



**Master of Arts
In
Marriage & Family Therapy**

**Program Handbook
2017-2018**

**Graduate School
of Marriage and Family Studies**

EVANGELICAL SEMINARY



ACKNOWLEDGMENT

I, _____, hereby acknowledge the receipt of the 2017-2018 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 Moodle 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 full 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. Together Joy, Robb, Janet, and Liz 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 is good through May 1, 2018. Dr. Corby submitted the program self-study on April 1, 2017, with a site visit to occur the Fall of 2017, with the objective to gain reaccreditation on May 1, 2018.

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 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 receiving a grade of 75% or higher on the final exams in CC527 Theories I of MFT **and** 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 practicum evaluations 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 practicum evaluation; 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 receiving the grade of 75% 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 receiving the grade of 75% or higher on the theoretical paper in CC826 Advanced MFT Seminar.

2.3 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 B or higher in CC625 Assessment in MFT **and** in CC637 Family Therapy Skills and Practice;

3.1.2 receiving a grade of 75% or higher on:

1) the final exam 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 practicum evaluations 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 practicum evaluation.

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 B or higher in CC627 Research in MFT.

SLO 5: Graduates will perform successfully on the AMFTRB national licensing exam.

5.1 A minimum of 70% pass rate on the AMFTRB National Exam shall be maintained.

SLO 6: Students will demonstrate knowledge and competency of MFT ethical, legal and professional issues.

6.1 Students will demonstrate *knowledge* of MFT ethical, legal and professional issues by at least 80% of students receiving a grade of **B** or higher in CC728 Ethical, Legal and Professional Issues in MFT.

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

6.2.1 showing a progression in these skills development over the duration of the Practicum, as evidenced on the practicum evaluations at the end of each supervisory rotation; and

6.2.2 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 practicum evaluation.

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

SLO 7: Students will demonstrate awareness of and address “self of the therapist” issues that impact the capacity for practice/service and ministry.

7.1 Students will receive a score of 75% or higher on the Personal Addictions Paper in CC729 Abusive & Addictive Family Systems.

7.2 Students will receive a score of 75% or higher on the Personal Sexual Journey Paper in CC837 Sexual Function & Systemic Sex Therapy.

7.3 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.

7.4 Students will show a progression in this skill development over the duration of the Practicum, as evidenced on the practicum evaluations at the end of each supervisory rotation.

7.5 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 practicum evaluation.

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

SLO 8: Students will demonstrate awareness and comprehension of and sensitivity to issues of diversity and multiculturalism in the therapeutic process.

8.1 At least 80% of the students will complete CC827 Gender and Ethnicity with a grade of B or higher.

8.2 At least 80% of the students will receive a grade of B or higher 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 practicum evaluations 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 practicum evaluation.

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

SLO 9: Students will demonstrate comprehension and the ability to integrate Christian faith and Biblical principles with marriage and family theory and praxis.

- 9.1 Students will receive a score of 75% or higher on the Theology of Sexuality Paper in CC837 Sexual Function & Systemic Sex Therapy.
- 9.2 Students will receive a score of 75% or higher on a chosen spiritual formation personal response paper in CC625, CC637, CC729 or CC827.
- 9.3 At least 80% of the students will receive a grade of B or higher in CC648 History and Theology of Marriage & Family.
- 9.4 Students will show a progression in these skills development over the duration of the Practicum, as evidenced on the practicum evaluations at the end of each supervisory rotation
- 9.5 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 practicum evaluation.

SLO 10: Students will demonstrate knowledge and comprehension of Biblical principles and spiritual formation.

- 10.1 At least 80% of the students will receive a grade of B or higher in CT543 Survey of Christian Theology and in SF511 Spiritual Formation in Ministry.

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 MFT faculty will include issues of cultural diversity in their syllabi, course calendars and assignments.
 - 5.2 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 59-60 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 63-66) and Annual Assessment Timeline (see pages 61-62).

Being accredited by COAMTE, under the new Standards 12, what were "program outcomes" are now addressed by student/graduate achievement criteria that include 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 person 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 person of the MFT SAC, liasons 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 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 full-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 full time. Likewise, those who enter as full 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 full-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
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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 Seminar.....1...1 cr.
- 7) CC748 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.

Total

F. RESEARCH

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

Total

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</i> CC646 (1)	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			
<i>----- ENACTMENT OF PERSONAL GROWTH PLAN -----</i>			
CC637 (3) Fam. Therapy Skills & Practice & CC633 (3) Dynamics of Biopsychosocialspiritual	<i>Premarital Counseling Seminar</i> CC545 (1)	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	CC748 (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

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. The MFT Program's Program Outcomes state what is used to assess each 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 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 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 to

the group supervisor at least two (2) weeks prior to the presentation. Students will then formally present their Oral/Written Clinical Case Presentation in Practicum III, during the group supervision time of the third Practicum (CC847). The format for this 1.75 hour oral presentation will include:

- 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, to the group supervisor, 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.

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

If you would like help with writing papers in APA format, you have the option to purchase affordable software, called *StyleEase*, by going to <http://www.styleease.com>. The cost is only \$35.00, and may be well worth your investment.

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, full 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 *full-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 *full-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.35-36*)

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 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. 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 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.) *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.34) 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, 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, interns will/must participate in weekly supervision. 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.)

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. 41-58). Successful intern performance is based only upon the supervisor’s evaluation of the intern. 2. 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.37-40*) 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) Hershey Evangelical Free Church: Omar Zook; Hershey
- 2) Jabbok Counseling: Nancy Mehesy, LMFT; Manheim
- 3) River of Hope: Lebanon **
- 4) Hope Within: Elizabethtown
- 5) Oasis Counseling: Jeff Bare, LMFT; Lancaster
- 6) Shepherd's Touch/Upward Call: James Johnston, DMin, LSW; Leola and other places
- 7) New Hope: Neil Uniacke; Quarryville

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

***Please note: if you choose to do your Personal Growth Plan at River of Hope, you will not be able to be placed there as an intern for practicum.*

MAMFT PRACTICUM POLICIES

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 31) to the Clinical 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 Clinical 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. 31) must be submitted to the Clinical Director for review and to make an informed decision with the Program 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 Clinical 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 Clinical Director **prior** to beginning the internship.

In the past there have been special arrangements with Pennsylvania Counseling Services (PCS):

A) *Special Arrangement: The following conditions must be met:*

1. *The intern must be employed by PCS full-time prior to beginning the MFT Program.*
2. *The intern must be specifically recommended to the MFT program by PCS.*

B) *Internship Program:* It may be possible for interns to seek an internship with PCS, but interns *must do this on their own*, but *must first consult with the Clinical and Program Directors.*

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 a full-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.

MFT Practicum Requirements

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 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 video-taped; when necessary, only ¼ of the hours may be audio-taped). This means that therapy sessions need to be video-taped 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 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 in at least 4 of five “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 32).
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 Graduate School of Marriage & Family Studies Assistant, which must be signed by the agency **and** the intern therapist, and then returned to the Clinical 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) and a group interview, usually held on the same day as the final class of the MFT Advanced Seminar course (in January). The second assessment is done on-line in TaskStream 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 Taskstream, 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 Taskstream, 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 by the registrar and reported to the MFT Director. When entering as a new student you filled out the Learning Outcomes Questionnaire during the orientation for new students to the seminary, in which you will also participate when you graduate.

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.35-36). 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. 37-40). 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). These evaluations include an intern self evaluation, the supervisor’s evaluation of the intern, and the intern’s evaluation of the supervisor (see pp.41-58). Explanation of successful completion of these evaluations is given on p. 20.

The MFT Program has an Assessment Plan (see pp. 59-66 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

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

The Program also has information on Taskstream, 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, Time2Track, and the Video recording systems at our Centers via emails, instructions and videos. “Keys” for Taskstream 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, 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

This informal retreat, *held during early fall of the first year of study*, helps to orient 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 (full-time students) that he/she actually register for his/her PGP. The personal growth plan is designed by each student him/her-self, with Program Director 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 (no less than 500 hrs in any year and no more than 1800 hrs in any year)
 - 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
 - Of the clinical hours, 1500 hours **must** be supervised by an:
AAMFT Approved Supervisor OR
AAMFT Supervisor CandidateThe 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) _____

Date _____

Signature of Clinical Director or Program Director

PRACTICUM AGREEMENT
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 video-taped; 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

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

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: _____

Self-of-the-therapist:

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

1 2 3 4 5
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 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

Comments: _____

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

1 2 3 4 5
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
- With Restrictions Yes
- Hold off practicum to address restrictions Yes
- No Admittance to the practicum Yes

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 _____

	1	2	3	4	5	
I. CONCEPTUAL & PERCEPTUAL SKILLS	NEI	Deficient	Below Expectation	Meets Expectation	Exceeds Expectation	Exceptional Skills
1. Knowledge Base: systems concepts, human develop, FLC, normal fam processes, sexuality, gender roles						
2. Familiarity with Therapy Models: knowledge of therapy models, integration of models						
3. Awareness of Diversity Issues: gender, race, ethnicity, culture, class, religion/spirituality, sexual orientation						
4. Recognition of Relational Patterns: hierarchies, triangles, boundaries, intergenerational patterns & legacies, attachment styles, interaction patterns (in terms of cognitive, behavioral & affective sequences), <i>differentiates content from process</i>						
Overall Rating						
Comments:						
II. EXECUTIVE SKILLS						
1. Joining: engages clients; demonstrates warmth, empathy & respect; conveys competence, authority, trustworthiness; inspires hope & trust; explores clients' frame of reference; paces therapy appropriately; adjusts language to that of clients						
2. Basic Therapeutic Skills: actively listens, empathically attunes; elicits client sharing, reflects accurately, asks open ended questions, guides communication process, explores clients' expectations, clarifies goals, establishes boundaries, explores history of PP, provides focus, identifies core themes						
3. Assessment: conducts appropriate Hx; completes genogram; gathers Hx of PPs; assesses strengths; assesses significance of diversity issues: gender roles, ethnicity, culture, SES, etc; assesses significance of: biological basis of behavior, employment, school & developmental issues; explores previous solutions & prior Tx; makes appropriate referrals (psychiatric, medical, etc.); explores resources; consults other professionals associated with case with appropriate releases signed						
4. Hypothesizing: hypothesizes based on clients' frame of reference & assessment info; conceptualizes systemic hypothesis of case; frames PP in systemic terms; hypothesizes based on theories of change						
5. Treatment Planning: based on assessment & hypotheses; collaborative determination of Tx goals; established short and long term goals; modifies Tx plan as needed; plans for termination; transfers cases when appropriate						
6. Intervention Strategies: based on assessment, hypotheses & Tx plan; 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; assigns homework; uses appropriate techniques						
7. Integration of Models: incorporates appropriates models for PPs						
Overall Rating						
Comments:						
			Below	Meets	Exceeds	Exceptional

	NEI	Deficient	Expectation	Expectation	Expectation	Skills
III. PROFESSIONAL SKILLS						
1. Session Management: introduces therapy; explains policies & procedures; manages time; manages scheduling; follows policies regarding fees						
2. Supervision Responsibilities: attends supervision regularly; comes prepared; brings videos for review; respectful of other supervisees; accepts & uses supervisory feedback						
3. Ethical Issues: knows AAMFT Code of Ethics; knows state laws: privileged communication, mandatory reporting & duty-to-warn; seeks supervisory input & backup for emergency situations; adequately documents events						
4. Paperwork: up-to-date paperwork; follows center procedures						
5. Professional Behaviors: presents as confident; acts in professional manner; dresses professionally; treats staff & clients with respect; can handle unexpected situations						
Overall Rating						
Comments:						
IV. EVALUATION SKILLS						
1. Evaluation of Therapeutic Progress: evaluates link between theory, assessment, hypotheses, Tx plans & interventions; evaluates intervention effectiveness; evaluates outcomes based on client goals; uses client feedback						
2. Evaluation of Self-as-Therapist: realistically evaluates self in terms of skill area & effectiveness; recognizes how use of self contributes to an enhanced understanding of the case; articulates awareness of how personal issues impact therapy; works with supervisor to improve therapeutic effectiveness & to expand skills; articulates strengths & growth areas as a therapist						
Overall Rating						
Comments:						
V. PERSONAL SKILLS						
1. Personal Qualities of the Therapist: shares personal info appropriately; is authentic, patient, caring, empathic, sensitive, flexible, accepting of others, warm, introspective, curious; non-defensive attitude; takes responsibility for mistakes; manages anxiety; uses humor appropriately; thinks critically & analytically; accepts feedback; uses boundaries.						
Comments:						

Describe intern's strengths and growth areas.

Describe: 1) any areas of skill development that should be a focus; and 2) any issues of concern.

STUDENT LEARNING OUTCOMES	1		2		3		4		5	
	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 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 have we seen this student demonstrate his/her attitude toward learning?

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

Comments: Have we seen growth? **Yes** **No** (how)

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.
<p>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).</p> <p>Comments:</p>					
<p>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.</p> <p>Comments:</p>					
<p>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.</p> <p>Comments:</p>					
<p>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.</p> <p>Comments:</p>					
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.
<p>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.</p> <p>Comments:</p>					
<p>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.</p> <p>Comments:</p>					
<p>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</p> <p>Comments:</p>					

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.
<p>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.</p> <p>Comments:</p>					
<p>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.</p> <p>Comments:</p>					
<p>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.</p> <p>Comments:</p>					
<p>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.</p> <p>Comments:</p>					

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.
<p>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.</p> <p>Comments:</p>					
Overall Rating					
III. PROFESSIONAL SKILLS					
<p>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.</p> <p>Comments:</p>					
<p>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.</p> <p>Comments:</p>					
<p>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.</p> <p>Comments:</p>					

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 engaging</i> this area, which may jeopardize future skill development	2 Student displays <i>beginning 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

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.
<p>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).</p> <p>Comments:</p>					
<p>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.</p> <p>Comments:</p>					
<p>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.</p> <p>Comments:</p>					
<p>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.</p> <p>Comments:</p>					
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.
<p>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.</p> <p>Comments:</p>					
<p>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.</p> <p>Comments:</p>					
<p>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</p> <p>Comments:</p>					

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.
<p>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.</p> <p>Comments:</p>					
<p>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.</p> <p>Comments:</p>					
<p>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.</p> <p>Comments:</p>					
<p>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.</p> <p>Comments:</p>					

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.
<p>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.</p> <p>Comments:</p>					
Overall Rating					
III. PROFESSIONAL SKILLS					
<p>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.</p> <p>Comments:</p>					
<p>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.</p> <p>Comments:</p>					
<p>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.</p> <p>Comments:</p>					

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 engaging</i> this area, which may jeopardize future skill development	2 Student displays <i>beginning 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, the Learning Outcomes Questionnaire survey
 - 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.).

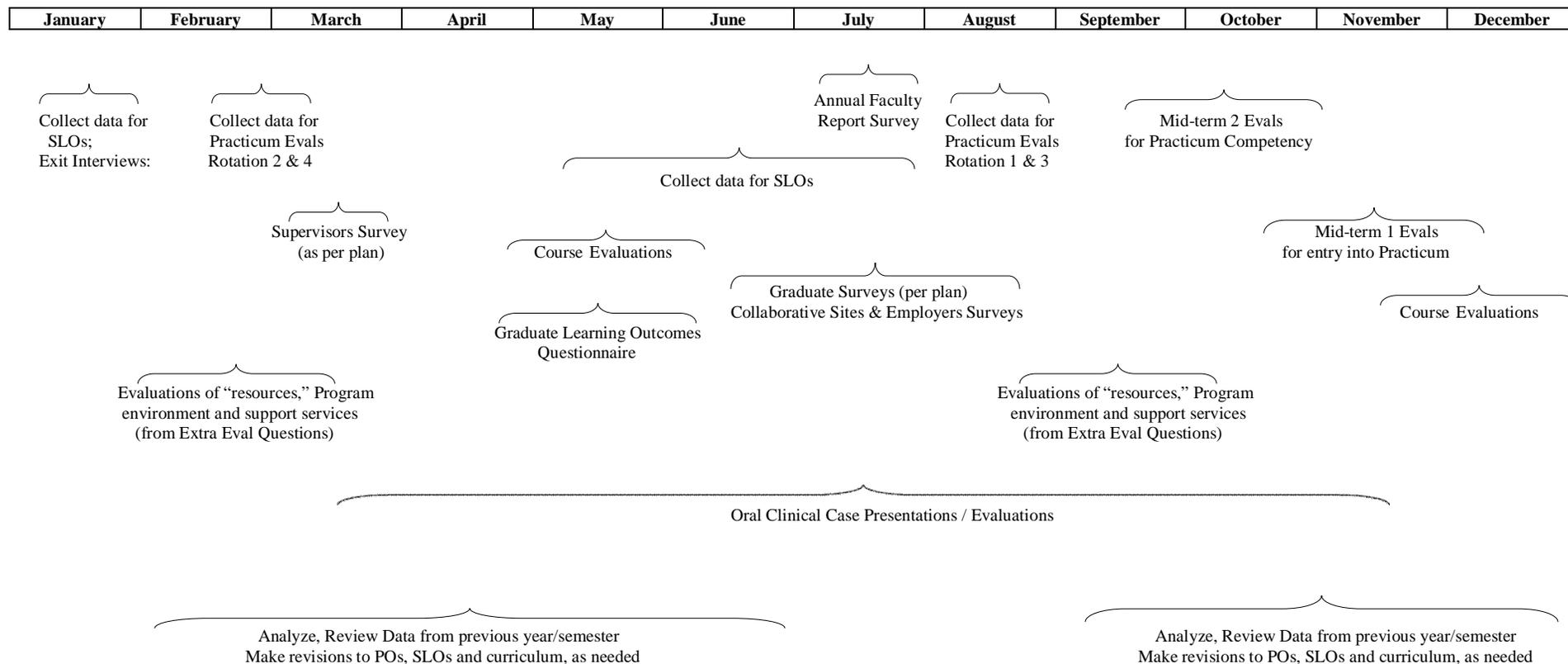
6. Take Action: Revision of Program

- 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).

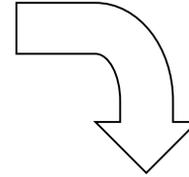
Annual Assessment Timeline/Calendar



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

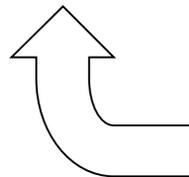
September-December:

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	SLO 2	SLO 3	SLO 4	SLO 5
Data to Use	Students will demonstrate comprehension and application of the relational/systemic marriage and family therapeutic models	Students will be able to articulate what marriage and family theory/theories inform their clinical work and its application to multicultural contexts	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.	Students will demonstrate knowledge and basic application of research to marriage and family therapy	Graduates will perform successfully on the AMFTRB national licensing exam
	CC527 & CC528 Final Exams <i>Students receive a grade of 75% or higher on each final exam</i>	CC528 Theoretical Paper <i>Students receive grade of 75% or higher</i>	CC625 & CC637 Course Grades <i>At least 80% of students receive grade of B or higher in each course</i>	CC627 Course Grade <i>At least 80% of students receive grade of B or higher in course</i>	A minimum of 70% pass rate on the AMFTRB National Exam shall be maintained.
		CC826 Advanced Seminar Paper <i>Students receive grade of 75% or higher</i>	<i>Receive grade of 75% or higher on:</i> CC729 Final Exam Oral Clinical Case Presentation		
	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>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>		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>	

Student Learning Outcomes (SLO) Data to Use /	SLO 6 Students will demonstrate knowledge and competency of MFT ethical, legal and professional issues	SLO 7 Students will demonstrate awareness of and address “self of the therapist” issues that impact the capacity for practice/service and ministry.	SLO 8 Students will demonstrate awareness and comprehension of and sensitivity to issues of diversity and multiculturalism in the therapeutic process	SLO 9 Students will demonstrate comprehension and the ability to integrate Christian faith and Biblical principles with marriage and family theory and praxis.	SLO 10 Students will demonstrate knowledge and comprehension of Biblical principles and spiritual formation.
	CC728 Course Grade <i>At least 80% of students receive grade of B or higher in course</i>	CC729 Personal Addictions Paper <i>Students receive grade of 75% or higher</i>	CC827 Course Grade <i>At least 80% of students receive grade of B or higher in course</i>	CC837 Theology of Sexuality Paper <i>Students receive grade of 75% or higher</i>	CT543 Survey of Christian Theology Grade SF511 Spiritual Formation in Ministry Grade <i>At least 80% of the students will receive a grade of B or higher</i>
		CC837 Personal Sexual Journey Paper <i>Students receive grade of 75% or higher</i>	CC648 Course Grade <i>At least 80% of students receive grade of B or higher in course</i>	One Spiritual Formation Personal Response Paper (from CC625/637/729/827) <i>Students receive grade of 75% or higher</i>	
		Mid-Term Student Eval # 1 & 2 <i>Students receive a 3.0 or higher for this SLO</i>		CC648 Course Grade <i>At least 80% of students receive grade of B or higher in course</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>	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 Outcomes (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>	All MFT faculty will include issues of cultural diversity in their syllabi, course calendars & assignments <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 Theories I & CC528 Theories II Final Exam Grades ; Practicum Evaluations; Mid-term 1 & 2 Evaluations
SLO 2:	CC528 Theoretical Paper & CC826 Advanced Seminar Paper Grades ; Mid-term 2 Evaluation
SLO 3:	CC625 & CC637 Course Grades ; CC729 Final Exam Grade ; Oral Clinical Case Presentation CC, CA & TP; Client Evaluation Results ; Practicum Evaluations Results
SLO 4:	CC627 Course Grades ; Practicum Evaluations Results
SLO 5:	The number of graduates who take the national exam and who pass it
SLO 6:	CC728 Course Grade ; Practicum Evaluations Results
SLO 7:	CC729 Personal Addictions Paper & CC837 Personal Sexual Journey Paper Grades ; Practicum Evaluations Results ; Mid-term 1 & 2 Evaluations
SLO 8:	CC827 & CC648 Course Grades ; Practicum Evaluations Results
SLO 9:	CC837 Theology of Sexuality Paper Grades ; Spiritual Formation Personal Response Paper of choice (from either CC625/637/729/827) Grade ; CC648 Course Grade ; Practicum Evaluations
SLO 10:	CT543 Survey of Christian Theology Grade ; SF511 Spiritual Formation in Ministry 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:	Annual faculty report survey: All faculty include issues of diversity in syllabi, course calendars & assignments; Intern evaluations of supervisors

Events for 2017-2018

September 5?, 2017	Fall Convocation
October 7, 2017	MFT New Student (and Spouse) Retreat @ Kenbrook 9:00am-2:00pm
December 14, 2017	<i>Choice of Practicum Hours form Due</i> For those to begin Practicum Spring 2018
January 16, 2018	Group Exit Interview for those MFT students graduating Time 12:30-1:30
January 2018 (Date TBA)	New Intern Orientation
April 2018 (Date TBA)	MFT Graduate Banquet
April 2018 (Date TBA)	New MFT Applicant's Group Interview]
May 11, 2018	Commencement
June 30, 2018	DEADLINE: PGP Due for 2 nd year part-time students and 1 st year full-time students