</i>			

<u>EOs</u>	<u>Used for Assessment</u>
SLO 1:	CC527 <i>Theories Paper</i> Grade & CC528 <i>Personal Models Paper</i> Grade ; Practicum Evaluation; Mid-term 1 & 2 Evaluations
SLO 2:	CC528 <i>Theoretical Paper</i> Grade & CC826 <i>Advanced Seminar Paper</i> Grade ; Mid-term 2 Evaluation
SLO 3:	CC625 <i>Role-play CC, CA & TP grades</i> & CC729 Final's CC, CA & TP Grade ; Oral Clinical Case Presentation CC, CA & TP; Client Evaluation Results ; Practicum Evaluations Results
SLO 4:	CC627 <i>Task Analysis Assessment and Report</i> Grade
SLO 5:	CC728 <i>Case Studies (presentation/paper)</i> Grade ; Practicum Evaluation Results
SLO 6:	CC729 <i>Personal Addictions Paper</i> Grade & CC837 <i>Personal Sexual Journey Paper</i> Grade ; Practicum Evaluations Results ; Mid-term 1 & 2 Evaluations
SLO 7:	CC827 <i>Cultural Genogram Paper</i> Grade & CC648 <i>Posts of Theological positions statements</i> Grades ; Practicum Evaluations Results
SLO 8:	CC837 <i>Theology of Sexuality Paper</i> Grade ; CC648 <i>Personal Position Paper</i> Grade ; Practicum Evaluation Results
SLO 9:	CT543 <i>Constructive Theology Project</i> Grade ; SF511 <i>Engaged Learning Project and Integrative Report</i> Grade ; Spiritual Formation Personal Response Paper of choice (from either CC625/637/729/827) Grade
FO 1:	Student Course Evaluations; Faculty Peer Evaluations review by Dean of Faculty
FO 2:	Annual faculty report survey: all faculty providing clinical services; all faculty maintaining licensure; all faculty maintaining approved supervisor status; faculty collectively making professional presentations & reviews; faculty collectively accruing CEUs; all faculty fulfilling their annual contracts
FO 3:	Annual faculty report survey: faculty collectively advising & mentoring MFT students; faculty collectively instructing/teaching students; faculty collectively providing supervision &/or supervision of supervision; Intern evaluations of supervisors Results
FO 4:	Annual faculty report survey: collective faculty participation on committees/groups/councils; each faculty participation & contribution in service to a local congregation, denomination, &/or local community
FO 5:	Intern evaluations of supervisors



Where Relational Formation Flows
Through Presence, Person, & Practice



Events for 2020-2021

??October 3, 2020	MFT New Student (and Spouse) Retreat @ Kenbrook 9:00am-2:00pm
December 10, 2020	<i>Choice of Practicum Hours form Due</i> For those to begin Practicum Spring 2021
January 21, 2021	Group Exit Interview for those MFT students graduating in 2021 Time 12:30-1:30
January 2021 (Date TBA)	New Intern Orientation
April 2021 (Date TBA)	MFT Graduate Banquet
May ?, 2021	Commencement
June 30, 2021	DEADLINE: PGP Due for 2 nd year part-time students and 1 st year accelerated part-time students