



CHAPMAN  
UNIVERSITY

# Marriage and Family Therapy

## PROGRAM HANDBOOK

**2021-2022**

Crean College of Health and Behavioral Sciences

Chapman University

One University Drive

Orange, CA 92866

## Table of Contents

<b>PREFACE .....</b>	<b>4</b>
<i>Marriage and Family Therapy MA Program Overview.....</i>	<i>4</i>
<i>Portability of Degree .....</i>	<i>4</i>
<i>Minimum Technology Requirements .....</i>	<i>4</i>
<i>Privacy Rights.....</i>	<i>5</i>
<i>Conditions of Accuracy.....</i>	<i>5</i>
<i>In Case of Conflict Between the Handbook and Graduate Catalog.....</i>	<i>5</i>
<b>IMPORTANT CONTACTS .....</b>	<b>6</b>
<b>ACADEMIC CALENDAR 2021-22 .....</b>	<b>7</b>
<b>HELPFUL LINKS AND RESOURCES .....</b>	<b>8</b>
<b>MISSION AND PHILOSOPHY STATEMENTS.....</b>	<b>9</b>
<i>Chapman University Mission Statement.....</i>	<i>9</i>
<i>Crean College of Health and Behavioral Sciences Mission Statement.....</i>	<i>9</i>
<i>MFT Program Mission Statement .....</i>	<i>9</i>
<b>PROGRAM GOALS AND STUDENT LEARNING OUTCOMES.....</b>	<b>10</b>
<i>Program Goals .....</i>	<i>10</i>
<i>Student Learning Outcomes.....</i>	<i>10</i>
<b>DEPARTMENT ROLES andRESPONSIBILITIES.....</b>	<b>11</b>
<b>UNIVERSITY POLICIES.....</b>	<b>13</b>
<i>Diversity and Inclusion .....</i>	<i>13</i>
<i>Academic Policies and Procedures.....</i>	<i>14</i>
<b>MFT PROGRAM POLICIES .....</b>	<b>15</b>
<i>Professionalism .....</i>	<i>15</i>
<i>Student Retention Policy.....</i>	<i>15</i>
<i>Academic Probation and Candidate Dismissal.....</i>	<i>16</i>
<i>Tardy Policy.....</i>	<i>16</i>

**Student Concerns, Complaints, and Grievances Policy and Procedures ..... 17**  
*Background Screening for MFT Licensure and Practicum Placement..... 108*

**CURRICULUM REQUIREMENTS..... 109**

**CLASS SCHEDULING AND REGISTRATION ..... 110**  
*Plan of Study ..... 110*  
*Registration Deadlines ..... 110*  
*Academic Load ..... 110*  
*Future Semester Registration..... 110*

**SAMPLE PLANS OF STUDY ..... 110**  
*Fall Admit (2.5 years) ..... 110*  
*Fall Admit (3 years) ..... 110*  
*Spring Admit (3 years)..... 110*

**CLINICAL ADVANCEMENT EXAM..... 110**

**COMPREHENSIVE EXAM..... 110**

**SUPERVISED PRACTICUM EXPERIENCE ..... 111**

**CAPSTONE PROJECT..... 111**  
*Theory of Change Paper..... 111*  
*Comprehensive Written Case Report..... 111*  
*Oral Case Presentation..... 111*  
*Grading for the Capstone Project..... 111*

**ADDITIONAL PROGRAM REQUIREMENTS..... 112**  
*Personal Therapy..... 112*  
*Professional Organization Membership..... 112*

**EXTERNAL TRAINEESHIPS ..... 112**

**STUDENT SURVEYS ..... 112**

**ALUMNI REQUESTS FOR INFORMATION..... 112**  
*Student Authorization and Waiver for Release of Educational Records for Recommendations and Background Checks.... 112*

**CLINICAL TRAINING REMEDIATION..... 112**  
*Action Plan..... 112*

**Clinical Training Probation (Frances Smith Center and all External Traineeships) ..... 112**

**Dismissal from the MFT Program ..... 112**

<b>Clinical Training Action Plan .....</b>	<b>112</b>
<b>APPENDIX OF FORMS .....</b>	<b>112</b>
<i>Acknowledgement Of Program Handbook .....</i>	<i>112</i>
<i>A Guide To Successful Advancement .....</i>	<i>112</i>
The Process of Advancement .....	112
How to Study for the Clinical Advancement Exam .....	112
Frequently Asked Questions About Advancement.....	112
<i>Clinical Advancement Exam Procedures .....</i>	<i>112</i>
<i>Clinical Advancement Exam Committee Scoring Sheet .....</i>	<i>112</i>
<i>Sample Advancement Vignette 1 .....</i>	<i>112</i>
<i>Sample Advancement Vignette 2.....</i>	<i>112</i>
<i>Sample Advancement Vignette 3.....</i>	<i>112</i>
<i>Sample Advancement Vignette 4.....</i>	<i>112</i>
<b><i>Comprehensive Exam Study Guide.....</i></b>	<b><i>112</i></b>
ASSESSMENT.....	112
PSYCHOPATHOLOGY AND DIAGNOSIS .....	112
CRISIS MANAGEMENT .....	112
ETHICAL AND LEGAL ISSUES .....	112
THEORIES.....	112
TREATMENT .....	112
<i>Sample Comprehensive Exam Questions.....</i>	<i>112</i>
<i>Theory of Change Paper Rubric (Semester 1 &amp; 2).....</i>	<i>112</i>
<i>Theory of Change Paper Scoring Sheet (Semester 1 and 2).....</i>	<i>112</i>
<i>Theory of Change Paper Grading Rubric (Semester 3) .....</i>	<i>112</i>
<i>Theory Of Change Paper Evaluation Form (Semester 3).....</i>	<i>112</i>
<i>Grading Guide: Comprehensive Written Case Report and Oral Case Presentation.....</i>	<i>112</i>
<i>Comprehensive Written Case Report Evaluation Form (Semester 1, 2, 3) .....</i>	<i>112</i>
<i>Oral Case Presentation Evaluation Form (Semester 1 &amp; 2*) .....</i>	<i>112</i>
<i>Oral Case Presentation Evaluation Form (Semester 3).....</i>	<i>112</i>
<i>Oral Case Presentation Questions (Semester 3).....</i>	<i>112</i>
<i>Capstone Project Final Evaluation Form (Semester 3).....</i>	<i>112</i>
<i>Basic Skills Evaluation Device© .....</i>	<i>112</i>
<i>Mission, Program Goals, SLOs, and PMFTPs.....</i>	<i>112</i>
<i>Academic Support Services &amp; Physical Resources Survey.....</i>	<i>112</i>
<i>Alumni Contact Information Survey.....</i>	<i>112</i>
<i>MFT Annual Alumni Survey.....</i>	<i>112</i>
<i>Chapman University MFT Program SLO Review Schedule .....</i>	<i>112</i>
<i>Chapman University MFT Program COI Contribution Schedule.....</i>	<i>112</i>

# tyPREFACE

## Introduction

Welcome! You are entering an intensive program leading to a rewarding profession as a Marriage and Family Therapist. This Handbook is updated as needed and serves to acquaint the student with the faculty, curriculum, services, rules and regulations, and extracurricular activities of the Department of Marriage and Family Therapy, as well as pertinent policies of Chapman University. This Handbook also provides guidelines for student decision-making and the expectations of the program. In short, this Handbook contains or references the rules and policies that will guide your experience in this program. We look forward to providing you with the best possible education and training necessary for your success as a marriage and family therapist.

New students must submit a signed copy of the [Acknowledgment of the Program Handbook form](#) to the MFT Program Manager by the end of the second week of their first semester.

## **Marriage and Family Therapy MA Program Overview**

Chapman University's MA in MFT program is nationally accredited by the [Commission on Accreditation for Marriage and Family Therapy Education \(COAMFTE\)](#). This accreditation ensures students receive a quality education in marriage and family therapy that has been evaluated and met accepted standards established by the profession. This marriage and family therapy program is specifically structured to prepare students for licensure as marriage and family therapists and is an [approved program for Marriage and Family Therapy and Professional Clinical Counseling licensure in California](#). It includes a substantial critical training component in which students work under the supervision of faculty and staff in a counseling setting in the on-site clinic sponsored by the Crean College of Health and Behavioral Sciences. In addition to the on-site clinic, students may choose to participate in an outside traineeship to earn additional hours toward licensure. Students in this program complete a minimum of 60 semester credits. The Professional Marriage and Family Therapy Principles (PMFTPs) linked with course content are drawn from the [AAMFT Core Competencies](#), the [AAMFT Code of Ethics](#), the [CA Board of Behavioral Sciences \(BBS\) Statutes and Regulations](#), and the [CAMFT Code of Ethics](#).

## **Portability of Degree**

Licensure for marriage and family therapists is regulated at the state level. The Master of Arts degree from Chapman University will begin the process towards licensure in the state of California. This program has been evaluated by the BBS and meets the CA educational requirements for licensure as a [marriage and family therapist](#) and a [professional clinical counselor](#). A listing of each state's licensure requirements is available through the [Association of Marital & Family Therapy Regulatory Boards \(AMFTRB\)](#). Applicants who are interested in becoming licensed in other states must review the state requirements for licensure from the MFTstate licensing board in that state.

## **Minimum Technology Requirements**

Students will need to have access to a computer and printer, as well as internet access to log in to their [CU email](#), [My Chapman](#), and [Canvas](#). Chapman University offers its students use of the many [computer labs](#) located around the campus. Additionally, the Crean Hall atrium houses several computers and a printing station for students. Further technology support can be found at the [Service Desk](#). If an accommodation needs to be made regarding technology requirements, please contact the MFT Program Manager.

## **Privacy Rights**

Chapman University is committed to the protection and confidentiality of student educational records, adhering closely to the guidelines established by the [Family Educational Rights and Privacy Act \(FERPA\)](#) - a federal legislation established to regulate access and maintenance of student educational records. FERPA affords students certain rights with respect to their education records, including the right to inspect their education records, request an amendment of the records that the student believes are inaccurate, and the right to control disclosures of their records except to the extent that FERPA authorizes disclosure without consent. (It is important to note that all rights to access move to the student when that student is in a post-secondary education institution; parents, spouses, and significant others have no inherent right to access to student educational records.)

Educational records, for the most part, include, with certain exceptions, all records maintained in any medium, which can identify the student.

## **Conditions of Accuracy**

The information within this Handbook is accurate as of the time of publication. Students are responsible for informing themselves of and satisfactorily meeting all requirements pertinent to their relationship with the University. Students and others who use this Handbook should be aware that the information changes from time to time at the sole discretion of Chapman University and that these changes may alter information contained in this Handbook. More current and complete information may be obtained in the appropriate department, school, or administrative offices. The University reserves the right, at any time and without notice, to make any changes to all rules, policies, procedures, and any other information that pertains to students or the institution including but not limited to, admission, registration, tuition and fees, attendance, curriculum requirements, conduct, academic standing, candidacy, and graduation. This Handbook does not constitute a contract or terms or conditions of a contract between the student and Chapman University.

## **In Case of Conflict Between the Handbook and Graduate Catalog**

The Graduate Catalog is considered the official representation of program requirements for all graduate programs at Chapman University. If a conflict between the information in this Handbook and the Graduate Catalog arises, the information in the Graduate Catalog prevails.

# IMPORTANT CONTACTS

## DEPARTMENT

Name	Title	Phone	Email	Room
Naveen Jonathan, PhD, LMFT	Department Chair, Core Faculty	(714) 744-6932	<a href="mailto:jonathan@chapman.edu">jonathan@chapman.edu</a>	CB 142
Brennan Peterson, PhD, LMFT	Core Faculty	(714) 744-7915	<a href="mailto:bpeterson@chapman.edu">bpeterson@chapman.edu</a>	CB 140
Arpita Lal, PhD, LMFT	Core Faculty	(714) 532-6066	<a href="mailto:lal@chapman.edu">lal@chapman.edu</a>	CB 145
Open	Core Faculty	TBD	TBD	TBD
Susan Jester, M.A., LMFT	Clinic Director	(714) 997-6904	<a href="mailto:sjester@chapman.edu">sjester@chapman.edu</a>	CB 123A
Open	Program Coordinator	(714) 744-7837		CB 143A
Open	Administrative Assistant	(714) 997-6746		CB 123

## UNIVERSITY

Department	Phone	Email	Location
<a href="#">Disability Services</a>	(714) 744-7971	<a href="mailto:jmcalex@chapman.edu">jmcalex@chapman.edu</a>	410 N. Glassell St.
<a href="#">Office of Graduate Financial Aid</a>	(714) 628-2730	<a href="mailto:gradfinaid@chapman.edu">gradfinaid@chapman.edu</a>	Bhathal Student ServiceCenter
<a href="#">Information Systems and Technology (IS&amp;T)</a>	(714) 997-6600	<a href="mailto:servicedesk@chapman.edu">servicedesk@chapman.edu</a>	<i>Service Desk walk-up in Leatherby</i>
<a href="#">Leatherby Libraries</a>	(714) 532 - 7714	<a href="mailto:libweb@chapman.edu">libweb@chapman.edu</a>	One University Drive
<a href="#">Office of the University Registrar</a>	(714) 997-6701	<a href="mailto:registrar@chapman.edu">registrar@chapman.edu</a>	Bhathal Student ServiceCenter
<a href="#">Public Safety</a>	(714) 997-6763 <b>(24 HR Dispatch)</b>		418 North Glassell Street
<a href="#">Student Business Services</a>	714) 997-6617	<a href="mailto:ocbusn@chapman.edu">ocbusn@chapman.edu</a>	Bhathal Student ServiceCenter
<a href="#">Student Health Services</a>	(714) 997-6851	<a href="mailto:studenthealth@chapman.edu">studenthealth@chapman.edu</a>	402 N. Glassell
<a href="#">Tutoring, Learning and Testing Center (TLT)</a>	(714) 997-6828	<a href="mailto:tutor@chapman.edu">tutor@chapman.edu</a>	DeMille Hall 130
<a href="#">Veterans Resource Center</a>	(714) 516-5776	<a href="mailto:va@chapman.edu">va@chapman.edu</a>	526 N. Shaffer St.

# ACADEMIC CALENDAR 2021-22

## Fall 2021

Monday, August 30	Instruction begins
Monday, September 6	Labor Day (University closed)
Friday, September 17	Graduate Comprehensive Examination
Mon. – Fri., Oct 25 – Nov 5	Advancements (specific dates/times TBD)
Mon. - Sat., Nov. 22 – 27	Thanksgiving Recess
Saturday, December 11	Last day of instruction
Mon. - Sat., Dec. 13 – 18	Final examinations

## **Interterm 2022 (Practicum Students ONLY)**

Monday, January 3	Instruction begins
Friday, January 7	Deadline to apply for February 2021 graduate Comprehensive Examination
Saturday, January 15	Deadline to file Application for Degree Conferral for May 2022, and August 2022
Monday, January 17	Martin Luther King holiday (University Closed)

## Spring 2022

Monday, January 31	Instruction begins
Friday, February 4	Graduate Comprehensive Examination
Mon. – Fri., Mar 28 – Apr 15	Advancements (specific dates/times TBD)
Mon. - Sat., March 21 – 26	Spring Break
Saturday, May 14	Last day of instruction
Mon. - Sat., May 16 – 21	Final examinations
Fri., Sat., Sun. May 20, 21, 22	Commencement
Monday, May 30	Memorial Day (University closed)

## **Summer 2022 (Sessions II and IV)**

Tuesday, May 31	Instruction begins
Monday, July 4	Independence Day observance (University closed)
Saturday, July 30	Last day of instruction and final examinations (Session II)
Friday, August 19	Deadline to apply for September graduate Comprehensive Examination
Saturday, August 20	Last day of instruction (Session IV)

# HELPFUL LINKS AND RESOURCES

- [Graduate Student Handbook](#)
- [Graduate Catalog](#)
- [Campus Maps and Directions](#)
- [Program Website](#)
- [Student Life](#)
- [Academic Calendars](#)

## Study Space

Conference Room 125 has been set aside by Crean College administration as the first priority for MFT/Psychology faculty use, second for the other Health Sciences Undergrad/Grad faculty, and third, for Crean students. If you are interested in booking this room, it must be reserved prior to its use and can be booked up to 48hrs in advance. Conference room requests must be emailed to the Program Coordinator. The Program Coordinator will confirm with you if this room is available for your desired time or assist you with finding another available time. It is your responsibility to arrive at your scheduled time. If you are late and the Program Coordinator has left or has another meeting scheduled, another MFT faculty member or administrator/staff member cannot open the room for you. DO NOT call Public Safety to open the room under any circumstances.

You can also [check out rooms at Leatherby Libraries](#). The Library has several rooms available, and they can be checked out online.

# MISSION AND PHILOSOPHY STATEMENTS

## **Chapman University Mission Statement**

The mission of Chapman University is to provide personalized education of distinction that leads to inquiring, ethical, and productive lives as global citizens.

## **Crean College of Health and Behavioral Sciences Mission Statement**

To imagine a better world through research, education, and clinical practice.

## **MFT Program Mission Statement**

Our mission is to provide students with the academic and professional training to become multiculturally competent, ethical, and systems-oriented marriage and family therapists who are critical consumers of research in the field.

**Chapman's MFT Program Mission Statement is grounded in our [Professional Marriage and Family Therapy Principles \(PMFTPs\)](#).**

# PROGRAM GOALS AND STUDENT LEARNING OUTCOMES

## Program Goals

- 1) Teach a comprehensive curriculum emphasizing relational/systemic theories and techniques (KNOWLEDGE)
- 2) Train and graduate students to be competent in the relational/systemic practice of marriage and family therapy (PRACTICE)
- 3) Promote an environment of inclusion and respect for diversity in all its forms throughout curriculum offerings and clinical training (DIVERSITY)
- 4) Teach students to critically evaluate research in the field and use it to inform and enhance clinical practice (RESEARCH)
- 5) Train students to apply MFT professional and ethical standards (ETHICS)

## Student Learning Outcomes

- 1) Students will demonstrate a knowledge of family systems theories by incorporating theory and technique when working with different treatment units.
- 2) Students will graduate from the program within the advertised length of time.
- 3) Students will demonstrate an awareness of and respect for diversity issues and their own social location in relation to their clinical experience.
- 4) Students will be successful consumers of research by demonstrating an understanding of basic research methods and integrating this knowledge into clinical practice.
- 5) Students will be knowledgeable of and successfully apply appropriate legal and ethical guidelines necessary for the competent practice of marriage and family therapy.
- 6) Graduates will secure employment in the field of Marriage and Family Therapy.
- 7) Graduates will pass MFT Licensing Exams.
- 8) Students will be able to assess, hypothesize and intervene from a systemic perspective in their clinical practice.

These program goals and student learning outcomes are grounded in our [Professional Marriage and Family Therapy Principles \(PMFTPs\)](#).

# DEPARTMENT ROLES and RESPONSIBILITIES

## **Department Chair**

Oversees the daily operation of the MFT program year-round, including but not limited to program curriculum, accreditation, clinical training, and quality assurance. The Department Chair is a core faculty member of the MFT program, licensed MFT, and AAMFT Approved Supervisor. Facilitates monthly faculty meetings, program meetings, and biannual Communities of Interest (COI) meetings.

## **Clinic Director**

Oversees the daily operations of the Frances Smith Center, including but not limited to client care, student training, and quality assurance. The Clinic Director is a licensed MFT and AAMFT Approved Supervisor. Facilitates monthly supervisor meetings and Clinic Advisory Board meetings. Participates in monthly program meetings and biannual COI meetings.

## **Program Coordinator**

Oversees admissions and retention of MFT students. The Program Coordinator provides mentoring to current students, oversight of program budget, marketing, and accreditation. Participates in monthly program meetings and biannual COI meetings.

## **Core Faculty**

Full-time faculty of the MFT program are licensed MFTs and AAMFT Approved Supervisors. Participate in the development of comprehensive examination questions and Advancement Committee. Participate in monthly faculty meetings and biannual COI meetings.

## **Non-Clinical Faculty**

Part-time faculty members of the MFT program. Required to maintain subject matter competence in the course(s) taught. Will provide questions for the comprehensive examination. Participate in post-semester check-in with Department Chair. Participate in once a semester faculty meetings and biannual COI meetings.

## **Adjunct Faculty**

Part-time faculty members of the MFT program. Required to maintain subject matter competence in the course(s) taught. May provide questions for the comprehensive examination. Participate in mid and post-semester check-ins with Department Chair. Participate in once a semester faculty meetings and biannual COI meetings.

## **Clinical Supervisor**

Adjunct faculty member, licensed MFT, and AAMFT Approved Supervisor. Maintain CA MFT supervisor requirements by completing 6 CEUS in clinical supervision every two years. Participate in Clinical Advancement Exam Committees, are available for case consultation, file reviews, and live observation of client sessions. Participate in post-semester check-in with Department Chair. Participate in monthly supervisor meetings and biannual COI meetings.

## **Administrative Assistant**

Provides operational support to the MFT program and Frances Smith Center Clinic Director, clinical supervisors, and students. Provides administrative support to faculty. Assists in planning and implementing Advanced Clinical Trainings. Participates in biannual COI meetings.

### **Student Representative**

Organize student events and gather feedback from current students for program maintenance and improvement efforts. Oversee peer mentorship program. Attend program information sessions, admitted student events, and correspond with prospective students interested in the program. Participate in monthly program meetings. Participate in biannual COI meetings.

### **Clinic Advisory Member**

Organize clinic student events, gather feedback from current clinic students for clinic training program maintenance and improvement efforts. Attend program information sessions, admitted student events, and meet with prospective students. Participate in monthly clinic advisory board meetings and program meetings. Participate in biannual COI meetings.

# UNIVERSITY POLICIES

Students should familiarize themselves with the **CURRENT INSTITUTIONAL POLICIES**. The list below is not exhaustive. See the [Institutional Policies at Chapman webpage](#) for the full list of university policies.

- [Graduate Catalogs](#)
- [Non-Discrimination Policy](#)
- [Harassment, Discrimination, and Sexual Harassment Policy](#)
- [Gender-Inclusive Policies](#)
- [Religious Accommodations Policy](#)
- [Sexual Misconduct, Sex-Based/Gender Discrimination, and Title IX](#)
- [Student Conduct Code](#)
- [Student Complaint Procedures](#)
- [Integrity in Research Policy](#)
- [Student Privacy Policies \(FERPA\)](#)
- [Electronic Records Accessibility Policy](#)
- [Personal Computer Support Policy](#)

## **Diversity and Inclusion**

Chapman University is deeply committed to enriching diversity and inclusion through ongoing efforts to cultivate a welcoming campus climate for all members of the Chapman community. We strive to provide an inclusive academic curriculum, promote equity and access in recruitment and retention, and develop meaningful outreach programs and partnerships with our diverse local communities. We value diversity and inclusion in the learning environment and believe it is vital to the fulfillment of the university mission. It is our conviction that an inclusive learning environment facilitates complex, critical, and creative thinking and that differences in identities, values, beliefs, and perspectives are fundamental to a comprehensive education.

At Chapman, the term diversity implies a respect for all and an understanding of individual differences, including race, color, religion, sex, gender identity, gender expression, pregnancy, national origin, ancestry, citizenship status, age, marital status, physical disability, mental disability, medical condition, sexual orientation, military or veteran status, genetic information and any other characteristic protected by applicable state or federal law so that all members of the community are treated with dignity and respect at all times.

To learn more about the available resources and supports, see the [Diversity and Inclusion at Chaman webpage](#).

### **Non-Federally Protected Categories**

Chapman University protects students who identify from federally protected categories in the above policies. For Chapman students who identify from non-federally protected categories (example: socioeconomic status), the University's Student Conduct Code outlines behavior expected from all students to enhance the academic experience and treat all members with respect and dignity

In [Article IV, Section A. Student Conduct Policies, 1. Abusive Behavior \(p. 10\)](#), it states:

The following behaviors are prohibited:

- a) Any written, verbal, or physical act (including sending electronic communication) directed towards a person that a reasonable person would know is likely to cause physical harm or

substantial emotional distress and thereby adversely affects an individual's ability to benefit from the university's education program or activities or create a hostile environment

- b) Repeated and/or severe aggressive behaviors that intimidate or intentionally harm or control another person physically or emotionally and are not protected by freedom of expression.

Students who identify under a non-federally protected categories, who may experience discrimination or harassment can find information about filing a complaint and reporting an incident by visiting the University's Harassment, Discrimination, and Sexual Harassment Policy. Specific information on filing a report can be found in [Section V – Reporting Complaints & Policy Violations. \(p. 7\)](#). If the alleged conduct involves a Chapman University faculty or staff member and does not fall within the scope of the University's Harassment, Discrimination, and Sexual Harassment Policy, the matter will be forwarded to the Director of Employee Relations in Human Resources for review with the individual, respondent, supervisor, and/or dean. If the alleged conduct involves another Chapman University student and does not fall within the scope of the University's Harassment, Discrimination, and Sexual Harassment Policy, the matter will be forwarded to the Office of Student Affairs who will address concerns according to procedures set forth in the Student Conduct Code.

MFT students can also contact MFT Department Chair Dr. Naveen Jonathan should they have any concerns regarding harassment and discrimination while a student in the program.

The [Chapman University Title IX webpage](#) has more information regarding Sexual Misconduct, Sex-Based/Gender Discrimination, and Title IX, including information on reporting, accessing supportive measures, and the investigation process.

### **Academic Policies and Procedures**

- [Academic Integrity](#)
- [Add/Drop/Withdrawal](#)
- [Degree Conferral and Commencement](#)
- [Grades/GPA/Incompletes](#)
- [Grade Reviews](#)
- [Petitions and Appeals](#)
- [Probation and Dismissal](#)
- [Repeating Courses/Course Audits](#)
- [Comprehensive Exam](#)
- [Leave of Absence](#)

**A full list of Academic Policies and Procedures can be found in the [Graduate Catalog](#).**

# MFT PROGRAM POLICIES

## Professionalism

Professional conduct is an essential skill for Marriage and Family Therapists. Students are expected to be courteous and professional at all times and adhere to professional standards in both their appearance and actions, as described in the [AAMFT Code of Ethics](#), the [CAMFT Code of Ethics](#), and Chapman University's [Student Conduct Code](#). Whether on campus (in the classroom, the Frances Smith Center, other university, or program sponsored event), or when representing the program in the community (practicum collaborations, external traineeship placements, program sponsored community presentations), student conduct reflects on the quality of Chapman University and its Department of Marriage and Family Therapy.

Although the standards for appearance and actions may differ between the academic and clinical settings, students are expected to adhere to the policies set forth within each setting. In general, codes for appearance and actions are established to convey one's dedication to excellence, commitment to meeting obligations, and respect for peers, colleagues, professors, clinical supervisors, community partners, and clients.

First and foremost, students must adhere to the [Academic Integrity Policy](#) outlined in Graduate Catalog. The Academic Integrity Policy is printed in every syllabus and course outline. Faculty also have [rights and procedures regarding student classroom behavior](#) and expect students to show respect to peers and faculty at all times, as stated in the Graduate Catalog. Students are expected to approach faculty, staff, clinical supervisors with courtesy and respect for their position. Professional courtesies may include but are not limited to:

1. Regularly attend all required classes on time as outlined in the [Tardy Policy](#).
2. Turn off cell phones prior to the beginning of class or meetings with faculty or peers.
3. Except during scheduled breaks, avoid leaving the room during lectures or meetings unless there is an emergency.
4. Set up advance appointments and use office hours to discuss issues with faculty.
5. Follow the MFT Department's [Student Concerns, Complaints, and Grievances Policy](#) as outline in this Handbook.
6. Adhere to the University's [Grade Review Policy](#) when questions arise regarding grades.

## Student Retention Policy

The MA in MFT program at Chapman University is committed to creating an environment of academic success to prepare students for a career in Marriage & Family Therapy. In keeping with this commitment, the program incorporates regular advising opportunities, screening processes when needed, and adheres to the current university policies regarding academic probation and candidate dismissal for academic and ethical reasons.

**In the event a student chooses to leave the program before completion of requirements for graduation, they will meet with the MFT Department Chair and MFT Program Coordinator for an exit interview.**

**The following areas outline our student efforts:**

### **Student Advising and Plan of Study**

The Program Coordinator works one-on-one with students providing educational and career guidance throughout the program. Students are encouraged to meet with the Program Coordinator each semester to review their Plan of Study and address any concerns that may impact their ability to complete the program. Students needing additional support may meet with the Program Coordinator and/or Department Chair with greater frequency, have their Plan of Study revised and/or be given referrals for additional resources to assist with their success in the program.

If a student does not pass the clinical advancement exam or the comprehensive exam, has been issued an academic warning, is placed on academic probation or is at risk of being placed on academic probation, an individualized remediation plan will be developed with the student to assist with passing the required program milestones and successfully completing the program. Plans include meetings with the Department Chair, Program Coordinator and/or Clinic Director.

### **Screening**

Screening of students is a process conducted by the faculty to assess and evaluate student progress. If a student screening is needed, the student will meet with two faculty members to discuss academic, clinical, or other issues that need to be addressed.

Screenings with faculty will be conducted as needed based on faculty evaluation and recommendation. In the screening interview, a preliminary assessment of the student's academic, intellectual, and psychological readiness for a career as a therapist will be made. The faculty will give the student recommendations on any areas of concern. A follow-up meeting may also be scheduled to monitor the student's growth in these areas and progress in the program.

### **Academic Probation and Candidate Dismissal**

A student may be dismissed from the program and the University for reasons of academic or clinical performance, clinical or personal misconduct, or violation(s) of the [Academic Integrity Policy](#). Prior to dismissal, efforts will be made by the faculty to assist with the student's area of deficiency. If such assistance does not result in improved performance to an acceptable level, the student can be dismissed from the program. This dismissal would follow the recommendation of a simple majority vote of the faculty. Academic conditions suitable for dismissal are stated below. Clinical misconduct that warrants dismissal includes, but is not limited to, unsafe practices that might endanger either the patient or the therapist. Personal misconduct that warrants dismissal includes, but is not limited to, actions that are intended to berate the patients, peers, faculty, or the profession. Any candidate dismissed by the program has the right to appeal the decision according to the Grievance Procedures set forth in the [Graduate Catalog](#). The student shall continue in the program until the appeal process is exhausted. If the decision for dismissal stands following his or her appeal, the student will be dismissed from the program and the University. A full description of the Academic Standards for Probation and Dismissal can be found in the [Graduate Catalog](#).

### **Tardy Policy**

To maintain the most productive environment for students and the instructor, it is imperative that students be on time to classes and stay for its entirety. Arriving late or leaving class early can cause a disruption of learning to all participants. Students who arrive late or leave class early, resulting in missing 15 minutes or more of class, will result in a point(s) deduction in your overall grade in the course. The exact point deduction will be at the discretion of the instructor.

# Student Concerns, Complaints, and Grievances Policy and Procedures

The Marriage and Family Therapy Program at Chapman University strives to create a safe environment in the classroom, clinic, and amongst students, faculty, and staff. **Chapman University expects that students read and adhere to the [Student Conduct Code](#).**

The Student Code of Conduct reviews Chapman University's stance and policy on how to address issues such as discrimination or harassment. If these incidents have occurred, information on filing a grievance can be found on the Chapman University website under [Sexual Misconduct, Sex-Based/Gender Discrimination, and Title IX](#).

From time to time, students may have concerns, complaints, or grievances while enrolled in the program. In support of student retention, the Marriage and Family Therapy program is committed to ensuring each student's educational needs are being met. If a student believes his/her needs are not being met, it is strongly recommended that students share this information with the appropriate program faculty and/or administrators so that the issue can be addressed.

The Marriage and Family Therapy Program at Chapman University uses the following definitions in accordance with COAMFTE standards to define what is a concern, complaint, or a grievance.

**A concern is defined as informal and relates to minor issues that can be solved between individuals such as student/instructor or student/Department Chair and are usually communicated to the Department Chair or faculty verbally or through informal written communication (i.e., email).** Examples may include concerns about course scheduling, timeliness of faculty feedback, etc. When a concern is brought to the attention of the MFT program, the MFT Department Chair, the MFT Program Coordinator, the Frances Smith Center Clinic Director or any other MFT faculty member or staff, whoever is most appropriate to respond will give a response within ten business days. The program does not generally keep formal records of student concerns.

**A student complaint is outlined as being communicated to the program in writing regarding issues that have a significantly negative impact on students' learning experiences.** Examples may include a grade appeal. Complaints generally require completion of the Graduate [Petition form](#) to bring about resolution, and records regarding their resolution are kept on file in the MFT program for ten years. Further information regarding Chapman University's complaint, petition and appeal process can be found on the [Student Complaint Procedures Notice](#) and in the Graduate Catalog under [Academic Policies and Procedures](#).

**According to COAMFTE, a student grievance refers to formal complaints filed with the program and/or the university through a formal grievance channel. They refer to issues that may violate students' rights.** Examples include sexual harassment and discrimination. Information regarding filing a formal grievance can be found on the Chapman University [Sexual Misconduct, Sex-Based/Gender Discrimination, and Title IX webpage](#). Records regarding the resolution of grievances are generally kept on file for a period of ten years.

If a student is dissatisfied with any aspect of a class (e.g., content, lectures, presentations, assignments, exams, grades), students are encouraged to discuss the issue openly and constructively with the instructor. If a student is unable to resolve the issue with the instructor, the student should contact the Department Chair Dr. Naveen Jonathan. If the issue is still unresolved, students will be referred to the Crean College Dean, Dr. Janeen Hill.

If a student has a concern regarding advising and Plan of Study, the contact person would be the Program Coordinator. If the concern is about the Frances Smith Center, Susan Jester, the Clinic

Director, is the point of contact. For any other concerns that are related to an external traineeship, concerns/feedback on the program, accreditation, or a grievance, please follow up with Department Chair, Dr. Naveen Jonathan.

### **Background Screening for MFT Licensure and Practicum Placement**

Any student with a felony or misdemeanor conviction (including DUIs or nolo contendere pleas) may find that their application for licensure or other similar organizations may be negatively impacted. Typically, this becomes evident while undergoing the Live Scan fingerprinting process. Therefore, it is each student's responsibility to become informed as to how such previous convictions may affect the license they are pursuing, or even placement in a practicum site. (See the [BBS website on Criminal Convictions](#) for specific information).

For full descriptions of MFT Program Policies, see the [Graduate Catalog](#).

# CURRICULUM REQUIREMENTS

Course	Credits	Semester Offered
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## Theoretical Foundations for Marital and Family Therapy (12 credits)

MFT	MFT Theories I*	3	Fall
MFT	MFT Theories II*	3	Spring
MFT	Couple Therapy*	3	Spring
MFT	Advanced Theoretical Applications*	3	Fall

## Clinical Knowledge in Marital and Family Therapy (24 credits)

MFT	Assessment of Individuals and Families*	2	Spring
MFT	Psychopharmacology for MFTs	3	Summer
MFT	Diagnosis & Treatment of Children/Adolescents*	3	Summer
MFT	Advanced Psychopathology & Diagnosis*	3	Fall
MFT	Crisis Management and Clinical Process*	3	Fall/Spring
MFT	Assessment & Treatment of Sexual Dysfunctions	2	Spring
MFT	Assessment/Treatment Substance Use Disorders	2	Fall
MFT	Group Therapy	3	Fall/Spring
MFT	Public Mental Health	3	Summer

## Individual Development and Family Studies (6 credits)

MFT	Family Life Cycle and Aging	3	Fall/Spring
MFT	Diversity Issues in Therapy*	3	Fall 2022

## Professional Identity, Ethics, and Research (6 credits)

MFT	Research and Bibliographic Methods	3	Spring
MFT	Ethics and Professional Issues for MFTs*	3	Fall

## Supervised Clinical Practice (12 credits)

MFT	Practicum I (3 consecutive semesters including	3,3,3,1	Every
MFT	Practicum Collaborations (minimum of 2 credits)	1-2	Every

## Total (60 credits) Optional List of Electives

MFT	Career Counseling **	3	As needed
MFT	Practicum II (external traineeship) **	3	As needed
MFT	Advanced Topics in Marriage and Family	1-3	As needed
MFT 699	Independent Study**	1-3	As needed

\*Indicates class required to be eligible to sit for the Clinical Advancement Exam

\*\* Indicates classes that are outside of required courses in the Plan of Study

A full list of Course Descriptions can be found in the [Graduate Catalog](#).

# CLASS SCHEDULING AND REGISTRATION

## Plan of Study

Newly admitted students are required to meet with the Program Coordinator to discuss registration for their first semester and to develop a written Plan of Study that outlines their projected course enrollments and the time frame for advancement to practicum and graduation. The Program Coordinator will examine the student's transcripts, completed prerequisites, transfer credit, program requirements, and the desired time the student wants to spend in the program. The purpose of the Plan of Study is to assist students with getting the most out of their graduate experience. Concerns are addressed early on to support student retention. While the Plan of Study will guide a student through the program, it is not binding, and student flexibility is allowed. It will, however, be an important document that will help the student plan the necessary steps towards completing the program. **Because course offerings and program advancement all depend on a student's initial Plan of Study, students must meet with the Program Coordinator if they wish to alter any element of their Plan.** Students can find a list of all required course offerings, as well as sample Plans of Study on the previous pages.

It may be helpful to reference the current [Chapman University Academic Calendar](#) as you develop your Plan.

## Registration Deadlines

All MFT students must register for courses by the following deadlines:

- **Fall:** July 20
- **Spring:** December 20
- **Summer:** May 20

## Academic Load

Students in the MFT program at Chapman University can take a maximum of 12 credits in a fall or spring semester and no more than seven credits during the summer term. Students with unusual or unique circumstances can petition to the Department Chair to waive this restriction.

## Future Semester Registration

Students are encouraged to meet with the Program Coordinator before registering for classes each semester to review their Plan of Study. Students are required to register for courses at least one month prior to the start of the next semester. Please see the Program Coordinator for questions or concerns regarding these registration requirements.

# SAMPLE PLANS OF STUDY

## Fall Admit (2.5 years)

	Course		Credits
<b>Year 1: Fall (11 credits)</b>	MFT 541	MFT Theories I*	3
	MFT 570	Advanced Psychopathology & Diagnosis*	3
	MFT 578	Ethical and Professional Issues for MFTs*	3
	MFT 588	Assessment/Treatment Substance Use	2
<b>Year 1: Spring (11 credits)</b>	MFT 516	Assessment of Individuals and Families*	2
	MFT 556	MFT Theories II*	3
	MFT 561	Couple Therapy*	3
	MFT 532	Research and Bibliographic Methods	3
<b>Year 1: Summer (6 credits)</b>	MFT 565	Diagnosis/Treatment Children/Adolescents*	3
	MFT 620	Public Mental Health	3
<b>Year 2: Fall (12 credits)</b>	MFT 573	Crisis Management and Clinical Process*	3
	MFT 583	Advanced Theoretical Applications*	3
	MFT 605	Group Therapy	3
	MFT 618	Diversity Issues in Therapy*	3
	<i>Clinical Advancement Exam**</i>		
<b>Year 2: Interterm (1 credit)</b>	MFT 694	Practicum I	1
<b>Year 2: Spring (8 credits)</b>	MFT 582	Assessment/Treatment Sexual Dysfunctions	2
	MFT 610	Family Life Cycle and Aging	3
	MFT 694	Practicum I	3
	<i>Comprehensive Examination**</i>		
<b>Year 2: Summer (6 credits)</b>	MFT 533	Psychopharmacology for MFTs	3
	MFT 694	Practicum I	3
<b>Year 3: Fall (5 credits)</b>	MFT 694	Practicum I	3
	MFT 696	Practicum Collaborations (x2 for Financial Aid)	1, 1
	<i>Capstone Project</i>		
	<i>Graduation</i>		

You must take four classes your first two semesters to follow this track

\*Indicates class required to sit for the Clinical Advancement Exam

\*\*Note: Not passing the Clinical Advancement Exam or the Comprehensive Exam can affect your Plan of Study and may extend the length of your program

## Fall Admit (3 years)

	Course		Credits
Year 1: Fall (9 credits)	MFT 541	MFT Theories I*	3
	MFT 570	Advanced Psychopathology & Diagnosis*	3
	MFT 578	Ethical and Professional Issues for MFTs*	3
Year 1: Spring (8 credits)	MFT 556	MFT Theories II*	3
	MFT 561	Couple Therapy*	3
	MFT 582	Assessment/Treatment Sexual Dysfunctions	2
Year 1: Summer (6 credits)	MFT 565	Diagnosis/Treatment Children/Adolescents*	3
	MFT 620	Public Mental Health	3
Year 2: Fall (9 credits)	MFT 583	Advanced Theoretical Applications*	3
	MFT 605	Group Therapy	3
	MFT 618	Diversity Issues in Therapy*	3
Year 2: Spring (8 credits)	MFT 516	Assessment of Individuals and Families*	2
	MFT 573	Crisis Management and Clinical Process*	3
	MFT 532	Research and Bibliographic Methods	3
	<i>Clinical Advancement Exam**</i>		
Year 2: Summer (6 credits)	MFT 533	Psychopharmacology for MFTs	3
	MFT 694	Practicum I	3
Year 3: Fall (6 credits)	MFT 588	Assessment/Treatment Substance Use	2
	MFT 694	Practicum I	3
	MFT 696	Practicum Collaborations	1
	<i>Comprehensive Examination**</i>		
Year 3: Interterm (1 credit)	MFT 694	Practicum I	1
Year 3: Spring (7 credits)	MFT 610	Family Life Cycle and Aging	3
	MFT 694	Practicum I	3
	MFT 696	Practicum Collaborations	1
	<i>Capstone Project</i>		
	<i>Graduation</i>		

\*Indicates class required to sit for the Clinical Advancement Exam

\*\*Note: Not passing the Clinical Advancement Exam or the Comprehensive Exam can affect your Plan of Study and may extend the length of your program

## Spring Admit (3 years)

	Course		Credits
<b>Year 1: Spring (9 credits)</b>	MFT 573	Crisis Management and Clinical Process*	3
	MFT 532	Research and Bibliographic Methods	3
	MFT 605	Group Therapy	3
<b>Year 1: Summer (6 credits)</b>	MFT 565	Diagnosis/Treatment Children/Adolescents*	3
	MFT 620	Public Mental Health	3
<b>Year 1: Fall (9 credits)</b>	MFT 541	MFT Theories I*	3
	MFT 570	Advanced Psychopathology & Diagnosis*	3
	MFT 578	Ethical and Professional Issues for MFTs*	3
<b>Year 2: Spring (8 credits)</b>	MFT 516	Assessment of Individuals and Families*	2
	MFT 556	MFT Theories II*	3
	MFT 561	Couple Therapy*	3
<b>Year 2: Summer (0 credits)</b>			0
<b>Year 2: Fall (6 credits)</b>	MFT 583	Advanced Theoretical Applications*	3
	MFT 618	Diversity Issues in Therapy*	3
	<i>Clinical Advancement Exam**</i>		
<b>Year 2: Interterm (1 credit)</b>	MFT 694	Practicum I	1
<b>Year 3: Spring (8 credits)</b>	MFT 582	Assessment/Treatment Sexual Dysfunctions	2
	MFT 610	Family Life Cycle and Aging	3
	MFT 694	Practicum I	3
	<i>Comprehensive Examination**</i>		
<b>Year 3: Summer (7 credits)</b>	MFT 533	Psychopharmacology for MFTs	3
	MFT 694	Practicum I	3
	MFT 696	Practicum Collaborations	1
<b>Year 3: Fall (6 credits)</b>	MFT 588	Assessment/Treatment Substance Use	2
	MFT 694	Practicum I	3
	MFT 696	Practicum Collaborations	1
	<i>Capstone Project</i>		
	<i>Graduation</i>		

\*Indicates class required to sit for the Clinical Advancement Exam

\*\*Note: Not passing the Clinical Advancement Exam or the Comprehensive Exam can affect your Plan of Study and may extend the length of your program

# CLINICAL ADVANCEMENT EXAM

Successfully passing the clinical advancement exam is a prerequisite to enrolling in practicum (MFT 694 and MFT 696). Advancements have been a long-standing requirement to progress towards graduation and a very important step to determine if students are ready to provide therapy to clients. The Clinic Director and clinical supervisors cannot be with students 100% of the time in the therapy room, and each student must be trusted to think and act quickly depending on the client situation.

Plans of Study can change depending on the outcomes of advancements. The program does advertise that students may complete coursework in two and a half or three years, but this depends upon whether or not the student has successfully passed all required steps to progress forward.

At the clinical advancement exam interview, the student will meet with a faculty committee. It will be that committee's responsibility to determine whether students are then prepared to be formally declared a candidate for a Master of Arts degree and permitted to proceed into the practicum phase of the program. Specifically, the functions of the clinical advancement committee are to:

- 1) Assess the student's readiness to begin practicum;
- 2) Provide information and counsel to the student in matters pertaining to academic progress and plans;
- 3) Ascertain whether significant gaps exist in the student's knowledge and/or understanding of the subject field;
- 4) Apprise the student of any academic, professional or ethical aspects of the program that may be a source of concern;
- 5) Assess the student's psychological readiness and personal suitability to engage in the profession of marriage and family therapy; and
- 6) Review the student's academic status with respect to fulfilling required course work in a satisfactory manner.

Committees make decisions regarding advancement outcomes for several reasons. The overall decision is the determination of whether students demonstrated competency to assure that they are safe to be alone in the room and able to communicate to their supervisors in a thorough manner what has transpired. The committee's rationale encompasses this factor and there can be a variety of reasons for their decision.

It is the goal of the MFT program that all students pass the Clinical Advancement Exam. In efforts to support this, students who do not pass are given specific stipulations, including meeting with the Clinic Director, to assist them with improving upon the specific areas of deficits so that they are better prepared for their next advancement attempt.

Comparing one's own outcomes to another student's is not appropriate. It is a breach of academic integrity to discuss the contents of the advancement vignette with anyone; therefore, it is imperative that each student refrains from discussing the content with any other student, whether they are currently going through advancements or not.

Students who enter the program each Spring and those who enter the program in Fall on the 2 1/2-year advanced track will begin their one-year clinical Practicum experience in the Frances Smith Center in Interterm (January) and will graduate at the end of Fall Semester (December). Degrees will be by the end of the calendar year (December 31<sup>st</sup>).

See the [Graduate Catalog](#) for full eligibility and exam administration details.

# COMPREHENSIVE EXAM

As a requirement of graduation, students must pass the program's comprehensive examination. The test is based on six core areas of training that are critical for development as a marriage and family therapist and for licensure with the California Board of Behavioral Sciences and in other states. The exam consists of 150 multiple choice questions - 25 from each area. Students have four hours to complete the test. A score of 70% is required to pass the examination. The six categories are:

- Assessment
- Psychopathology and Diagnosis
- Crisis Management
- Ethical/Legal Issues
- Theories
- Treatment

Students must have a cumulative GPA of at least 3.000 to be eligible to take the exam. Students must submit an application form to the MFT Program Coordinator to take or repeat a comprehensive exam on or before the [posted deadline](#).

In efforts to support student retention, the program would like to see all students pass the exam. If students do not attain a passing score on the examination, they will be required to meet with the Department Chair and Program Coordinator to develop a remediation plan (i.e., recommended course materials, books, auditing, or repeating coursework) and must repeat the entire examination. Two failures to obtain a passing grade on the exam are grounds for dismissal from the program.

Students must have passed the comprehensive examination to be eligible to participate in the commencement ceremonies.

See the [Graduate Catalog](#) for further details.

# SUPERVISED PRACTICUM EXPERIENCE

Once students pass the clinical advancement exam, they will complete a minimum of four consecutive semesters (including interterm) of MFT 694 *Practicum I*. In addition, students must complete at least two credits of MFT 696 *Practicum Collaborations* during their yearlong practicum experience. Students in the practicum stage of the program will be assigned a clinical supervisor and will receive weekly group supervision (four students per group), as well as weekly individual supervision. Student competence will be measured using the [Case Presentation Evaluation Form](#) and the [Basic Skills Evaluation Device](#).

Minimum requirements for beginning practicum at the clinic include:

- 1) Passing the clinical advancement exam;
- 2) 40 completed credits of program course work.

**Students are required to accrue a minimum of 300 hours of direct client contact; 120 of those hours must be relational.** Students must also complete 50 live observation hours. All hour requirements must be completed in MFT 694 or MFT 696. Any hours obtained from MFT 689 External Traineeships do not count towards graduation requirements.

# CAPSTONE PROJECT

As part of the graduation requirements, MFT students are required to complete a Capstone Project in their final semester in the MFT program. The Capstone Project includes the following three components;

1. Theory of Change Paper
2. A Comprehensive Written Case Report
3. An Oral Case Presentation

## Theory of Change Paper

Students will start writing the Theory of Change Paper in MFT 556 and continue to develop it during their practicum in the Frances Smith Center. If a student decides to change their Theory of Change, they will be expected to rewrite the paper based on their new theory. During semester 1, students revise their paper based on feedback they received in MFT 556, as well as more in-depth study of their theory. Students in semester 2 will revise their paper based on feedback from MFT 556, their previous supervisor, and a more in-depth study of their theory.

In the final semester in the Frances Smith Center, students will submit their final version of their Theory of Change Paper. Revisions are made based on feedback from MFT 556, previous supervisors, and a more in-depth study of their theory. At all times, revised papers and copies of previous versions with feedback are to be turned in. Papers are to be submitted electronically while working remotely.

The Theory of Change Paper must be written in APA format, and the final version should be about 30 pages. At least 30 references must be included – either articles from peer reviewed journals or original sources including books. The Theory of Change is due two weeks prior to the Oral Case Presentation.

### **The format of the Theory of Change Paper will be as follows:**

1. Biographical information:
  - a. What aspects of your background have contributed to your uniqueness?
  - b. What events and patterns in your life have influenced your theory of therapy?
  - c. What was the impact of major life figures on the development of your personal beliefs about people?
  - d. What client populations do you believe you would be most effective and least effective in working with?
2. What are the major concepts of your theory of change?
3. What is the difference between healthy and dysfunctional families according to your theory of change?
4. How could change be anticipated to occur based on your theory of change?
5. Stance of therapist and diversity related issues
  - a. What therapist and client characteristics promote change?
  - b. What is the role of the therapist according to your theory of change?

- c. How would you address diversity related issues with your clients using your theory of change?
6. What areas would your assessment focus on given your theory of change?
7. What type of goals would you want for your therapy sessions?
8. What techniques/interventions would you use to facilitate changes in your clients?
9. How would you know that your client is ready for termination?
10. What types of clients/problems is your theory of change most likely to be effective for?

The [grading rubric for the Theory of Change Paper](#) (part of Capstone Project), the [Theory of Change Paper Evaluation Form](#), and [the grading rubric for the Theory of Change Paper \(first and second semester in the Frances Smith Center\)](#) can be found in the appendices.

## Comprehensive Written Case Report

While completing practicum in the Frances Smith Center, students will select a case to write a Comprehensive Written Case Report as part of the Capstone Project. The case should be relational in nature (i.e., a couple, family or parent-child unit). Cases in which individuals are the unit of treatment **cannot** be selected for case presentations for the Capstone Project. The student should have had **at least four sessions** with the client before they submit the Comprehensive Written Case Report.

The Comprehensive Written Case Report will be submitted to the group supervisor in addition to the revised version of the Theory of Change Paper. The student will be expected to prepare a three-generation genogram of the couple/family they are writing the case report on. The case report will be based on the following format:

- 1) **Identifying Info/Genogram:** The following identifying info and clinical data should be included; age, gender, ethnicity, family composition, occupation and/or school status, relationship status, SES, treatment history, clinical symptoms, presenting problems, medications, history of mental illness or family dysfunction, significant medical problems, why client is seeking treatment. Must complete a three-general genogram.
- 2) **Systemic Assessment:** Utilizing the genogram include significant family patterns and events, chemical dependency, others living in the home, medical problems, intergenerational issues. If treating a couple, include information about their relationship history.
- 3) **DSM-5 Diagnosis:** Listed by number and providing rationale for client's diagnosis, including symptoms and client's report of symptoms. If appropriate, provide a differential process. Do not forget to diagnose each client you are treating in the treatment unit.
- 4) **Case Conceptualization:** A tentative explanation of the ways in which relational patterns are operating to keep a family from, and move a family toward optimum functioning. Case conceptualizations are dynamic and should evolve over time as the case progresses. Your case conceptualization should be derived from *on-going* clinical assessment that is informed by systems theory in general and MFT clinical theories and models in particular.

- 5) **Theoretical Model:** Used to conceptualize the case, develop the treatment plan and intervene.
- 6) **Treatment Goals:** Develop a complete treatment plan and prioritize treatment goals based on assessment, diagnosis, and chosen theoretical model. Treatment plan should be consistent with a theoretical model and should be broken down into a beginning, middle and closing phase.
- 7) **Theory of Change:** Include a brief summary of how change could be anticipated to occur for this individual/couple/family within the theoretical model.
- 8) **Role of Therapist:** Describe the of the role of the therapist within the theoretical model.
- 9) **Research-based Interventions:** Include interventions and techniques that have been and will be used. Therapeutic interventions should be presented consistent with the chosen theory. This section should include a discussion of client's motivation for treatment, specific interventions implemented, including rationale, expected outcome, and potential barriers to treatment. The interventions should be informed by research and the case report should demonstrate that through citations. If relevant, describe how crisis issues were managed. Also discuss the implementation and management of safety plans if applicable.
- 10) **Self of Therapist/Transference and Countertransference:** Include a discussion of self of the therapist and assessment of possible transference and counter transference considerations.
- 11) **Ethical and Legal Issues:** A discussion of possible ethical/legal considerations and how they would be addressed. Include a discussion of the identification and management of any legal/ethical obligations and mandates that apply specifically to the case.
- 12) **Diversity Considerations:** Discuss any diversity (including but not limited to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual and/or political beliefs, nation of origin or other relevant social categories, immigration or language) considerations and how they may impact treatment. Include discussion on marginalized and/or underserved communities when applicable. The discussion should focus on:
  - a. **Cultural identity:** Cultural identity (ethnic/cultural reference) should be explored for all clients and not just minority clients. For immigrants and ethnic minorities, note the degree of involvement with both the culture of origin and the host culture (where applicable). Also note language abilities, use and preference (including multilingualism).
  - b. **Cultural factors related to psychosocial environment and levels of functioning:** Note culturally relevant interpretations of social stressors, available social supports, and levels of functioning and disability. This would include stresses in the local social environment and the role of religion and kin networks in providing emotional, instrumental, and informational support.
  - c. **Diversity elements of the relationship between the individual and the clinician:** Indicate differences in diversity related factors between the individual and the clinician and problems that these differences may cause in diagnosis and treatment (e.g., difficulty in communicating in the individual's first language, in eliciting symptoms or understanding their cultural significance, in negotiating an appropriate

relationship or level of intimacy, in determining whether a behavior is normative or pathological).

- d. **Overall assessment of diversity related factors for diagnosis and care:** The formulation concludes with a discussion of how diversity considerations specifically influence comprehensive diagnosis and care.

**13) Case Management:** Can include considerations such as consents and initial structuring of treatment, who attends sessions, managing family secrets, missed appointments, crisis management, referrals, termination.

**14) Client-centered advocacy (CCA):** Refers to any adjunctive services that would be important to meeting treatment goals including referrals, telephone conversations, and other CCA related activities.

**15) Evaluation of Therapy Process:** Describe the therapeutic process to date, including an assessment of the therapeutic relationship.

The [grading guidelines for the Comprehensive Written Case Report](#) outline expectations. The [Comprehensive Written Case Report Evaluation Form](#) is used to evaluate the student.

## **Oral Case Presentation**

During the time allocated for group supervision all students will make an Oral Case Presentation as part of their preparation for the Capstone Project. The Oral Case Presentation will be based on the case that is selected for the Comprehensive Written Case Report and will follow the same format as the Comprehensive Written Case Report.

The presentation should not take more than 60 minutes following which 20 minutes will be for questions from the supervisor and 20 minutes for discussion which will make a total of 1 hour 40 minutes.

***The Oral Case Presentation must be accompanied by a Power Point which should be submitted to the group supervisor 1 week prior to the Oral Case Presentation.*** The Oral Case Presentation will include detailed descriptions from sessions with the client(s). The descriptions of interventions used should be from sessions from different phases of treatment up to and including the current phase.

In Semester 1 and 2 the Oral Case Presentation will not be graded individually. The same grading guidelines will be used for both the Comprehensive Written Case Report and the Oral Case Presentation.

## **Grading for the Capstone Project**

To pass the Capstone Project, the student must pass all three components of the Capstone Project, which include the:

- 1) Theory of Change Paper
- 2) Comprehensive Written Case Report
- 3) Oral Case Presentation

### ***Passing the Capstone Project***

To pass the Capstone Project, the student must receive “meets expectations” or above

on all sections of the Theory of Change Paper. The student must also receive “meets expectations” or above on all sections of the Comprehensive Written Case Report as well as the Oral Case Presentation.

*Passing the Capstone Project with Recommendations*

If the student gets a “below expectations” on any section of the Theory of Change Paper, Comprehensive Written Case Report, or the Oral Case Presentation, the student will pass with recommendations. The recommendation will be provided by the group supervisor, and the student will have to show proof of completion before graduation.

*Failing the Capstone Project*

If the student gets a “deficient” on any section of the Theory of Change Paper, Comprehensive Written Case Report, or the Oral Case Presentation, the student will fail the Capstone Project. The group supervisor will provide the student with stipulations in consultation with the Clinic Director and the Department Chair. The student will have to show proof of completion of the stipulations to graduate.

If a student fails to show up for their Capstone with no prior explanation to their supervisor, they will automatically fail the Capstone Project which may require taking an additional semester of Practicum.

The [Final Evaluation Form for the Capstone Project](#) is used to evaluate the student.

See the [Graduate Catalog](#) for further details.

# ADDITIONAL PROGRAM REQUIREMENTS

## Personal Therapy

Every student is required to complete a **minimum of 16 hours** of individual, couple, family, or group therapy conducted by a licensed marriage and family therapist, licensed clinical social worker, licensed clinical psychologist, or board-eligible psychiatrist. Proof of completion will consist of submission of the [Personal Therapy Verification Form](#) sent directly to the Program Coordinator. This verification must be on file at the time the student applies for graduation.

## Professional Organization Membership

Students are required to become a student member of [AAMFT](#) and/or [CAMFT](#) and maintain membership during their time as a student in the program. Students are required to show proof of membership by submitting a copy of their welcome letter to the Program Coordinator by the end of their first semester in the MFT program. For further questions or more information, please contact the MFT Department Chair.

**For a full description of these requirements, see the [Graduate Catalog](#).**

# EXTERNAL TRAINEESHIPS

Students may pursue an off-site practicum traineeship in addition to their in-house practicum training at the Frances Smith Center for Individual and Family Therapy. The deadline for securing an external traineeship will be one month before classes start for the new semester.

**Students must also concurrently be enrolled in MFT 689 *Practicum II* (2-3 credits). This class is considered an elective. Financial aid can cover up to 12 credits of MFT elective courses. In addition, participating students will be responsible for purchasing malpractice insurance for \$22.00 per year through the University provider.**

Minimum requirements for beginning an off-site practicum include:

- 1) 12 completed credits;
- 2) Completion of site agreement.

**Students must commit to the external traineeship for one full year (including summer).**

**Clinical Hours completed at external traineeship sites do not count toward the 300 hours (including the 120 relational hours) required in the in-house practicum training at the Frances Smith Center for Individual and Family Therapy.**

For more details, see the [Graduate Catalog](#).

# STUDENT SURVEYS

Throughout the duration of the program, students will be asked to complete an annual [Academic Support Services and Physical Resources survey](#) describing the sufficiency of resources at Chapman University and within the MFT program.

Upon completion of the program, students will also be asked to complete an [Exit Survey](#) describing their satisfaction with the various elements of the program. Students are asked about the quality of the advising process, program curriculum, clinical advancement exam procedure, comprehensive exam, clinical practicum, and supervision. The Exit Survey should be completed two weeks prior to graduation. Students may also schedule an exit interview with the Department Chair to discuss additional items regarding the program's quality and training. All surveys are completely anonymously, and responses are kept confidential.

At the time of graduation, students will also be asked to complete an [Alumni Contact Information form](#) so the program can provide graduates with updates and announcements. The contact form will also be used to obtain information regarding licensure, educational pursuits, and employment satisfaction. Graduates may be asked to evaluate the training received in the context of their current employment and to make recommendations for program improvement.

**Survey participation is voluntary but strongly encouraged.**

# ALUMNI REQUESTS FOR INFORMATION

It is the responsibility of the student to retain all records that will be needed after graduation. While the University will endeavor to assist in requests for information it receives, students should anticipate that information such as course syllabi may not be available. The University strongly urges students to compile and maintain any records they will need post-graduation.

For record requests pertaining to CU MFT program coursework, contact the Program Coordinator.

For record requests pertaining to CU MFT practicum experience, contact the Clinic Director.

Please allow up to 14 business days to respond to requests for information, records, and recommendation letters. Also, note that the CU MFT program cannot guarantee that all information requested will be available (i.e., course syllabi).

For MFT course syllabi starting from Fall 2014 until present day, alumni can log on to [Chapman University's syllabi archive](#) to search for any missing syllabi they may need.

## **Student Authorization and Waiver for Release of Educational Records for Recommendations and Background Checks**

Chapman University requires all employees to fill out a [Student Authorization Waiver](#) if they will be writing a recommendation and/or background check to an educational institution, employer, or other third party.

The form is to remain on file with the employee who is giving the reference for the University's records.

Chapman University prohibits any letters that are blanket letters of recommendations. Each letter must be specific to the place of employment, institution, or person to be in compliance with the Family Educational Rights and Privacy Act (FERPA).

It is encouraged that students make letter requests within a timely manner to give employees the proper amount of time to complete the request.

# CLINICAL TRAINING REMEDIATION

## **Frances Smith Center**

Students resolve all clinic and client concerns with their clinical supervisor and/or Frances Smith Center Clinic Director. If the student is unable to resolve an issue, it should be addressed with the Marriage and Family Therapy (MFT) Department Chair. The MFT Department Chair will consult with the Frances Smith Center Clinic Director and clinical supervisor to assist the student in resolving the concern.

## **External Traineeship Site**

The student is responsible for notifying the MFT Department Chair within 24 hours of any professional or personal difficulties which may affect the performance of his or her professional duties and responsibilities. The MFT Department Chair will assist any student who is having academic, professional, or interpersonal difficulties pertaining to the external traineeship. If needed, an action plan will be implemented. See below for details related to Action Plans, Clinical Training Probation, and Dismissal from the MFT department that apply to both the Frances Smith Center and all external traineeships.

### **Action Plan**

In the event an MFT student is not progressing in their clinical practicum in the Frances Smith Center or external traineeship or is the subject of a complaint or concern involving potential violations of professionalism standards, the student will attempt to resolve the concerns with their clinical supervisor and/or the Clinic Director. If the student is unable to resolve an issue, the MFT Department Chair should be consulted to assist in resolving the concern. If these consultations do not resolve the concern, then the student may be placed on an Action Plan designed to resolve the issues and support their successful completion of the practicum in the Frances Smith Center or external traineeship. The Clinical Director will develop the Action Plan in consultation with the student. The student is responsible for satisfactorily completing all the steps in the plan in a timely manner. A student's success will be determined through measurable changes outlined in the plan. If the student does not successfully complete the Action Plan as required, the student may be subject to probation and/or dismissal from the program. (Please see ).

## **Clinical Training Probation (Frances Smith Center and all External Traineeships)**

Students must meet and comply with the California Board of Behavioral Sciences (BBS) Statutes and Regulations, AAMFT/ CAMFT Ethical Guidelines, as well as the policies set by the MFT program and the Frances Smith Center. Reports indicating that a student failed to meet applicable professional standards should be submitted to the Clinical Director, who will initiate the steps set forth below. A student may be placed on Clinical Training Probation, which subjects the student to a period of review and additional requirements that will be determined by the MFT Practicum Committee (MPC), due to the failure to meet the applicable standards. The MPC will be comprised of the MFT Department Chair, Clinic Director, and clinical supervisor. Students may be placed on Clinical Training Probation for the failure to meet applicable standards, including, but not limited to:

- Incomplete/Missing Clinical Training Paperwork

- Unprofessional Conduct
- Deficient Clinical Skills
- Lack of Sufficient Progress
- Gross Negligence in a clinical program
- Violation of AAMFT/CAMFT Ethical Guidelines
- Violation of BBS Statutes and Regulations
- Violation of MFT External Traineeship Four Way Clinical Training Agreement
- Violation of Clinical Training Site Policies
- Violation of MFT Department Policies Pertaining to Clinical Training

Prior to placing a student on Probation, the MPC will follow these steps:

1. The MPC notifies the student in writing of the report and the specific behavior that is being reviewed for potential violations of identified standards
2. Within five (5) business days of the notification, the student may request a meeting with the MPC to discuss the matter. At the meeting, the student may present relevant information and documentation to the MPC in response to the report
3. The MPC will meet within ten (10) business days following the student meeting, review the report, any information and documentation relating thereto, and the student's response. Within five (5) business days following the MPC's meeting it will decide whether to place the student on Clinical Training Probation and will notify the student of the outcome in writing.
4. The notification should be sent to the student's Chapman email account and should include the terms and duration of the probation. Students must complete the requirements of the probation to remain in the MFT Program.

### **Dismissal from the MFT Program**

A student may be dismissed from the MFT Program and the University for reasons of:

- Poor academic performance
- Clinical or professional misconduct
- Failure to satisfy the terms of Probation

Prior to the dismissal, the following steps will be followed:

1. Recommendations of dismissal shall be presented by the MFT Department Chair to the MPC in writing.
2. Following receipt of the Chair's recommendation, the MPC notifies the student in writing of the report or other issue causing the dismissal and the specific behavior that is being reviewed for potential dismissal.
3. Within five (5) business days of the notification, the student may request a meeting with the MPC to discuss the matter. At the meeting, the student may present relevant information and documentation to the MPC regarding the matter.
4. The MPC will meet within ten (10) business days following the meeting with the student, review the matter, any information and documentation relating thereto, and the student's response. Within five (5) business days following the MPC's meeting it will decide whether to dismiss the student and will notify the student of the outcome in writing.
5. The notification should be sent to the student's Chapman email account.

### Appeal From Probation and Dismissal

Any student placed on probation or dismissed from the MFT Department for violation of professional duties and responsibilities has the right to appeal the decision to the Dean of the Crean College of Health and Behavioral Sciences. Students who wish to appeal probations or dismissals must submit a written appeal to the Dean within ten (10) business days of the notice from the MPC. Such appeals must be supported by documented evidence demonstrating one or both of the following grounds for appeal.

- Evidence of substantive violations of university policy at a prior level of review, or
- Compelling new evidence not previously available to the student that could serve as cause for reconsideration of the decision

The written appeal must be submitted in person to the Dean's office or to the Dean via email from the student's email account. Within the email, the student must include the following:

- The reasons for the appeal with specific references to one or both grounds for appeal described above. Submissions without grounds for appeal will be returned without review
- Supporting documentation
- A copy of any Action Plans and all prior decisions by the MPC and Chair

Students will be notified of the Dean's decision in writing within ten (10) days of submission of the appeal. The decision of the Dean is final and there is no additional process of appeal.

# Clinical Training Action Plan

STUDENT: \_\_\_\_\_

We have discussed the following issues as they relate to your performance in practicum:

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In order to remediate the above, the following outlines the steps needed to be completed:

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Steps listed above must be completed by: \_\_\_\_\_

MFT Student understands that failure to complete all action items listed above by the completion date may result in being placed on Clinical Training Probation and/or dismissal from the MFT Program.

I acknowledge that I have met and reviewed the above Action Plan and had any questions answered.

Dated: \_\_\_\_\_  
MFT Student

Dated: \_\_\_\_\_  
Clinical Supervisor

Dated: \_\_\_\_\_  
Clinic Director

Dated: \_\_\_\_\_  
MFT Department Chair

- Student has completed all action items as listed above by the due date.
- Student has not completed all action items as listed above and/or by the due date.

# **APPENDIX OF FORMS**



**Crean College of  
Health and Behavioral Sciences**  
Marriage and Family Therapy

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## **Acknowledgement Of Program Handbook**

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Name:

ID #:

Date:

I have read and agree to abide by the Chapman University, Master of Arts in Marriage & Family Therapy Program Handbook, including academic policies, clinical education policies, and procedures. I certify that I will seek the highest standards of academic and personal integrity while in this program and for my professional career.

I recognize that my failure to abide by the Chapman University, Master of Arts in Marriage & Family Therapy Program Handbook requirements and/or applicable Institutional policies at Chapman University may result in academic and/or disciplinary consequences.

Student's Signature:

Date:

*Please return the signed form to the Program Coordinator.*

## **A Guide To Successful Advancement**

Congratulations! You have moved through much of the academic portion of the marriage and family therapy graduate program and are ready to begin your practicum training. Passing the Clinical Advancement Exam interview is the next level for you to attain.

### ***The Process of Advancement***

The Clinical Advancement Exam (advancement) is an oral assessment of your readiness to start your practicum training. You will not receive a grade for the examination. The advancement process consists of two parts: a 20-minute review of a vignette (a description of a typical case you might see), and a 60 to 90-minute interview with a committee of three faculty members.

During the review you will be by yourself in a conference room in Crean Hall. A DSM-5 will be provided for you to determine appropriate diagnoses and to devise a preliminary treatment plan. You may not use notes or any other outside materials. Depending on the status of COVID, and Chapman guidelines for a safe return, your advancement may take place virtually on Zoom. If this is the case, you will be required to keep your camera on while reviewing your vignette.

During the interview you will meet with the committee in a therapy room in the clinic, or virtually in a Zoom meeting room. You will be asked several questions to assess your readiness to begin your clinical work. These will likely include questions regarding: 1) your initial diagnostic impressions; 2) additional questions you might ask the client to gather more information to help you narrow your diagnosis; 3) diversity considerations pertaining to the client(s); 4) red flags you see in the vignette including ethical or legal issues such as child abuse, suicidality, and issues related to client confidentiality; 5) assessment tools you might use with an explanation of how the results might be interpreted and integrated into the case; 6) a description of the conceptual framework you have chosen to develop your treatment plan; and 7) a detailed description of your treatment plan including your goals and planned interventions.

Upon completion of this initial review, the committee is likely to ask you a series of additional questions. These questions may range from specific techniques you might use as well as changes you might consider if you found your initial approach was ineffective. The committee wants to thoroughly assess your ability to use each of these approaches with the varying populations you will work with. We strongly recommend that you prepare yourself to answer questions related to individual, couple, and family systems approaches.

The committee interview will last between 60 and 90 minutes. You will be asked to leave the room, or be placed in the waiting room if using Zoom, at the conclusion of the interview while the committee discusses your readiness to begin your clinical training. After five or ten minutes you will be asked to rejoin the committee and you will be given immediate feedback as to how you did.

The committee members will decide one of four following outcomes:

- *Passed* – the committee feels you are ready to begin to see clients.
- *Passed With Recommendations* – the committee feels you are ready to begin seeing clients, but you may need to review some additional information before you begin your clinical work. The recommendations given will likely not require the assignment of a faculty supervisor/tutor but will more likely require you to conduct this work on your own.
- *Passed With Stipulations* – the committee feels that you are ready to begin to see clients but that you need some tutoring in one or more areas. Typically, an advancement candidate in this category has displayed some difficulty articulating to the committee how they arrived at a particular diagnosis or faltered with developing a treatment plan. Should this happen, a

faculty/supervisor tutor will be assigned to you to help you increase your diagnostic or therapeutic skills.

- *Failed* – this means that the committee feels that you are not yet ready to see clients. If this decision is made you will be given detailed information regarding the areas in which you need to improve, you will be assigned a faculty/supervisor tutor, and a remediation plan will be devised for you so you can increase your skills. You will be asked to come back and go through advancement at a later date once your faculty supervisor/tutor feels you are ready. Three failures result in dismissal from the program.

The committee members are aware that you will be nervous during advancement and do not expect your presentation to be perfect.

### ***How to Study for the Clinical Advancement Exam***

Students will primarily be assessed using the conceptual framework they present in their initial treatment plan.

Students most commonly use orientations that are taught in the program and can be effectively overseen by our supervisors in the clinic. These approaches are:

#### Conceptual Theories:

- Bowen Family Systems Theory
- Cognitive-Behavioral Therapy (CBT)
- Experiential Family Therapy
- Postmodern Theories
- Psychodynamic / Interpersonal Therapy
- Structural Family Therapy

#### Couple Theories:

- Cognitive-Behavioral Couples Therapy (CBCT)
- Emotionally Focused Couples Therapy (EFT)
- Integrative Behavioral Couples Therapy (IBCT)
- Traditional-Behavioral Couples Therapy (TBCT)

The vignettes are written so that any of these orientations may be successfully used. However, do not limit yourself to only being able to discuss one framework or you may be at a disadvantage if the committee asks you to conceptualize the case from a perspective you have not studied.

It is recommended that you practice with a partner or in a group. Find or write some vignettes to use with your partner or group and practice your diagnostic and treatment planning skills. Practicing with others helps to make you more comfortable speaking in front of others and helps you to organize your thoughts more quickly.

You will be prepared for the advancement procedures if you have carefully studied the information presented to you in your core courses. Study and review the information from each course. These include:

- MFT 516 *Assessment of Individuals and Families*
- MFT 541 *MFT Theories I*
- MFT 556 *MFT Theories II*
- MFT 561 *Couple Therapy*
- MFT 570 *Advanced Psychopathology and Diagnosis*
- MFT 573 *Crisis Management and Clinical Process*
- MFT 578 *Ethics and Professional Issues for MFTs*
- MFT 583 *Advanced Theoretical Applications*
- MFT 618 *Diversity Issues in Therapy*

Pay specific attention to differential diagnoses. Check your vignette for red flags - information that might warrant gathering additional information. Check the vignette also for legal or ethical issues that could influence your diagnoses or treatment plan.

## ***Frequently Asked Questions About Advancement***

**Do I get to know who is on my advancement committee in advance?** The Clinic Director and the designated faculty member serve on every committee. A third faculty member or clinical supervisor will be on the committee and their identity will not be revealed to you beforehand. The reason for this is that the advancement process is not about the committee members, it is about you and your clinical readiness. We have found that when students know in advance who is on their committee it raises the students' anxiety because they worry about pleasing those individuals.

**What if I get three faculty members who don't specialize in the conceptual orientations I have chosen?** Committees are comprised of faculty members and supervisors with different orientations, experiences, areas of expertise, gender, etc. It is their responsibility to assess you using your conceptual orientations, not just their preferred ones.

**What if I don't know the answer to a question that is asked of me?** Don't try to bluff. Stop and reason out what to do with information asked of you. Then describe to the committee how you, in a real-life situation, would go about finding a solution.

**If I don't pass, can I attempt to advance again?** Yes. You will be assigned a faculty/supervisor mentor who will help you prepare for the next advancement exam. Students who do not pass the first advancement attempt are eligible to sit for advancement in the same semester.

**If I don't pass, won't that look bad on my academic record?** No. Advancement is not recorded on your program evaluation until you pass.

**If I don't pass, won't everyone know about it?** No. Great pains are taken to ensure your privacy. We do not publish lists of advancement. Faculty and staff do not discuss advancement outcomes with other students.

**Is there a quota of candidates who can pass advancement each semester?** No, the clinic can accommodate everyone who is ready to start seeing clients.

If you have any additional questions, please ask the Program Coordinator.

## Clinical Advancement Exam Procedures

Advancement committees consist of two or more members, including full-time faculty and center staff. The Clinic Director will chair the committee. The Department Chair may chair the committee in the absence of the Clinic Director.

Student will be presented with a clinical vignette describing a typical case they are likely to encounter in their clinical practicum.

Student will be given 20 minutes to review the vignette and make notes if necessary. A DSM-5 can be used during the preparation period. Once the clinical advancement exam begins, no support materials will be allowed.

Once the committee meets together, committee members will ask the student a series of questions aimed at assessing the student's readiness for clinical practicum. The questions will address the following areas:

### **A. Assessment**

- Covers gathering pertinent information and clinical history.
- Assesses student's ability to determine if client needs additional testing.
- Evaluates student's appropriate application of specific test data to the case using primary tests covered in the curriculum.

### Sample Questions

"How would you begin assessing this case?"

"What assessment techniques might you use to assist in diagnosing this client?" "What paper and pencil tests might you administer to this client inform your assessment?"

#### *Pass:*

- (1) Demonstrates a comprehensive understanding of clinical assessment techniques and strategies.
- (2) Gathers information and prioritizes therapeutic concerns essential to the case.

#### *Deficient:*

- (1) Insufficiently understands proper assessment methods and tools.
- (2) Gathers incomplete information and develops an incomplete assessment.

#### *Failure:*

- (1) Puts clients at risk by mismanaging crisis situations.
- (2) Incorrect or insufficient assessments/clinical interpretations.

### **B. Crisis Management**

- Addresses areas of crisis management or "red flags."
- Examines student's ability to assess for and manage clinical crises such as suicidality.

### Sample Questions

"Do you see any crisis issues in this case?" "How would you respond to this crisis?"

"How would you respond to this crisis if the client did not want to be helped?"

*Pass:*

- (1) Demonstrates a comprehensive understanding of the clinical management of crisis issues.
- (2) Appropriately identifies relevant crisis issues and adequately responds to them.

*Deficient:*

- (1) Handles crisis situations in a limited manner with incomplete assessment of crisis issues.
- (2) Fails to identify relevant crisis issues presented in the vignette.

*Failure:*

- (1) Puts clients at risk by mismanaging crisis situations.

### **C. Law/Ethics**

- Addresses the areas of professional ethics and legal issues including child abuse reporting, confidentiality, and working with minors.

Sample Questions:

“What legal/ethical issues do you see in this case?”

“What would you do if a client told you, they were abusing their spouse or abusing their child?”

“Based on what you read in the vignette, do you have any mandates to report?” “Are there any issues that are unique to the treatment of minors?”

*Pass:*

- (1) Identifies legal mandates and appropriately responds to them.
- (2) Identifies effective strategies in managing both ethical and legal responsibilities.

*Deficient:*

- (1) Demonstrates incomplete knowledge pertaining to ethical and legal obligations.

*Failure:*

- (1) Fails to identify and respond to important ethical and legal responsibilities and subsequently puts the client at risk.

### **D. Diversity Considerations**

- Covers gathering for multicultural and diversity elements in treatment.
- Assesses student’s ability to integrate multicultural considerations into treatment.
- Evaluates student’s ability to conceptualize the case from a social justice perspective and multiculturally competent lens.

Sample Questions

“How would you assess this case from a multicultural lens?”

“How would your treatment plan be affected by your diversity considerations?”

“What would you need to consider for the therapist-client relationship based on the diversity factors that you have identified?”

*Pass:*

- (1) Demonstrates an assessment of diversity issues that are present in the case.
- (2) Demonstrates a thoughtful consideration of how diversity issues will impact treatment.

*Deficient:*

- (1) Provides an insufficient assessment of diversity issues.
- (2) Provides an incomplete consideration of how diversity issues will impact treatment.

*Failure:*

- (1) Fails to assess multicultural elements in the case.
- (2) Fails to consider multicultural issues, thereby impacting the course of treatment.

**E. Diagnosis**

- Examines student's ability to adequately explain a rational assessment using the clinical criteria in the DSM-5.
- Assesses student's ability to provide adequate differential diagnoses between similar diagnostic categories.

Sample Questions

"What is your preliminary diagnosis for this client?"

"Identify the specific clinical criteria used in making this diagnosis."

*Pass:*

- (1) Formulates a realistic diagnostic impression.
- (2) Articulates the clinical criteria necessary for a diagnosis.

*Deficient:*

- (1) Makes superficial or incomplete diagnosis.
- (2) Poor articulation of clinical criteria necessary for a diagnosis.

*Failure:*

- (1) Makes incorrect diagnosis with insufficient interpretation of key problem areas.

**F. Conceptual Framework/Treatment**

- Tests the student's ability to articulate the underpinnings of a chosen conceptual framework.
- Assesses the student's ability to develop a treatment plan that contains measurable goals, appropriate interventions, and that is consistent with his or her chosen conceptual framework.
- Potentially challenges the student to integrate the case into more than one possible conceptual framework.

Sample Questions:

"Describe the conceptual framework you have chosen for this case by outlining its underlying theory and history."

"Using the conceptual framework, you just described, please describe your treatment plan outlining your goals and your proposed interventions."

"What if your treatment plan was not working, what different approach would you use and how would you use it?"

"How would you know when this client met his or her therapeutic goals and how would you know when therapy should be terminated?"

*Pass:*

- (1) Comprehensive knowledge of conceptual framework and progression of therapy process.
- (2) Appropriate use of referral sources.

*Deficient:*

- (1) Applies theoretical model inconsistently.
- (2) Lack of depth pertaining to the progression of therapy process.

*Failure:*

- (1) Misapplies theoretical model and bases treatment on faulty/inaccurate information.
- (2) No referral sources or inappropriate referral sources

## **G. Additional Information**

- Following the discussion of the case, the committee may also ask students questions to ascertain additional information regarding their interests and career goals. These questions are not part of the formal evaluation but will be used by the committee to get to know more about the student's interests and strengths.

### Sample Questions

"After graduation, what do you see yourself doing with your license?"

"What setting do you see yourself working in?"

"Do you see yourself specializing?"

"What do you think your therapeutic strengths are?"

"What do you think your therapeutic weaknesses are?"

"In your practicum, how will you best utilize your supervision?"

Once questioning has been concluded by the committee, the student will be asked to exit the room and await the committee's decision. The committee members then score the student's responses and determine advancement results. If the student is given recommendations or stipulations, the committee must write clear and measurable recommendations/stipulations with a deadline for completion.

The student is asked to return, and the committee chair reviews with the student the committee's decision. Other committee members are encouraged to also provide feedback to the student. The student is then asked for any questions or feedback they may have. Committee members complete the Clinical Advancement Exam Scoring Sheet (following page).

A letter is sent to the student indicating the committee's decision, recommendations, stipulations or remediation plan and the upcoming clinic orientation information



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**Crean College of  
Health and Behavioral Sciences**

Marriage and Family Therapy

## **Clinical Advancement Exam Committee Scoring Sheet**

Student \_\_\_\_\_

Date \_\_\_\_\_

Theory/Therapy Used \_\_\_\_\_

### **Assessment**

Pass

- Adequately demonstrates a comprehension of assessment tools and strategies.
- Understands the assessment strategies and information gathering process necessary to adequately formulate a preliminary diagnosis.

Deficient

- Uses assessment strategies incompletely to adequately diagnose the client.
- Lacks ability to comprehensively identify appropriate assessment strategies.

Failure

- Fails to use assessment tools and understand their clinical implications.

### **Crisis Management**

Pass

- Demonstrates a comprehensive understanding of the clinical management of crisis issues.
- Gathers information and prioritizes therapeutic concerns essential to the case.

Deficient

- Handles crisis situations in a limited manner with incomplete assessment of crisis issues.
- Gathers incomplete information and develops an incomplete assessment.

Failure

- Puts clients at risk by mismanaging crisis situations.
- Incorrectly and insufficiently assesses for crisis that may put the client at risk.

## **Law and Ethics**

Pass

- Identifies pertinent legal and ethical issues pertaining to a case.
- Effectively manages both ethical and legal responsibilities.
- Identifies legal mandates such as child abuse reporting or Tarasoff.

Deficient

- Demonstrates incomplete knowledge pertaining to ethical and legal obligations.
- Insufficiently addresses ethical and legal issues pertinent to the vignette.

Failure

- Lacks knowledge and skill in the management of ethical and legal responsibilities and puts the client and supervisor at risk.

## **Diversity Considerations**

Pass

- Adequately assesses for multicultural/diversity issues.
- Demonstrates a conceptualization of treatment from a multicultural lens.

Deficient

- Makes an incomplete or superficial assessment of multicultural considerations in the case.
- Poorly integrates multicultural considerations into treatment.

Failure

- Fails to address multicultural/diversity issues in treatment.

## **Diagnosis**

Pass

- Formulates a realistic diagnostic impression.
- Articulates the clinical criteria necessary for a diagnosis.

Deficient

- Makes Superficial or incomplete diagnosis.
- Poorly articulates the clinical criteria necessary for a diagnosis.

Failure

- Makes incorrect diagnosis with insufficient interpretation of key problem areas.

**Case Conceptualization/Treatment**

Pass

- Demonstrates comprehensive knowledge of how to conceptualize a case.
- Articulates goals and interventions consistent with theoretical perspectives.
- Conceptualizes the case from varying theoretical perspectives.

Deficient

- Applies theoretical model inconsistently.
- Lacks depth of understanding related to model and treatment plan.

Failure

- Misapplies theoretical model and bases treatment on faulty/inaccurate information.

**Final Committee Decision**

Passed

Passed with recommendations

Passed with stipulations

Failed Recommendations/Stipulations (if applicable)

**Committee Members**

**Signatures:** \_\_\_\_\_

**Names:** \_\_\_\_\_

## **Sample Advancement Vignette 1**

Veronica is a college graduate who has returned to Chapman University to work on an elementary school teaching credential. She explains that she has always done well in her classes and that she has always been outgoing and very social. She was also very excited to begin her student teaching, which began six weeks ago. You find out that during her second week in front of the class she “kind of freaked out.” She reported feeling dizzy and sick to her stomach. At first, she thought she might be coming down with the flu, but then she noticed that her heart was racing, and she had a tightness in her chest. She thought she was having a heart attack. She explains that she wanted to run from the room but was able to catch herself before doing so. The same thing happened again a week later when she was at the grocery store.

Veronica tells you that she is now very worried about this happening again. She now avoids the grocery store and is having a hard time doing her student teaching. She does not know what is happening and wonders if she is going crazy. She has come to see you to help her stop feeling this way.

Please be prepared to discuss the following issues before the advancement committee:

- 1) Assessment strategies and measures that would be useful in formulating a diagnosis and treatment plan.
- 2) Crisis management issues that need immediate attention.
- 3) Legal and ethical issues that are present in the case.
- 4) Diversity considerations.
- 5) Diagnostic impressions and additional information that would be helpful in formulating a diagnosis.
- 6) Treatment planning based on a specific conceptual orientation.

## **Sample Advancement Vignette 2**

Claire is coming in for help with her 15-year-old son, Scott, both of whom are living with Claire's mother and her mother's boyfriend (known below as Grandma and Grandma's boyfriend). Scott's father has never been involved. Claire says that she and Scott did well together, until she developed an addiction to methamphetamine. As a result, she has had to return home repeatedly following several relapses, lost jobs, and has broken up many relationships over the years. She has been sober now for 6 months, with the help of an ongoing treatment program. However, she is struggling to manage her son's behavior, and the "constant" interference and criticism from grandma and grandma's boyfriend.

In their first interview, Scott seems annoyed, and Claire is sullen and sits staring at her feet. Claire begins by complaining that she doesn't know what to do about Scott's attitude, school absences, poor grades and constant arguing with her and with his teachers. She adds that Scott has recently been suspended and she suspects that Scott has been smoking, experimenting with drugs, and having sex with his 13-year-old girlfriend. Claire seems nervous and looks towards Scott after each pause in her speech. After Claire finishes, Scott tells you that she is a "liar," and that she shouldn't talk because she's a "crack head" anyway. When she protests and insists that her complaints are true, Scott replies, "Grandma says not to listen to you anyway...once a druggie always a druggie!"

Please be prepared to discuss the following issues before the advancement committee:

- 1) Assessment strategies and measures that would be useful in formulating a diagnosis and treatment plan.
- 2) Crisis management issues that need immediate attention.
- 3) Legal and ethical issues that are present in the case.
- 4) Diversity considerations.
- 5) Diagnostic impressions and additional information that would be helpful in formulating a diagnosis.
- 6) Treatment planning based on a specific conceptual orientation.

### **Sample Advancement Vignette 3**

Charles and Linda have been married for 18 years and have come to see you with their two children Scott (13) and Jenny (10). They state that they have had a relatively good family life until the last few years. They are now having conflicts and difficulties with both of their kids, and it has gotten to a point that it is affecting their marriage.

In their first interview, Scott seems annoyed, and Jenny is sullen and sits staring at her feet. Charles reports that he and Linda cannot agree upon a course of action to deal with the kids' negative attitudes, school absences, poor grades, and lack of help in the house. In addition, they can't seem to control Scott who has recently been suspended, and they suspect he has been smoking and experimenting with drugs. Linda seems nervous and looks towards the kids each time a comment is made about their behaviors and attitudes. Charles states, the problem is that Linda will "backslide and give into Scott and Jenny on a regular basis." Both Scott and Jenny complain that their dad is too strict and doesn't listen to their side of the story.

Linda reports that Charles has been getting more and more angry with the kids and he is yelling more than he ever has. She worries he might do something he regrets. Linda repeatedly attempts to get Scott and Jenny to talk about their thoughts and feelings. Scott tells you that "this whole counseling thing is stupid," and Jenny asks if she has to come back again.

Please be prepared to discuss the following issues before the advancement committee:

- 1) Assessment strategies and measures that would be useful in formulating a diagnosis and treatment plan.
- 2) Crisis management issues that need immediate attention.
- 3) Legal and ethical issues that are present in the case.
- 4) Diversity considerations.
- 5) Diagnostic impressions and additional information that would be helpful in formulating a diagnosis.
- 6) Treatment planning based on a specific conceptual orientation.

### **Sample Advancement Vignette 4**

Mary has contacted the Clinic to seek counseling for her 10-year-old daughter Sarah. Sarah has just recently come to live with Mary after the death of her father (James), Mary's ex-husband. Mary divorced James when Sarah was 4 years old, and Sarah continued to live with James and his second wife Lola in another state. James and Lola had a son, Jimmy (age 4), whom Sarah is very close with. Mary states she would visit Sarah a couple of times each year, and that she and James shared visitation on holidays.

James died suddenly of a heart attack a month ago, and Mary demanded that Sarah come to live with her and her boyfriend in California. Mary's attorney suggested that she take Sarah to a counselor "for a few sessions to make sure that Sarah is doing okay after her father's death." Mary tells you that she and Lola, Sarah's stepmother, don't get along too well. She states, "Sarah is my daughter, not hers." Mary states that she feels Sarah is adjusting "just fine." She has noticed that she has trouble waking her in the mornings, but Mary believes maybe that's just normal for Sarah. "I'm not a morning person either." Her teacher says she is doing fine in school, but she has yet to make any friends, even though she is in after-school daycare until Mary picks her up at 5:00 pm.

When you meet with Sarah, she appears quiet and withdrawn. When you ask her questions, she responds in one-word responses, rarely making eye contact. When you ask her to draw a picture of her family, she draws a picture of her father, stepmother, brother Jimmy, and Tiger (the dog).

Please be prepared to discuss the following issues before the advancement committee:

- 1) Assessment strategies and measures that would be useful in formulating a diagnosis and treatment plan.
- 2) Crisis management issues that need immediate attention.
- 3) Legal and ethical issues that are present in the case.
- 4) Diversity considerations.
- 5) Diagnostic impressions and additional information that would be helpful in formulating a diagnosis.
- 6) Treatment planning based on a specific conceptual orientation.

## **Comprehensive Exam Study Guide**

To assist you in your preparation efforts, the faculty has created this study guide, containing aids for each content area.

### ***ASSESSMENT***

The 25 assessment questions on the exam are drawn from MFT 516 Assessment of Individuals and Families. The questions will focus on the clinical application of researched and scientifically based assessment tools and methods designed for marriage and family therapy practice. Primary content areas include:

- Clinical interviewing techniques
- Mental status evaluations
- Administration and interpretation of appropriate objective measures to help assess treatment
- Personality factors
- Integrating clinical data into a comprehensive report format
- Recommendations for treatment to remediate identified problems

### ***PSYCHOPATHOLOGY AND DIAGNOSIS***

MFT 570 Advanced Psychopathology and Diagnosis primarily involves the study of the diagnostic criteria and associated information about the DSM-5 diagnostic system. Both understanding and categorization of the diagnoses is important. Differential diagnosis, prevalence rates and interaction of diagnosis with scope of practice are also emphasized. Including but not limited to:

- Neurodevelopmental and Elimination Disorders
- Depressive and Bipolar Related Disorders
- Anxiety, Obsessive-Compulsive, and Trauma- and Stressor-Related Disorders
- Substance-Related and Addictive Disorders
- Sexual Dysfunctions, Gender Dysphoria and Paraphilic Disorders
- Disruptive, Impulse-Control, and Conduct Disorders
- Personality Disorders
- Feeding and Eating Disorders
- Neurocognitive Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Dissociative Disorders
- V-codes

### ***CRISIS MANAGEMENT***

Crisis management questions are drawn primarily from MFT 573 Crisis Management and Clinical Process and will also include knowledge from MFT 578 (Law and Ethics). Primary areas of study and review include the following:

#### **Understanding crisis management as a treatment modality**

- Identify and know the types of crises typically seen by an MFT
- Be able to identify the major goals of crisis management
- Understand the differences between first-order and second-order crisis management
- Know the type of communication skills necessary in crisis management, e.g., what you should say, and what you should not say

- Understand the five components of sequential psychological "first-aid" crises
- Understand how to use the BASICS model in assessment of crises

### **Ability to assess and manage the severity of the crisis**

- Know methods to assess severity of symptoms
- Know risk factors indicating potential suicide and violence
- Understand the indicators of abuse, neglect, and endangerment
- Be able to identify strategies in crises of suicide threat and dangerous clients
- Understand how to develop a plan in cases of suicide threat, domestic violence victims, potential threat to others
- Know methods of assessing strengths and coping strategies
- Understand how to construct a safety plan
- Know methods of dealing with high emotions and appropriate interaction with clients in crisis

### **Understand the management of crises where legal and ethical issues are of concern**

- Know reporting requirements in crises involving threat of suicide, harm to others, abuse
- Know how to manage ethical issues that arise in crisis situations

## ***ETHICAL AND LEGAL ISSUES***

Study MFT 578 Ethics and Professional Issues for MFTs lecture notes and handouts for major topics listed below. This includes understanding and applying California laws and regulations.

- 1) Informed Consent
- 2) Confidentiality
  - Definition
  - Legal exceptions
  - Working with adults, couples, & group therapy
  - Minors
  - Internet-based therapy
- 3) Record-Keeping
  - Ethical & legal issues
  - Record retention, authorized releases, & record disposal
- 4) Privilege
  - Psychotherapist-patient privilege
  - Responding to a subpoena
- 5) Child abuse: Definitions & proper application of mandatory reporting laws
- 6) Dependent adult & elder abuse
- 7) Harm to self and others
- 8) Multiple Relationships
  - Therapist-client sexual relationships, intimacy, friendships, business relationships, bartering, etc.
  - Supervisor – student/intern relationships
  - Maintaining appropriate boundaries; awareness of power dynamics & countertransference
  - State laws & regulations; California expectations if a client reveals that they

- have been sexually involved with therapist; what a new therapist should and should not do; client options including civil & criminal action
- 9) Custody agreements – impact on informed consent and release of information
- 10) Miscellaneous intervention issues - see lecture notes from first and final day of class
- Scope of practice
  - Competence
  - Fee setting, including information to be provided to the client & avoiding charges of fraud
  - Appropriate transfer and termination, strategies for avoiding charges of therapeutic abandonment

## ***THEORIES***

Study MFT 541 MFT Theories I , MFT 556 MFT Theories II and MFT 583 Advanced Theoretical Applications lecture notes, handouts, and reading with a focus on major topics listed below.

- 1) General factors and process of psychotherapy
  - Therapeutic alliance
  - Role of the client
  - Role of the therapist
  - General models of therapy process (i.e., stages of change models)
- 2) Review the following theories and approaches with a focus on the factors listed below: behavioral, cognitive, psychodynamic, psychoanalysis, attachment, humanistic, existential, gestalt, interpersonal-process, and gender-sensitive.
  - Basic description of the approach
  - Primary terminology from the approach or theory (i.e., denial, negative-reinforcement, object)
  - Beginning, middle, and end-phases of each approach
  - Basic techniques of each approach (i.e., cognitive restructuring, empty chair, interpretation)
  - Strengths and limitations of each approach
  - Case conceptualization and treatment planning using each approach
  - Therapeutic responses from each approach
  - Similarities and differences among approaches
  - Ways in which these primary approaches may be integrated

## ***TREATMENT***

The 25 questions on this section of the exam will be taken from what you have learned in MFT 541 MFT Theories I, 556 MFT Theories II, MFT 561 Couple Therapy, and MFT 583 Advanced Theoretical Applications. These questions will emphasize application and treatment using the information in these classes. In other words, questions will focus on the intervention and treatment used in the therapy room as opposed to focusing on the theoretical ideas behind the treatment.

### Family Therapy and Systems Theory

Questions from the family therapy section will be taken from the MFT 556 textbook and class notes, and they will emphasize the treatment application of class topics.

- Bowen Family Systems Therapy
- Strategic Family Therapy
- Structural Family Therapy

- Experiential Family Therapy
- Narrative Therapy
- Solution-Focused Family Therapy
- Integrative Family Therapy

### Couple Therapy

Students should review the class notes and readings which pertain to the topics below.

- Effectiveness of Couples Therapy
- Assessment Strategies When Working with Couples
- Emotionally Focused Couples Therapy
- John Gottman's Research on Couples
- Working With Affairs in Couples Therapy
- Safety Planning for Domestic Violence
- Proper Assessment of Domestic Violence
- Treatment of Domestic Violence (Individual vs. Couples)

### Advanced Theoretical Applications

- Case Conceptualization
- Treatment Planning
- Treatment Strategies

## Sample Comprehensive Exam Questions

- 1) \_\_\_\_\_ is not part of a mental status exam.
  - a) Behavior
  - b) Medications currently prescribed
  - c) Affect and mood
  - d) Perception
  
- 2) The best criteria for using self-disclosure is to do so only if:
  - a) It will add to the client's experience.
  - b) It will teach the client something.
  - c) You will be able to change the client with it.
  - d) You will feel better by doing it.
  
- 3) How can a therapist tell when therapy is about to terminate?
  - a) When the therapist and client decide.
  - b) By giving clients deadlines as to when therapy will end or how long it will take.
  - c) MFTs cannot predict.
  - d) MFTs usually can set a date.
  
- 4) The phenomenon known as transference in therapy:
  - a) Naturally occurs in reaction to the phenomenon known as countertransference.
  - b) Is representative of the client's conscious attempts to overcome resistance.
  - c) Assists the client in recognizing and resolving unconscious conflicts.
  - d) Can't be avoided.
  
- 5) Minuchin's term for psychological isolation that results from overly rigid boundaries around individuals and subsystems in a family is\_\_.
  - a) Enmeshment
  - b) Differentiation
  - c) Emotional cut-off
  - d) Disengagement
  
- 6) One of the main reasons couples therapy has limited effectiveness is:
  - a) Research models need to be improved
  - b) Couples wait too long to seek treatment
  - c) Therapists are not skilled enough to treat couples
  - d) The problems couples present are too complex for therapy
  
- 7) It is important to maintain a facilitative stance in a crisis situation when:
  - a) You have assessed a high level of lethality
  - b) You create a safety contract or plan with a client who is immobilized
  - c) You realize that the client is incapable of acting on his or her own behalf
  - d) Your client is capable in designing a plan of action in collaboration with you

- 8) The Chronological Assessment of Suicide Events method (CASE) helps the clinician gather important data about the presence and extent of suicidal ideation by:
- a) Asking the client to give an exact history of what led up to the current suicidal ideation
  - b) Giving the client a pencil and paper test to evaluate the signs of suicidal intention
  - c) Exploring the presenting suicidal ideation or gestures, followed by an exploration of recent suicidal ideation and events, past (historical) suicidal events, ending with discussing the immediate suicidal situation
  - d) Beginning with exploring the past history of suicidal ideation and gestures or attempts and then gathering data on the recent events and what led up to the current crisis
- 9) The ability for a person to separate intrapersonal and interpersonal distress and the ability to balance the need for togetherness and the need for autonomy is known as what?
- a) Independence
  - b) Differentiation
  - c) Dissonance
  - d) Interdependence
- 10) Which of the following statements about Narrative therapy is TRUE?
- a) The therapist does not use very structured interventions.
  - b) The therapist is very active, a co-author.
  - c) The therapist raises political issues in therapy very tentatively.
  - d) The therapist is more facilitative.

Answers to sample questions: 1-B; 2-A; 3-A; 4-C; 5-D; 6-B; 7-D, 8-C, 9-B, 10-B

## Theory of Change Paper Rubric (Semester 1 & 2)

<b>Content (10 points)</b>	<b>Revisions(2 points)</b>	<b>Organization and Coherence (2 points)</b>	<b>Style (1 point)</b>
Each of the 10 sections of the paper are adequately discussed.	<ul style="list-style-type: none"> <li>• Revisions based on the feedback provided by previous supervisor(s) have been made.</li> <li>• Revisions based on new research/developments in the theory have been made.</li> </ul>	<ul style="list-style-type: none"> <li>• Uses logical structure</li> <li>• Clearly organized</li> <li>• Makes meaningful connections</li> <li>• Includes transitions between different parts of the paper</li> </ul>	<ul style="list-style-type: none"> <li>• APA formatted</li> <li>• Fully cited and referenced</li> <li>• Almost entirely free of spelling, punctuation, and grammatical errors (or only 1-2 minor)</li> </ul>

**Theory of Change Paper Scoring Sheet (Semester 1 and 2)**

Student:

Date:

Semester:

<b>Area</b>	<b>Points</b>
<b>Content (10 points)</b> <ul style="list-style-type: none"> <li>- Each of the 10 sections of the paper are adequately discussed.</li> </ul>	
<b>Revisions (2 points)</b> <ul style="list-style-type: none"> <li>- Revisions based on the feedback provided by previous supervisor(s) have been made.</li> <li>- Revisions based on new research/developments in the theory have been made.</li> </ul>	
<b>Organization and Coherence (2 points)</b> <ul style="list-style-type: none"> <li>- Uses logical structure</li> <li>- Clearly organized</li> <li>- Makes meaningful connections</li> <li>- Includes transitions between different parts of the paper</li> </ul>	
<b>Style (1 point)</b> <ul style="list-style-type: none"> <li>- APA formatted</li> <li>- Fully cited and referenced</li> <li>- Almost entirely free of spelling, punctuation, and grammatical errors (or only 1-2 minor)</li> </ul>	
<b>Total Points (Maximum of 15 pts.)</b>	

**Narrative Feedback:**

Supervisor's Signature

Supervisor's Name

Date

## Theory of Change Paper Grading Rubric (Semester 3)

	<b>Exceptional Skills</b>	<b>Exceeds Expectations</b>	<b>Meets Expectations</b>	<b>Below Expectations</b>	<b>Deficient</b>	<b>Inadequate Information</b>
<b>1. Biographical Information</b>	All subcomponents are clearly and coherently addressed and connection to theory of change is sophisticatedly established	All subcomponents are clearly and coherently addressed and connection to theory of change is skillfully established	All subcomponents are clearly and coherently addressed and connection to theory of change is established	Some subcomponents are addressed and connection to theory of change is not well established	Some subcomponents are inadequately addressed and connection to theory of change is not established	Unable to assess due to lack of adequate information
<b>2. Major Concepts</b>	All major concepts. Are included and accurately and sophisticatedly described	All major concepts. Are included and accurately and skillfully described	All major concepts. Are included and accurately described	Some major concepts. Are included and accurately described	Some major concepts. Are included and some are inaccurately described	A few major concepts. Are included and inaccurately described
<b>3. Difference between healthy and dysfunctional families</b>	Adequately, clearly and sophisticatedly described using the language of the theory	Adequately, clearly and skillfully described using the language of the theory	Adequately and clearly described using the language of the theory	Partially and clearly described using the language of the theory	Partially and not clearly described without using language of the theory	Difference is not described
<b>4. How change anticipated</b>	Adequately, clearly and sophisticatedly described using the language of the theory	Adequately, clearly and skillfully described using the language of the theory	Adequately and clearly described using the language of the theory	Partially and clearly described using the language of the theory	Partially and not clearly described without using language of the theory	How change anticipated not described
<b>5. Stance of therapist and Diversity related issues</b>	Stance of the therapist and how diversity related issues will be addressed adequately, clearly and sophisticatedly described using the language of the theory	Stance of the therapist and how diversity related issues will be addressed adequately, clearly and skillfully described using the language of the theory	Stance of the therapist and how diversity related issues will be addressed adequately and clearly described using the language of the theory	Stance of the therapist and how diversity related issues will be addressed partially and clearly described using the language of the theory	Stance of the therapist and how diversity related issues will be addressed partially and not clearly described without using language of the theory	Stance of therapist and how diversity related issues will be addressed not described
<b>6. Assessment</b>	Adequately, clearly and sophisticatedly described using the language of the theory	Adequately, clearly and skillfully described using the language of the theory	Adequately and clearly described using the language of the theory	Partially and clearly described using the language of the theory	Partially and not clearly described without using language of the theory	Areas of assessment not described

	<b>Exceptional Skills</b>	<b>Exceeds Expectations</b>	<b>Meets Expectations</b>	<b>Below Expectations</b>	<b>Deficient</b>	<b>Inadequate Information</b>
<b>7. Treatment Goals</b>	Adequately, clearly and sophisticatedly stated using the language of the theory	Adequate, clearly and skillfully stated using the language of the theory	Adequate and clearly stated using the language of the theory	Inadequate, not clearly stated but use the language of the theory	Inadequate, not clearly stated and do not use the language of the theory	Goals not stated
<b>8. Interventions</b>	Research informed, adequately, clearly and sophisticatedly described using the language of the theory	Research informed, adequately, clearly and skillfully described using the language of the theory	Research informed, adequately and clearly described using the language of the theory	Research informed, partially and clearly described using the language of the theory	Not research informed, partially and not clearly described without using language of the theory	Interventions not described
<b>9. Termination</b>	Readiness for termination adequately, clearly and sophisticatedly described	Readiness for termination adequately, clearly and skillfully described	Readiness for termination adequately and clearly described	Readiness for termination inadequately but clearly described	Readiness for termination inadequately and not clearly described	Readiness for termination not described
<b>10. Effectiveness</b>	Types of clients/problems supported by research and clearly and sophisticatedly described	Types of clients/problems supported by research and clearly and skillfully described	Types of clients/problems supported by research and clearly described	Types of clients/problems supported by research but not clearly described	Types of clients/problems not supported by research and not clearly described	Types of clients/problems theory of change will be effective for not described

## Theory Of Change Paper Evaluation Form (Semester 3)

Student:

Date:

Please evaluate the student according to the following grading criteria:

<b>Deficient (1 pt.)</b>	Incomplete understanding; poor application of skill; harmful or unprofessional behavior
<b>Below Expectations (2 pts.)</b>	Some understanding of concept; recognize in hindsight how might have been applied
<b>Meets Expectations (3 pts.)</b>	Demonstrates expected level of competence in comprehension and application of clinical skills
<b>Exceeds Expectations (3 pts.)</b>	Demonstrates above average level of competence in comprehension and application of clinical skills
<b>Exceptional Skills (3 pts.)</b>	Demonstrates superior level of competence in comprehension and application of clinical skills

### 1. Biographical Information:

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

### 2. Major Concepts.:

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

### 3. Differences Between Healthy and Dysfunctional Families:

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

**4. How Change Anticipated:**

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

**5. Stance of Therapist and Diversity Related Issues:**

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

**6. Assessment:**

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

**7. Treatment Goals:**

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

**8. Interventions:**

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

**9. Termination:**

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

**10. Effectiveness:**

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

TOTAL POINTS: \_\_\_\_\_ (Maximum 45 pts.)

**DECISION:**

- \_\_\_\_\_ Passed
- \_\_\_\_\_ Passed with Recommendations
- \_\_\_\_\_ Failed with stipulations

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Supervisor's Signature

Supervisor's Name

Date

## Grading Guide: Comprehensive Written Case Report and Oral Case Presentation

### 1. Identifying Info/Genogram

**Identifying information and clinical data** (age, gender, ethnicity, family composition, occupation and/or school status, relationship status, SES, treatment history, clinical symptoms, presenting problems, medications, history of mental illness or family dysfunction, significant medical problems, why client is seeking treatment).

DEFICIENT (1)	<p>The therapist gathered insufficient information.</p> <ul style="list-style-type: none"> <li>• The presenting problem was not clearly identified.</li> <li>• The therapist did not collect information to assess clinical issues.</li> <li>• The therapist made clinical interpretations that are not relevant to the case.</li> <li>• The three generation genogram was not provided.</li> </ul>
BELOW EXPECTATIONS (2)	<p>The therapist gathered superficial information</p> <ul style="list-style-type: none"> <li>• The therapist did not collect enough information to assess clinical issues.</li> <li>• The three generation genogram was incomplete.</li> </ul>
MEETS EXPECTATIONS (3)	<p>The therapist gathered and integrated essential information.</p> <ul style="list-style-type: none"> <li>• The therapist gathered and integrated all essential information to the case.</li> <li>• The therapist supported their clinical interpretations which were relevant to the case.</li> <li>• The three generation genogram was complete.</li> </ul>
EXCEEDS EXPECTATIONS (3)	<p>The therapist skillfully gathered and integrated essential information.</p> <ul style="list-style-type: none"> <li>• The therapist skillfully gathered and integrated all essential information to the case.</li> <li>• The three generation genogram was complete.</li> </ul>
EXCEPTIONAL SKILLS (3)	<p>The therapist sophisticatedly gathered and integrated essential information.</p> <ul style="list-style-type: none"> <li>• The therapist sophisticatedly gathered and integrated all essential information to the case.</li> <li>• The three generation genogram was complete.</li> </ul>

### 2. Systemic Assessment

**Systemic assessment and clinical assessment**, utilizing the genogram (include significant family patterns and events, chemical dependency, others living in the home, medical problems, intergenerational issues). If treating a couple, include information about their relationship history.

DEFICIENT (1)	<p>The therapist did not consider the case from a systemic perspective.</p> <ul style="list-style-type: none"> <li>• The therapist did not provide a systemic assessment of the presenting problem.</li> <li>• The three generation genogram was not provided.</li> <li>• The therapist did not administer tests to support their diagnosis and clinical impressions.</li> </ul>
BELOW EXPECTATIONS (2)	<p>The therapist superficially considered the case from a systemic perspective.</p> <ul style="list-style-type: none"> <li>• The therapist provided a poor systemic assessment of the presenting problem.</li> <li>• The therapist did not integrate information from the genogram into their assessment.</li> <li>• The therapist administered inappropriate tests to support their diagnosis and clinical impressions.</li> </ul>
MEETS EXPECTATIONS (3)	<p>The therapist demonstrated a systemic understanding of the case and the clinical implications for treatment.</p> <ul style="list-style-type: none"> <li>• The therapist provided a systemic assessment of the presenting problem.</li> <li>• The therapist integrated information from the genogram into their assessment.</li> <li>• The therapist administered and interpreted appropriate test results to support their diagnosis and clinical impressions.</li> </ul>
EXCEEDS EXPECTATIONS (3)	<p>The therapist demonstrated a skilled systemic understanding of the case and the clinical implications for treatment.</p> <ul style="list-style-type: none"> <li>• The therapist provided a skilled systemic assessment of the presenting problem.</li> <li>• The therapist skillfully integrated information from the genogram into their assessment</li> <li>• The therapist administered and skillfully interpreted appropriate test results to support their diagnosis and clinical impressions.</li> </ul>
EXCEPTIONAL SKILLS (3)	<p>The therapist demonstrated a sophisticated systemic understanding of the case and the clinical implications for treatment.</p> <ul style="list-style-type: none"> <li>• The therapist provided a sophisticated systemic assessment of the presenting problem.</li> <li>• The therapist integrated information from the genogram into their assessment in a sophisticated manner.</li> <li>• The therapist administered and interpreted appropriate test results to support their diagnosis and clinical impressions in a sophisticated manner.</li> </ul>

### 3. Diagnosis

**DSM-5 Diagnosis**, listed by number and providing rationale for client's diagnosis, including symptoms and client's report of symptoms. If appropriate, provide a differential process. Do not forget to diagnose each client you are treating in the treatment unit.

DEFICIENT (1)	<p>The diagnosis is incomplete and/or incorrect.</p> <ul style="list-style-type: none"> <li>The therapist did not collect information to formulate an accurate diagnostic impression.</li> <li>The therapist did not diagnose each client in the treatment unit.</li> </ul>
BELOW EXPECTATIONS (2)	<p>The therapist formed a diagnostic impression without sufficient support.</p> <ul style="list-style-type: none"> <li>The therapist gathered insufficient information to formulate a diagnostic impression.</li> <li>The therapist formed a diagnostic impression without sufficient support.</li> <li>The therapist formulated a diagnostic impression without considering relational and contextual aspects.</li> <li>The therapist did not diagnose each client in the treatment unit.</li> </ul>
MEETS EXPECTATIONS (3)	<p>The therapist formulated an accurate diagnostic impression.</p> <ul style="list-style-type: none"> <li>The therapist formed a diagnostic impression with sufficient support.</li> <li>The therapist formulated a diagnostic impression taking relational and contextual aspects into consideration.</li> <li>The therapist diagnosed each client in the treatment unit.</li> </ul>
EXCEEDS EXPECTATIONS (3)	<p>The therapist gathered and integrated essential information and diagnosed accurately.</p> <ul style="list-style-type: none"> <li>The therapist formed a diagnostic impression with sufficient support.</li> <li>The therapist formulated a diagnostic impression taking relational and contextual aspects into consideration.</li> <li>The therapist administered and interpreted test results to support their diagnosis and clinical impressions.</li> <li>The therapist diagnosed each client in the treatment unit.</li> </ul>
EXCEPTIONAL SKILLS (3)	<p>The therapist sophisticatedly gathered and integrated essential information and diagnosed accurately.</p> <ul style="list-style-type: none"> <li>The therapist formed a diagnostic impression with sufficient support.</li> <li>The therapist formulated a diagnostic impression taking relational and contextual aspects into consideration.</li> <li>The therapist administered and interpreted test results to support their diagnosis and clinical impressions.</li> <li>The therapist used several assessment methods to support their diagnosis.</li> <li>The therapist diagnosed each client in the treatment unit.</li> </ul>

### 4. Case Conceptualization

**Case Conceptualization**, which is a tentative explanation of the ways in which relational patterns are operating to keep a family from, and move a family toward optimum functioning. Case conceptualizations are dynamic and should evolve over time as the case progresses. Your case conceptualization should be derived from *on-going* clinical assessment that is informed by systems theory in general and MFT clinical theories and models in particular.

DEFICIENT (1)	<p>The therapist did not provide a systemic case conceptualization</p>
BELOW EXPECTATIONS (2)	<p>The therapist provided a superficial case conceptualization which was not systemic.</p> <ul style="list-style-type: none"> <li>The therapist demonstrated a poor understanding of the case and the clinical implications for treatment.</li> <li>The case conceptualization was not derived from on-going clinical assessment.</li> </ul>
MEETS EXPECTATIONS (3)	<p>The therapist demonstrated the ability to formulate a systemic case conceptualization.</p> <ul style="list-style-type: none"> <li>The therapist demonstrated an understanding of the case and the clinical implications for treatment.</li> <li>The case conceptualization was derived from on-going clinical assessment.</li> </ul>
EXCEEDS EXPECTATIONS (3)	<p>The therapist demonstrated the ability to skillfully formulate a systemic case conceptualization.</p> <ul style="list-style-type: none"> <li>The therapist demonstrated a skilled understanding of the case and the clinical implications for treatment.</li> <li>The case conceptualization was derived from on-going clinical assessment.</li> </ul>
EXCEPTIONAL SKILLS (3)	<p>The therapist demonstrated the ability to formulate an exceptional systemic case conceptualization</p> <ul style="list-style-type: none"> <li>The therapist demonstrated a sophisticated understanding of the case and the clinical implications for treatment.</li> <li>The case conceptualization was derived from on-going clinical assessment.</li> </ul>

## 5. Theoretical Model

**Theoretical model of treatment**, used to conceptualize the case, develop the treatment plan and intervene.

DEFICIENT (1)	The therapist did not identify a theoretical model of treatment.
BELOW EXPECTATIONS (2)	The therapist did not clearly identify a theoretical model of treatment or applied it in an inconsistent manner. <ul style="list-style-type: none"> <li>The therapist did not match the treatment model to the client's needs and treatment goals.</li> </ul>
MEETS EXPECTATIONS (3)	The therapist sufficiently articulated a specific theoretical model of treatment. <ul style="list-style-type: none"> <li>The therapist matched the treatment model to the client's needs and treatment goals.</li> </ul>
EXCEEDS EXPECTATIONS (3)	The therapist skillfully articulated a specific theoretical model of treatment. <ul style="list-style-type: none"> <li>The therapist matched the treatment model to the client's needs and treatment goals.</li> </ul>
EXCEPTIONAL SKILLS (3)	The therapist sophisticatedly articulated a specific theoretical model of treatment. <ul style="list-style-type: none"> <li>The therapist matched the treatment model to the client's needs and treatment goals.</li> </ul>

## 6. Treatment Goals

**Treatment objectives/goals**, develop a complete treatment plan and prioritize treatment goals based on assessment, diagnosis, and chosen theoretical model. Treatment plan should be consistent with a theoretical model and should be broken down into a beginning, middle and closing phase.

DEFICIENT (1)	The therapist did not create a plan for treatment. <ul style="list-style-type: none"> <li>The therapist did not identify barriers to treatment.</li> <li>The therapist did not identify or discuss phases of treatment.</li> </ul>
BELOW EXPECTATIONS (2)	The therapist created a treatment plan which was incomplete. <ul style="list-style-type: none"> <li>The therapist provided superficial or incomplete information about the beginning, middle, and closing phases of treatment.</li> <li>The treatment plan was not consistent with the theoretical model of treatment.</li> </ul>
MEETS EXPECTATIONS (3)	The therapist provided a treatment plan appropriate for the diagnosis. <ul style="list-style-type: none"> <li>The therapist provided a treatment plan and/or techniques that are appropriate for the client's diagnosis.</li> <li>The treatment plan was consistent with the theoretical model of treatment.</li> <li>The therapist developed, with the client's input, treatment goals and measurable outcomes utilizing a systemic perspective.</li> <li>The therapist identified appropriate goals and interventions for the beginning, middle, and closing phases of treatment.</li> </ul>
EXCEEDS EXPECTATIONS (3)	The therapist skillfully utilized a treatment plan appropriate for the diagnosis. <ul style="list-style-type: none"> <li>The therapist provided a treatment plan and/or techniques that are appropriate for the client's diagnosis.</li> <li>The treatment plan was consistent with the theoretical model of treatment.</li> <li>The therapist developed, with the client's input, treatment goals and measurable outcomes utilizing a systemic perspective.</li> <li>The therapist identified appropriate goals and interventions for the beginning, middle, and closing phases of treatment.</li> <li>The therapist recognized when treatment goals and interventions needed to be modified and made the necessary modifications.</li> </ul>
EXCEPTIONAL SKILLS (3)	The therapist provided an exceptional treatment plan appropriate for the diagnosis. <ul style="list-style-type: none"> <li>The therapist provided a treatment plan and/or techniques that are appropriate for the client's diagnosis.</li> <li>The treatment plan was consistent with the theoretical model of treatment.</li> <li>The therapist developed, with the client's input, treatment goals and measurable outcomes utilizing a systemic perspective.</li> <li>The therapist identified appropriate goals and interventions for the beginning, middle, and closing phases of treatment.</li> <li>The therapist recognized when treatment goals and interventions needed to be modified and made the necessary modifications.</li> <li>The therapist discussed potential limitations of the chosen model of therapy and provided an alternative approach to therapy.</li> <li>The therapist provided a rationale for assessment and re-evaluation of the treatment plan.</li> </ul>

## 7. Theory of Change

**Brief summary of how change could be anticipated** to occur for this individual/couple/family (within the theoretical model)

DEFICIENT (1)	The therapist did not provide a theory of change based on the chosen theoretical model.
BELOW EXPECTATIONS (2)	The therapist demonstrated a poor understanding of the theory of change based on the chosen theoretical model.
MEETS EXPECTATIONS (3)	The therapist demonstrated the ability to clearly articulate the theory of change based on the chosen theoretical model.
EXCEEDS EXPECTATIONS (3)	The therapist demonstrated the ability to clearly and skillfully articulate the theory of change based on the chosen theoretical model.
EXCEPTIONAL SKILLS (3)	The therapist demonstrated the ability to clearly and sophisticatedly articulate the theory of change based on the chosen theoretical model.

## 8. Role of Therapist

**Description of the role of the therapist** within the theoretical model

DEFICIENT (1)	The therapist did not provide a description of the role of the therapist based on the chosen theoretical model.
BELOW EXPECTATIONS (2)	The therapist demonstrated a poor understanding of the role of the therapist based on the chosen theoretical model.
MEETS EXPECTATIONS (3)	The therapist demonstrated the ability to clearly articulate the role of the therapist based on the chosen theoretical model.
EXCEEDS EXPECTATIONS (3)	The therapist demonstrated the ability to clearly and skillfully articulate the role of the therapist based on the chosen theoretical model.
EXCEPTIONAL SKILLS (3)	The therapist demonstrated the ability to clearly and sophisticatedly articulate the role of the therapist based on the chosen theoretical model.

## 9. Research-Based Interventions

**Specific interventions** and techniques that have been used and will be used. Therapeutic interventions should be presented consistent with the chosen theory. This section should include a discussion of client's motivation for treatment, specific interventions implemented, including rationale, expected outcome, and potential barriers to treatment. The interventions should be informed by research and the case report should demonstrate that through citations. If relevant, describe how crisis issues were managed. Also discuss the implementation and management of safety plans if applicable.

DEFICIENT (1)	<p>The therapist's intervention(s) did not support goals, were theoretically inconsistent and not client specific. The therapist did not provide a description of the intervention(s).</p> <ul style="list-style-type: none"> <li>The therapist applied interventions that put the client in danger.</li> <li>The therapist used interventions without consideration of the presenting problem.</li> </ul>
BELOW EXPECTATIONS (2)	<p>The therapist's intervention(s) minimally supported goals, were theoretically inconsistent and not client specific. The therapist provided a vague description of the intervention(s).</p> <ul style="list-style-type: none"> <li>The therapist implemented interventions based on theoretical bias, not the client's needs.</li> <li>The therapist applied interventions that were insensitive to the client's needs.</li> </ul>
MEETS EXPECTATIONS (3)	<p>The therapist used sufficient intervention(s) that were theory and client specific and consistently fit with the treatment goals. The therapist provided a description of the intervention(s).</p> <ul style="list-style-type: none"> <li>The therapist was able to deliver and revise intervention(s) in a way that was sensitive to the client's needs.</li> <li>The therapist recognized how the techniques may impact the therapeutic process.</li> <li>The therapist was able to utilize systemic interventions that were research based.</li> <li>The therapist was able to provide psychoeducational material that was appropriate.</li> </ul>
EXCEEDS EXPECTATIONS (3)	<p>The therapist used skilled intervention(s) that were theory and client specific and supported goal achievement and included several descriptions of the interventions from each stage of treatment.</p> <ul style="list-style-type: none"> <li>The therapist was able to effectively engage the family in the treatment process.</li> <li>The therapist was able to adjust the treatment goals according to the client's progress in therapy.</li> <li>The therapist was able to skillfully utilize systemic interventions that were research based.</li> <li>The therapist was able to integrate their supervisor's feedback into treatment.</li> <li>The therapist was able to present rationale for the interventions.</li> </ul>

EXCEPTIONAL SKILLS (3)	<p>The therapist used sophisticated intervention(s) that were theory and client specific and strongly supported goal achievement. The therapist included several specific descriptions of interventions from each stage of treatment.</p> <ul style="list-style-type: none"> <li>• The therapist was able to evaluate their own ability to deliver the interventions.</li> <li>• The therapist was able to sophisticatedly utilize systemic interventions that were research based.</li> <li>• The therapist was able to evaluate the client's progress in therapy.</li> <li>• The therapist demonstrated the ability to implement creative interventions that were appropriate for the client.</li> </ul>
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### 10. Self-of-Therapist

An assessment of possible **transference and counter transference considerations**

DEFICIENT (1)	The therapist did not provide transference and countertransference considerations.
BELOW EXPECTATIONS (2)	The therapist demonstrated a poor understanding of transference and countertransference considerations.
MEETS EXPECTATIONS (3)	The therapist demonstrated the ability to clearly articulate transference and countertransference considerations.
EXCEEDS EXPECTATIONS (3)	The therapist demonstrated the ability to clearly and skillfully articulate transference and countertransference considerations.
EXCEPTIONAL SKILLS (3)	The therapist demonstrated the ability to clearly and sophisticatedly articulate transference and countertransference considerations.

### 11. Ethical and Legal Issues

A discussion of possible **ethical/legal** considerations and how they would be addressed. Include a discussion of the identification and management of any legal/ethical obligations and mandates that apply specifically to the case.

DEFICIENT	<p>The therapist had significant problems in applying and managing legal and ethical standards and mandates in clinical practice specific to the case.</p> <ul style="list-style-type: none"> <li>• The therapist did not take appropriate action concerning potential self-harm, suicide, abuse, or violence.</li> <li>• The therapist did not monitor implications of legal actions.</li> <li>• The therapist failed to abide by the policies and procedures of their clinical training site.</li> <li>• The therapist failed to demonstrate an understanding of the process of ethical decision making.</li> </ul>
BELOW EXPECTATIONS	<p>The therapist had minor problems in applying and managing legal and ethical standards and mandates in clinical practice specific to the case.</p> <ul style="list-style-type: none"> <li>• The therapist did not assess/manage more than one legal/ethical issue relevant to the case.</li> <li>• The therapist did not maintain client records with timely and accurate notes.</li> <li>• The therapist did not recognize when to use clinical supervision and consultation in relation to legal issues.</li> <li>• The therapist failed to inform the client of the parameters of therapy (including reporting and confidentiality).</li> </ul>
MEETS EXPECTATIONS	<p>The therapist sufficiently applied and managed legal and ethical standards and mandates in clinical practice specific to the case.</p> <ul style="list-style-type: none"> <li>• The therapist took appropriate action when dealing with legal issues.</li> <li>• The therapist reported essential information to appropriate authorities as required by law.</li> <li>• The therapist informed clients and legal guardians of the limitations of confidentiality and parameters of mandatory reporting.</li> <li>• The therapist practiced within the scope of practice and competence.</li> <li>• The therapist demonstrated an awareness of professional boundaries.</li> </ul>
EXCEEDS EXPECTATIONS	<p>The therapist skillfully applied and managed legal and ethical standards and mandates in clinical practice specific to the case.</p> <ul style="list-style-type: none"> <li>• The therapist utilized supervision and consultation in managing legal and ethical concerns.</li> <li>• The therapist practiced within the scope of practice and the scope of competence.</li> <li>• The therapist monitored attitudes, personal well-being, personal issues, and subjective countertransference to ensure they do not impact the therapeutic process</li> </ul>
EXCEPTIONAL SKILLS	<p>The therapist sophisticatedly applied and managed legal and ethical standards and mandates in clinical practice specific to the case.</p> <ul style="list-style-type: none"> <li>• The therapist demonstrated knowledge of complex and subtle legal obligations.</li> <li>• The therapist monitored relevant legal issues throughout the case.</li> <li>• The therapist obtained additional training and consultation in relation to specific legal issues.</li> <li>• The therapist pursued professional development through supervision, consultation and self-study.</li> </ul>

## 12. Diversity Considerations

Discuss any **diversity** (including but not limited to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual and/or political beliefs, nation of origin or other relevant social categories, immigration or language) considerations and how they may impact treatment. Include discussion on marginalized and/or underserved communities when applicable.

The discussion should focus on:

- **Cultural identity** (ethnic/cultural reference). Cultural identity should be explored for all clients and not just minority clients. For immigrants and ethnic minorities, note the degree of involvement with both the culture of origin and the host culture (where applicable). Also note language abilities, use and preference (including multilingualism)
- **Cultural factors related to psychosocial environment and levels of functioning:** Note culturally relevant interpretations of social stressors, available social supports, and levels of functioning and disability. This would include stresses in the local social environment and the role of religion and kin networks in providing emotional, instrumental, and informational support.
- **Diversity elements of the relationship between the individual and the clinician:** Indicate differences in diversity related factors between the individual and the clinician and problems that these differences may cause in diagnosis and treatment (e.g., difficulty in communicating in the individual's first language, in eliciting symptoms or understanding their cultural significance, in negotiating an appropriate relationship or level of intimacy, in determining whether a behavior is normative or pathological).
- **Overall assessment of diversity related factors for diagnosis and care:** The formulation concludes with a discussion of how diversity considerations specifically influence comprehensive diagnosis and care.

DEFICIENT (1)	<p>The therapist had significant problems identifying cultural factors influencing the presenting problem and provided interventions inconsistent with the client's context.</p> <ul style="list-style-type: none"> <li>• The therapist lacked awareness of diversity issues which resulted in a bias negatively impacting treatment</li> </ul>
BELOW EXPECTATIONS (2)	<p>The therapist had minor problems identifying cultural factors influencing the presenting problem and provided interventions inconsistent with the client's context.</p> <ul style="list-style-type: none"> <li>• The therapist failed to monitor personal reactions to the client and treatment process.</li> <li>• The therapist failed to identify important contextual and relational issues.</li> </ul>
MEETS EXPECTATIONS (3)	<p>The therapist sufficiently identified cultural factors influencing the presenting problem and provided interventions consistent with the client's context.</p> <ul style="list-style-type: none"> <li>• The therapist recognized contextual and systemic dynamics (e.g. age, gender, socioeconomic status, culture, race, ethnicity, religion etc.).</li> <li>• The therapist diagnosed and assessed the client's behavior(s) and relational health problems systemically and contextually.</li> <li>• The therapist integrated the client's feedback, assessment, contextual information, and diagnosis with the treatment goals.</li> <li>• The therapist evaluated reactions to the treatment process and the impact on effective intervention and clinical outcomes.</li> </ul>
EXCEEDS EXPECTATIONS (3)	<p>The therapist skillfully identified cultural factors influencing the presenting problem and provided interventions consistent with the client's context.</p> <ul style="list-style-type: none"> <li>• The therapist integrated relational and contextual issues throughout the treatment process.</li> <li>• The therapist delivered interventions in a way that was sensitive to the special needs of the client(s).</li> </ul>
EXCEPTIONAL SKILLS (3)	<p>The therapist sophisticatedly identified cultural factors influencing the presenting problem and provided interventions consistent with the client's context.</p> <ul style="list-style-type: none"> <li>• The therapist explored with the client the impact of contextual and relational issues in relation to the presenting problem.</li> <li>• The therapist demonstrated respect for multiple perspectives.</li> </ul>

### 13. Case Management

**Case management** considerations (consents and initial structuring of treatment, who attends sessions, managing family secrets, missed appointments, crisis management, referrals, termination, etc.)

<p>DEFICIENT (1)</p>	<p>The therapist provided an incomplete and/or unclear identification of crises issues, poor crisis management, and/or no planned continuation of management of crisis issue(s) in treatment. The therapist provided poor case management.</p> <ul style="list-style-type: none"><li>• The therapist did not assess or manage crisis issues.</li><li>• The therapist did not manage crisis issues according to relevant state, federal, and provincial laws and regulations.</li><li>• The therapist made inappropriate referrals.</li></ul>
<p>BELOW EXPECTATIONS (2)</p>	<p>The therapist did not clearly identify and/or missed significant crisis issues. The therapist managed crisis situations and the case superficially.</p> <ul style="list-style-type: none"><li>• The therapist did not assess or manage potential crisis issues.</li><li>• The therapist superficially managed crisis issues according to relevant state, federal, and provincial laws and regulations.</li><li>• The therapist did not make appropriate referrals.</li></ul>
<p>MEETS EXPECTATIONS (3)</p>	<p>The therapist sufficiently identified and responded to crisis issues and managed the case appropriately.</p> <ul style="list-style-type: none"><li>• The therapist assisted the client in obtaining needed care while navigating the complex systems of care.</li><li>• The therapist managed risks, crises, and emergencies.</li><li>• The therapist worked collaboratively with other stakeholders, including family members and other professionals.</li><li>• The therapist provided the client with appropriate referrals.</li><li>• The therapist developed an appropriate aftercare plan that was relevant to the case.</li></ul>
<p>EXCEEDS EXPECTATIONS (3)</p>	<p>The therapist skillfully managed the case and identified and responded to crisis issues appropriately.</p> <ul style="list-style-type: none"><li>• The therapist skillfully managed crisis issues, managed risks, and emergencies.</li><li>• The therapist skillfully worked with other stakeholders, including family members and other professionals.</li><li>• The therapist integrated use of referrals into treatment.</li><li>• The therapist skillfully developed an appropriate aftercare plan that was relevant to the case.</li></ul>
<p>EXCEPTIONAL SKILLS (3)</p>	<p>The therapist sophisticatedly managed the case and identified and responded to the crisis issues appropriately.</p> <ul style="list-style-type: none"><li>• The therapist integrated crisis management interventions into long-term treatment goals.</li><li>• The therapist sophisticatedly managed risks, crisis issues, and emergencies.</li><li>• The therapist sophisticatedly collaborated with other stakeholders, including family members and other professionals.</li><li>• The therapist integrated use of referrals into treatment.</li><li>• The therapist sophisticatedly developed an appropriate aftercare plan that was relevant to the case.</li></ul>

#### 14. Client-Centered Advocacy

**Client-centered advocacy (CCA)** (any adjunctive services that would be important to meeting treatment goals including referrals, telephone conversations, and other CCA-related activities)

DEFICIENT (1)	<p>The therapist did not provide client-centered advocacy when required.</p> <ul style="list-style-type: none"> <li>The therapist made inappropriate referrals or did not make appropriate referrals when required.</li> <li>The therapist did not work with other stakeholders, including family members and other professionals when it would have been helpful to do so.</li> </ul>
BELOW EXPECTATIONS (2)	<p>The therapist provided superficial client-centered advocacy.</p> <ul style="list-style-type: none"> <li>The therapist did not make appropriate referrals when required.</li> <li>The therapist did not work collaboratively with other stakeholders, including family members and other professionals.</li> </ul>
MEETS EXPECTATIONS (3)	<p>The therapist provided client-centered advocacy sufficiently.</p> <ul style="list-style-type: none"> <li>The therapist assisted the client in obtaining needed care while navigating the complex systems of care.</li> <li>The therapist worked collaboratively with other stakeholders, including family members and other professionals.</li> <li>The therapist provided the client with appropriate referrals.</li> </ul>
EXCEEDS EXPECTATIONS (3)	<p>The therapist skillfully provided client-centered advocacy.</p> <ul style="list-style-type: none"> <li>The therapist skillfully assisted the client in obtaining needed care while navigating the complex systems of care.</li> <li>The therapist skillfully worked with other stakeholders, including family members and other professionals.</li> <li>The therapist integrated use of referrals into treatment.</li> </ul>
EXCEPTIONAL SKILLS (3)	<p>The therapist sophisticatedly provided client-centered advocacy.</p> <ul style="list-style-type: none"> <li>The therapist sophisticatedly assisted the client in obtaining needed care while navigating the complex systems of care.</li> <li>The therapist sophisticatedly collaborated with other stakeholders, including family members and other professionals.</li> <li>The therapist integrated use of referrals into treatment.</li> </ul>

#### 15. Evaluation of Therapy Process

**Evaluation of the therapeutic process to date**, including an assessment of the therapeutic relationship

DEFICIENT (1)	The therapist did not provide a description of the therapeutic process to date.
BELOW EXPECTATIONS (2)	The therapist demonstrated a superficial description of the therapeutic process to date.
MEETS EXPECTATIONS (3)	The therapist demonstrated the ability to clearly articulate the therapeutic process to date.
EXCEEDS EXPECTATIONS (3)	The therapist demonstrated the ability to clearly and skillfully articulate the therapeutic process to date.
EXCEPTIONAL SKILLS (3)	The therapist demonstrated the ability to clearly and sophisticatedly articulate the therapeutic process to date.

## Comprehensive Written Case Report Evaluation Form (Semester 1, 2, 3)

Student:

Date:

Semester:

Please evaluate the student according to the following grading criteria:

<b>Deficient (1 pt.)</b>	Incomplete understanding; poor application of skill; harmful or unprofessional behavior
<b>Below Expectations (2 pts.)</b>	Some understanding of concept; recognize in hindsight how might have been applied
<b>Meets Expectations (3 pts.)</b>	Demonstrates expected level of competence in comprehension and application of clinical skills
<b>Exceeds Expectations (3 pts.)</b>	Demonstrates above average level of competence in comprehension and application of clinical skills
<b>Exceptional Skills (3 pts.)</b>	Demonstrates superior level of competence in comprehension and application of clinical skills

### 1. Identifying Info/Genogram:

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

### 2. Systematic Assessment:

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

### 3. Diagnosis:

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

### 4. Case Conceptualization:

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

**5. Theoretical Model:**

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

**6. Treatment Goals:**

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

**7. Theory of Change:**

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

**8. Role of Therapist:**

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

**9. Research-Based Interventions:**

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

**10. Self-of-Therapist:**

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

**11. Ethical/Legal Issues:**

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

**12. Diversity Considerations:**

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

**13. Case Management:**

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

**14. Client-Centered Advocacy:**

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

**15. Evaluation of Therapy Process:**

Deficient (1)	Below (2)	Meets (3)	Exceeds (3)	Exceptional (3)

Narrative Comments:

TOTAL POINTS: \_\_\_\_\_ (Maximum 45 pts.)

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Supervisor's Signature                  Supervisor's Name                  Date

## Oral Case Presentation Evaluation Form (Semester 1 & 2\*)

Student:

Date:

Semester:

<b>CASE DETAILS</b>	<b>Inadequate Information</b>	<b>Deficient</b>	<b>Below Expectations</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>	<b>Exceptional Skills</b>
1. Identifying Info/Genogram						
2. Systemic Assessment						
3. Diagnosis						
4. Case Conceptualization						
5. Theoretical Model						
6. Treatment Goals						
7. Theory of Change						
8. Role of Therapist						
9. Research-Based Interventions						
10. Self-of-Therapist						
11. Ethical and Legal Issues						
12. Diversity Considerations						
13. Case Management						
14. Client-Centered Advocacy						
15. Evaluation of Therapy Process						

Inadequate Information - unable to assess due to lack of information or opportunities to develop skill

Deficient - incomplete understanding; poor application of skill; harmful or unprofessional behavior

Below Expectations - some understanding of concept; recognize in hindsight how might have been applied

Meets Expectations - demonstrates expected level of competence in comprehension and application of clinical skills

Exceeds Expectations - demonstrates above average level of competence in comprehension and application of clinical skills

Exceptional Skills - demonstrates superior level of competence in comprehension and application of clinical skills

*\*no points are given for Semester 1 & 2 Oral Case Presentation*

### **Narrative Feedback:**

## Oral Case Presentation Evaluation Form (Semester 3)

Student: \_\_\_\_\_

Date: \_\_\_\_\_

<b>CASE DETAILS</b>	<b>Inadequate Information (0)</b>	<b>Deficient (1)</b>	<b>Below Expectations (2)</b>	<b>Meets Expectations (3)</b>	<b>Exceeds Expectations (3)</b>	<b>Exceptional Skills (3)</b>
1. Identifying Info/Genogram						
2. Systemic Assessment						
3. Diagnosis						
4. Case Conceptualization						
5. Theoretical Model						
6. Treatment Goals						
7. Theory of Change						
8. Role of Therapist						
9. Research-Based Interventions						
10. Self-of-Therapist						
11. Ethical and Legal Issues						
12. Diversity Considerations						
13. Case Management						
14. Client-Centered Advocacy						
15. Evaluation of Therapy Process						

0 = Inadequate Information - unable to assess due to lack of information or opportunities to develop skill

1 = Deficient - incomplete understanding; poor application of skill; harmful or unprofessional behavior

2 = Below Expectations - some understanding of concept; recognize in hindsight how might have been applied

3 = Meets Expectations - demonstrates expected level of competence in comprehension and application of clinical skills

3 = Exceeds Expectations - demonstrates above average level of competence in comprehension and application of clinical skills

3 = Exceptional Skills - demonstrates superior level of competence in comprehension and application of clinical skills

TOTAL POINTS: \_\_\_\_\_ (Maximum 45 pts.)

**Narrative Feedback:**

## **Oral Case Presentation Questions (Semester 3)**

*Instructions:* Please utilize the questions below for the questions and discussion portion of the Oral Case Presentation. Please evaluate the student's response according to the following grading criteria:

- 1.** Discuss how you assessed and managed the client's crisis.  
*Describe Crisis:*
  
- 2.** Discuss how you assessed and managed the legal/ethical issue with this case.  
*Describe legal/ethical issue:*
  
- 3.** How well does your intervention apply to the client at this particular stage in treatment?  
*Describe intervention:*
  
- 4.** What other possible diagnoses for this client did you consider and how did you rule them out?
  
- 5.** How have diversity related factors impacted treatment in this case?
  
- 6.** How have you managed transference and counter transference with this case?
  
- 7.** What is it like for you as a therapist to work with this client?
  
- 8.** What are some of the barriers to treatment you see in working with this client?
  
- 9.** What issues in working with this client have challenged you to discuss them with your MFT supervisor?
  
- 10.** Talk about one referral you made or would make and discuss the expected outcome of the referral.

**Capstone Project Final Evaluation Form (Semester 3)**

Student:

Date:

1. Theory of Change Paper Decision

TOTAL POINTS:

\_\_\_ Passed

\_\_\_ Passed with Recommendations

\_\_\_ Failed with Stipulations

2. Comprehensive Written Case Report Decision

TOTAL POINTS:

\_\_\_ Passed

\_\_\_ Passed with Recommendations

\_\_\_ Failed with Stipulations

3. Oral Case Presentation Decision

TOTAL POINTS:

\_\_\_ Passed

\_\_\_ Passed with Recommendations

\_\_\_ Failed with Stipulations

**Final Capstone Project Decision**

**GRAND TOTAL POINTS:**

\_\_\_ Passed

\_\_\_ Passed with Recommendations

\_\_\_ Failed with Stipulations

Recommendations (if applicable):

Stipulations (if applicable):

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Supervisor's Signature

Supervisor's Name

Date

**Basic Skills Evaluation Device©**

<b>Conceptual Skills</b>	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectation	Exceptional Skills
1. Knowledge Base						
2. Systems Perspective						
3. Familiarity with Therapy Model						
4. Self as Therapist						
<b>Perceptual Skills</b>	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectation	Exceptional Skills
1. Recognition Skills						
2. Hypothesizing						
3. Integration of theory practice						
<b>Executive Skills</b>	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectation	Exceptional Skills
1. Joining						
2. Assessment						
3. Hypothesizing						
4. Interventions						
5. Communication Skills						
6. Personal Skills						
7. Session Management						

<b>Professional Skills</b>	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectation	Exceptional Skills
1. Supervision						
2. Recognition of Ethical Issues						
3. Paperwork						
4. Professional Image						
5. Professional Conduct						
<b>Evaluation Skills</b>	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectation	Exceptional Skills
1. Evaluation of Therapy						
2. Evaluation of Self						
<b>Theory</b> (Use Preferred Model)	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectation	Exceptional Skills
1. Knowledge of Theory						
2. Utilizes Theory in Practice						
3. Recognizes Strengths and Weakness of Theory						

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Supervisor's Signature

Supervisor's Printed Name

License Number

Date

My signature below indicates that I have read this evaluation. I am aware that I have the right to respond to it in writing and to have my response placed with this evaluation in my student file.

Signature of Trainee

Trainees Printed Name

Trainee's Student ID

Date

## Mission, Program Goals, SLOs and PMFTPs

### **MFT Program Mission Statement**

Our mission is to provide students with the academic and professional training to become multiculturally competent, ethical, and systems-oriented marriage and family therapists who are critical consumers of research in the field.

**Program Goal #1:** (Knowledge) Teach a comprehensive curriculum emphasizing relational/systemic theories and techniques

**SLO #1:** Students will demonstrate knowledge of family systems theories by incorporating theory and technique when working with different treatment units.

### **PMFTPs:**

#### AAMFT Core Competencies:

- 1.1.1 CONCEPTUAL:** Understand systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy
- 1.1.2 CONCEPTUAL:** Understand theories and techniques of individual, marital, couple, family, and group psychotherapy
- 3.1.1 CONCEPTUAL:** Know which models, modalities, and/or techniques are most effective for presenting problems.
- 4.1.1 CONCEPTUAL:** Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies and culturally sensitive approaches.
- 4.1.2 CONCEPTUAL:** Recognize strengths, limitations, and contraindications of specific therapy models, including the risk of harm associated with models that incorporate assumptions of family dysfunction, pathogenesis, or cultural deficit.
- 4.4.1 EVALUATIVE:** Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan.
- 4.5.3 PROFESSIONAL:** Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics.

#### BBS Statutes and Regulations:

### **4980.36 QUALIFYING DEGREE PROGRAM FOR LICENSURE OR REGISTRATION; BEGINNING GRADUATE STUDY AFTER AUGUST 1, 2012 OR COMPLETING GRADUATE STUDY AFTER DECEMBER 31, 2018**

- (b)** To qualify for a license or registration, applicants shall possess a doctoral or master's degree meeting the requirements of this section in marriage, family, and child counseling, marriage and family therapy, couple and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university approved by the Bureau for Private Postsecondary Education, or accredited by either the Commission on Accreditation for Marriage and Family Therapy Education, or a regional or national institutional accrediting agency that is recognized by the United States Department of Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval.
- (d1A)** No less than 12 semester or 18 quarter units of coursework in theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy and marital and family systems approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, including elder adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships

**Target/Benchmark(s):**

- 1) 80% of students will meet or exceed expectations\* on the Conceptual Skills section of the Basic Skills Evaluation Device\*\*
- 2) 80% of students will score "Pass" on the Case Conceptualization/Treatment section of the Clinical Advancement Exam Scoring Sheet
- 3) 85% of students will score "Pass" on the Theory of Change portion of the Capstone Project \*\*\*

**Assessment/Evaluation Mechanism(s):** Basic Skills Evaluation Device, Clinical Advancement Exam Scoring Sheet, and Capstone Project

\* Meet expectations means "in your experience, compared with other trainees with this level of experience and training".

\*\* Please refer to the description of Conceptual Skills in the Basic Skills Evaluation Device.

\*\*\* Please refer to the Capstone Project Theory of Change Paper: Grading Rubric in the Program Handbook

**Program Goal #2:** (Practice) Train and graduate students who are competent in the relational/systemic practice of marriage and family therapy

**SLO #2:** Students will graduate from the program within the advertised length of time.

**SLO #6:** Graduates will secure employment in the field of Marriage & Family Therapy.

**SLO #7:** Graduates will pass MFT Licensing Exams.

**SLO #8:** Students will be able to assess, hypothesize and intervene from a systemic perspective in their clinical practice

**PMFTPs:**AAMFT Core Competencies

- 1.1.1 CONCEPTUAL** Understand systems concepts, theories and techniques that are foundational to the practice of marriage and family therapy.
- 1.1.2 CONCEPTUAL** Understand theories and techniques of individual, marital, couple, family and group psychotherapy.
- 1.3.6 EXECUTIVE** Establish and maintain appropriate and productive therapeutic alliances with the clients.
- 1.3.7 EXECUTIVE** Solicit and use client feedback throughout the therapeutic process.
- 1.3.9 EXECUTIVE** Manage session interactions with individuals, couples, families, and groups.
- 3.1.1 CONCEPTUAL** Know which models, modalities, and/or techniques are most effective for presenting problems.
- 3.2.1 PERCEPTUAL** Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.
- 3.3.2 EXECUTIVE** Prioritize treatment goals.
- 3.3.3 EXECUTIVE** Develop a clear plan of how sessions will be conducted.
- 3.3.4 EXECUTIVE** Structure treatment to meet clients' needs and to facilitate systemic change.
- 3.3.5 EXECUTIVE** Manage progression of therapy toward treatment goals.
- 3.4.1 EVALUATIVE** Evaluate progress of sessions toward treatment goals.
- 3.4.2 EVALUATIVE** Recognize when treatment goals and plan require modification.
- 4.2.1 PERCEPTUAL** Recognize how different techniques may impact the treatment process.
- 4.2.2 PERCEPTUAL** Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes.
- 4.3.5 EXECUTIVE** Engage each family member in the treatment process as appropriate.
- 4.3.8 EXECUTIVE** Empower clients and their relational systems to establish effective relationships with each other and larger systems.
- 4.4.4 EVALUATIVE** Evaluate clients' reactions or responses to interventions.
- 4.5.3 PROFESSIONAL** Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics.

AAMFT Code of Ethics

- 1.7 Abuse of the Therapeutic Relationship.
- 1.8 Client Autonomy in Decision Making.
- 1.9 Relationship Beneficial to Client.
- 3.1 Maintenance of Competency.
- 3.6 Development of New Skills.
- 3.10 Scope of Competence.

**Target/Benchmark(s):**

- 1) 70% of students will graduate from the program within three years
- 2) 70% of graduates will secure employment in the field of Marriage & Family therapy within one year of graduation
- 3) 70% of students will pass MFT licensing exams upon first attempt
- 4) 80% of students will meet or exceed expectations on the Executives Skills section of the Basic Skills Evaluation Device\*

**Assessment/Evaluation Mechanism(s):** Advancement to Candidacy Committee Scoring Sheet (final committee decision), Basic Skills Evaluation Device (completed for all practicum students each semester), and Capstone Project

*\*Please refer to the description of Executive Skills in the Basic Skills Evaluation Device.*

**Program Goal #3:** (Diversity) Promote an environment of inclusion and respect for diversity in all its forms throughout curriculum offerings and clinical training

**SLO #3:** Students will demonstrate an awareness of and respect for diversity issues and their own social location in relation to their clinical experience.

**PMFTPs:**

AAMFT Core Competencies:

- 1.2.1 **PERCEPTUAL** - Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).
- 1.3.1 **EXECUTIVE** – Gather and review intake information, giving balanced attention to individual, family, community, cultural and contextual factors.
- 2.1.6 **CONCEPTUAL** – Understand the strengths and limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic and ethnic groups.
- 4.1.1 **CONCEPTUAL** – Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies and culturally sensitive approaches.
- 4.3.2 **EXECUTIVE** – Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).

BBS Statutes and Regulations:

The degree program includes instruction in the broad range of matters and life events that may arise within marriage and family relationships and within a variety of California cultures and includes instructions in all areas of study specified in **BPC Section 4980.36(d)(2)(C)**

The degree program includes instruction in cultural competency and sensitivity and the areas of study specified in **BPC Section 4980.36 (d)**.

The degree program includes instruction in multicultural development, cross-cultural interaction, and the areas of study specified in **BPC Section 4980.36 (d)(2)(E)**.

The degree program includes instruction in the effects of socioeconomic status on treatment and available resources, as specified in **BPC Section 4980.36(d)(2)(F)**.

**Target/Benchmark(s):**

- 1) 80% of students will meet or exceed expectations on the Perceptual Skills section of the Basic Skills Evaluation Device\*
- 2) 80% of students will get a score of 85% or higher on the Social Location Paper in MFT 618 Diversity Issues in Therapy.
- 3) 80% of students will score "Pass" in the Multicultural Considerations section of the Advancement to Candidacy
- 4) 85% of students will meet or exceed expectations on the Diversity Considerations section of the Comprehensive Written Case Report for the Capstone Project \*\*

**Assessment/Evaluation Mechanism(s):** Basic Skills Evaluation Device, Social Location Paper, Clinical Advancement Exam, Capstone Project

*\*Please refer to the description of Perceptual Skills in the Basic Skills Evaluation Device.*

*\*\* Please refer to the Grading Guide: Comprehensive Written Case Report and Oral Presentation in the Program Handbook*

**Program Goal #4:** (Research) Teach students to critically evaluate research in the field and use it to inform and enhance clinical practice

**SLO #4:** Students will be successful consumers of research by demonstrating an understanding of basic research methods and integrating this knowledge into clinical practice

**PMFTPs:**AAMFT Core Competencies:

- 6.1.1 CONCEPTUAL** Know the extant MFT literature, research and evidence-based practice.
- 6.3.2 EXECUTIVE** Use current MFT and other research to inform clinical practice.
- 6.3.3 EXECUTIVE** Critique professional research and assess the quality of research studies and program evaluation in the literature.

**Target/Benchmark(s):**

- 1) 80% of students will get a score of 85% or higher on the "Research Proposal" assignment in the course, MFT 532 - Research and Bibliographic Methods.
- 2) 85% of students will meet or exceed expectations on the Research Based Interventions section of the Comprehensive Written Case Report for the Capstone Project \*

**Assessment/Evaluation Mechanism(s):** Research Proposal and Capstone Project

*\*Please refer to the Grading Guide: Comprehensive Written Case Report and Oral Presentation in the Program Handbook*

**Program Goal #5:** (Ethics) Train students to apply MFT professional and ethical standards

**SLO #5:** Students will be knowledgeable of and successfully apply appropriate legal and ethical guidelines necessary for the competent practice of marriage and family therapy

**PMFTPs:**AAMFT Core Competencies:

- 1.1.4 CONCEPTUAL:** Understand the risks and benefits of individual, marital, couple, family, and group psychotherapy.
- 1.3.4 EXECUTIVE:** Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.
- 1.3.5 EXECUTIVE:** Obtain consent to treatment from all responsible persons.
- 1.4.1 EVALUATIVE** Evaluate case for appropriateness for treatment within professional scope of practice and competence.
- 1.5.1 PROFESSIONAL:** Understand the legal requirements and limitations for working with vulnerable populations (e.g., minors).
- 1.5.2 PROFESSIONAL:** Complete case documentation in a timely manner and in accordance with relevant laws and policies.
- 1.5.3 PROFESSIONAL:** Develop, establish, and maintain policies for fees, payment, record keeping, and confidentiality.
- 3.5.3 PROFESSIONAL:** Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.

- 5.1.1 **CONCEPTUAL:** Know state, federal, and provincial laws and regulations that apply to the practice of marriage and family therapy.
- 5.1.2 **CONCEPTUAL:** Know professional ethics and standards of practice that apply to the practice of marriage and family therapy.
- 5.1.3 **CONCEPTUAL:** Know policies and procedures of the practice setting.
- 5.1.4 **CONCEPTUAL:** Understand the process of making an ethical decision.
- 5.2.1 **PERCEPTUAL:** Recognize situations in which ethics, laws, professional liability, and standards of practice apply.
- 5.2.2 **PERCEPTUAL:** Recognize ethical dilemmas in practice setting.
- 5.2.3 **PERCEPTUAL:** Recognize when a legal consultation is necessary.
- 5.3.1 **EXECUTIVE:** Monitor issues related to ethics, laws, regulations, and professional standards.
- 5.3.2 **EXECUTIVE:** Develop and assess policies, procedures, and forms for consistency with standards of practice to protect client confidentiality and to comply with relevant laws and regulations.
- 5.3.3 **EXECUTIVE:** Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting.
- 5.3.4 **EXECUTIVE:** Develop safety plans for clients who present with potential self-harm, suicide, abuse, or violence.
- 5.3.5 **EXECUTIVE:** Take appropriate action when ethical and legal dilemmas emerge.
- 5.3.6 **EXECUTIVE:** Report information to appropriate authorities as required by law.
- 5.3.7 **EXECUTIVE:** Practice within defined scope of practice and competence. **5.3.10 EXECUTIVE:** Implement a personal program to maintain professional competence.
- 5.5.1 **PROFESSIONAL:** Maintain client records with timely and accurate notes.
- 5.5.2 **PROFESSIONAL:** Consult with peers and/or supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work.
- 5.5.3 **PROFESSIONAL:** Pursue professional development through self-supervision, collegial consultation, professional reading, and continuing educational activities.

AAMFT Code of Ethics

- 1.2 Informed Consent
- 1.3 Multiple Relationships
- 1.4 Sexual Intimacy with Current Clients and Others
- 1.5 Sexual Intimacy with Former Clients and Others
- 1.6 Reports of Unethical Conduct
- 1.7 Abuse of the Therapeutic Relationship
- 1.8 Client Autonomy in Decision Making
- 1.9 Relationship Beneficial to Client
- 1.10 Referrals
- 1.11 Non-Abandonment
- 1.12 Written Consent to Record
- 2.1 Disclosing Limits of Confidentiality
- 2.2 Written Authorization to Release Client Information
- 2.3 Client Access to Records
- 2.4 Confidentiality in Non-Clinical Activities
- 2.5 Protection of Records
- 2.6 Preparation for Practice Changes
- 2.7 Confidentiality in Consultations
- 3.1 Maintenance of Competency
- 3.2 Knowledge of Regulatory Standards
- 3.3 Seek Assistance
- 3.4 Conflicts of Interest
- 3.5 Maintenance of Records
- 3.7 Harassment
- 3.8 Exploitation
- 3.9 Gifts
- 3.10 Scope of Competence
- 3.12 Professional Misconduct

CAMFT Code of Ethics

- 1.2 Dual Relationships
  - 1.2.1 Unethical Dual Relationships
  - 1.2.2 Sexual Contact
  - 1.2.3 Prior Sexual Relationship
- 1.3 Treatment Disruption
  - 1.3.1 Termination
  - 1.3.2 Abandonment
  - 1.3.4 Non-payment of Fees
- 1.4 Patient Autonomy
  - 1.4.1 Patient Choices
- 1.5 Therapist Disclosures
  - 1.5.1 Disclosure
  - 1.5.2 Risks and Benefits
  - 1.5.3 Emergencies/Contact Between Sessions
  - 1.5.4 Consent for Recording/Observations
  - 1.5.5 Limits of Confidentiality
  - 1.5.6 Therapist Background
- 1.6 Exploitation
- 1.7 Patient Benefit
- 1.8 Employment and Contractual Terminations
- 1.9 Family Unit/Conflicts
- 1.10 Withholding Records/Non-Payment
- 1.11 Consultation
- 1.13 Treatment Alternatives
- 1.14 Potential Conflicts
- 1.15 Documenting Treatment Decisions
- 2.1 Disclosures of Confidential Information
- 2.2 Signed Authorization-Release of Information
- 2.4 Maintenance of Patient Records-Confidentiality
- 2.7 Groups-Confidentiality
- 3.1 Conviction of Crime
- 3.3 Patient Records
- 3.4 Professional Assistance
- 3.8 Harassment of Exploitation
- 3.9 Scope of Competence

BBS Statutes and Regulations

- 4980.43** Professional Experience; Interns Or Trainees
- 4980.48** Trainees; Notice To Clients Of Unlicensed Status; Advertisements
- 4980.49** Client Records: Retention
- 4980.55** Disclosure Of Counselor's Qualifications

**Target/Benchmark(s):**

- 1) 80% of students will Pass the Law/Ethics portion of the Clinical Advancement Exam
- 2) 85% of students will score at least 70% or higher on the Ethics portion of the MFT Comprehensive Examination
- 3) 80% of students will meet or exceed expectations on the Professional Skills section of the Basic Skills Evaluation Device \*
- 4) 85% of students will meet or exceed expectations on the Ethical and Legal Issues section of the Comprehensive Written Case Report for the Capstone Project \*\*

**Assessment/Evaluation Mechanism(s):** Advancement to Candidacy Committee Scoring Sheet, MFT Comprehensive Examination, Basic Skills Evaluation Device, and Capstone Project

\*Please refer to the description of Professional Skills in the Basic Skills Evaluation Device.

\*\*Please refer to the Grading Guide: Comprehensive Written Case Report and Oral Presentation in the Program Handbook

## Academic Support Services & Physical Resources Survey

### Marriage and Family Therapy

Academic Support Services and Physical Resources Survey

I am a

- student
- core faculty member
- non-clinical/adjunct faculty member
- administrator/staff
- clinical supervisor

#### Program Mission Statement

The following MFT department members uphold the program's mission "to provide students with the academic and professional training to become multiculturally competent, ethical and systems-oriented marriage and family therapists who are critical consumers of research in the field."

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Agree	Somewhat agree	Strongly agree	N/A
program director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinic director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
core faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
non-clinical/adjunct faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinical supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated somewhat disagree, disagree or strongly disagree above, please share feedback on your response below as well as suggestions for remediation.

#### Program Goals and Student Learning Outcomes

The following MFT department members uphold **Program Goal 1: Teach a comprehensive curriculum emphasizing relational/systemic theories and techniques.**

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
program director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinic director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
core faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
non-clinical/adjunct faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinical supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated somewhat disagree, disagree or strongly disagree above, please share feedback on your response below as well as suggestions for remediation.

The following MFT department members support my ability to achieve **Student Learning Outcome 1: Students will demonstrate knowledge of family systems theories by incorporating theory and technique when working with different treatment units.**

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
program director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinic director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
core faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
non-clinical/adjunct faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinical supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated somewhat disagree, disagree or strongly disagree above, please share feedback on your response below as well as suggestions for remediation.

The following MFT department members uphold **Program Goal 2: Train and graduate students who are competent in the relational/systemic practice of marriage and family therapy.**

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
program director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinic director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
core faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
non-clinical/adjunct faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinical supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated somewhat disagree, disagree or strongly disagree above, please share feedback on your response below as well as suggestions for remediation.

The following MFT department members support my ability to achieve **Student Learning Outcome 8: Students will be able to assess, hypothesize and intervene from a systemic perspective in their clinical practice.**

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
program director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinic director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
core faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
non-clinical/adjunct faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinical supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated somewhat disagree, disagree or strongly disagree above, please share feedback on your response below as well as suggestions for remediation.

The following MFT department members uphold **Program Goal 3: Promote an environment of inclusion and respect for diversity in all its forms throughout curriculum offerings and clinical training.**

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
program director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinic director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
core faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
non-clinical/adjunct faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinical supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated somewhat disagree, disagree or strongly disagree above, please share feedback on your response below as well as suggestions for remediation.

The following MFT department members support my ability to achieve **Student Learning Outcome 3: Students will demonstrate an awareness of and respect for diversity issues and their own social location in relation to their clinical experience.**

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
program director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinic director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
core faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
non-clinical/adjunct faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinical supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated somewhat disagree, disagree or strongly disagree above, please share feedback on your response below as well as suggestions for remediation.

The following MFT department members uphold **Program Goal 4: Teach students to critically evaluate research in the field and use it to inform and enhance clinical practice.**

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
program director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinic director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
core faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
non-clinical/adjunct faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinical supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated somewhat disagree, disagree or strongly disagree above, please share feedback on your response below as well as suggestions for remediation.

The following MFT department members support my ability to achieve **Student Learning Outcome 4: Students will be successful consumers of research by demonstrating an understanding of basic research methods and integrating this knowledge into clinical practice.**

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
program director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinic director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
core faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
non-clinical/adjunct faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinical supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated somewhat disagree, disagree or strongly disagree above, please share feedback on your response below as well as suggestions for remediation.

The following MFT department members uphold **Program Goal 5: Train students to apply MFT professional and ethical standards.**

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
program director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinic director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
core faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
non-clinical/adjunct faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinical supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated somewhat disagree, disagree or strongly disagree above, please share feedback on your response below as well as suggestions for remediation.

The following MFT department members support my ability to achieve **Student Learning Outcome 5: Students will be knowledgeable of and successfully apply appropriate legal and ethical guidelines necessary for the competent practice of marriage and family therapy.**

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
program director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinic director	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
core faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
non-clinical/adjunct faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
clinical supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated somewhat disagree, disagree or strongly disagree above, please share feedback on your response below as well as suggestions for remediation.

## Faculty and Support Staff Sufficiency

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
The faculty:student ratio supports the program's ability to meet its mission, goals and student learning outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each semester, there are faculty available to teach every course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each semester, there are supervisors available to facilitate every section of practicum.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty are available to answer questions and provide assistance when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program administrators and staff are available to answer questions and provide assistance when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated somewhat disagree, disagree or strongly disagree above, please share feedback on your response below as well as suggestions for remediation.

## Physical Resources

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
Classroom facilities are conducive to learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classroom facilities support students with disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students have access to study spaces on campus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The MFT program has administrative space to meet operational needs of the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Frances Smith Center has space for students, supervisors, staff and administrators to operate in the delivery of client care and training of students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conference rooms provide a functional space for meetings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated somewhat disagree, disagree or strongly disagree above, please share feedback on your response below as well as suggestions for remediation.



The Office of Diversity & Inclusion offers support to students.	<input type="radio"/>							
Students have access to counseling services in the community.	<input type="radio"/>							
Support and procedures exist should I decide to file a complaint or grievance.	<input type="radio"/>							

If you indicated somewhat disagree, disagree or strongly disagree above, please share feedback on your response below as well as suggestions for remediation.

**Campus Safety**

	Strongly disagree	disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
The campus is safe and secure for all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parking lots are well lit and secure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Security staff respond quickly in emergencies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The university promotes an environment of safety, respect and appreciation for all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The MFT program promotes an environment of safety, respect and appreciation for all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated somewhat disagree, disagree or strongly disagree above, please share feedback on your response below as well as suggestions for remediation.

Please provide any further comments or suggestions you have regarding the program and/or the clinic.



## Alumni Contact Information Survey

### Marriage and Family Therapy

#### Alumni Contact Information

First name

Last name

Previous name (if changed)

Semester graduating

- Fall  
 Spring  
 Summer

Year graduating

Current street address

City

State

Zip code

Permanent street address

City

State

Zip code

Primary phone number

Alternate phone number

Primary email

Alternate email

Are you willing to be included in a Chapman MFT program emailing list?

- Yes
- No

Optional: Please include the address and telephone number of someone who will always know how to contact you. By completing this section, you give us permission to contact this person in the event we cannot locate you.



## MFT Annual Alumni Survey

Dear Alumni,

Chapman University's MFT program is seeking your feedback as part of our ongoing efforts to ensure that we continue to provide the highest quality education in our graduate program and meet the standards set by our COAMFTE accreditation. Your input is of tremendous value as it guides us in shaping our program to meet the needs of current and future students.

Thank you in advance for your time and care in responding.

Your Name

What year did you start the MFT program?

What semester did you first enroll in the program?

- Fall  
 Spring

What year did you graduate from the program?

Did you go on to enroll in a doctoral program?

- Yes  
 No

### **EXAMS AND LICENSURE**

Have you sat for the first CA licensure exam?

- Yes  
 No  
 N/A

If you have taken the first CA exam, on what attempt did you pass?

- First  
 Second  
 Third  
 Not yet passed  
 N/A

Have you sat for the second CA licensure exam?

- Yes
- No
- N/A

If you have taken the second CA exam, on what attempt did you pass?

- First
- Second
- Third
- Not yet passed
- N/A

Have you sat for the national MFT license exam?

- Yes
- No
- N/A

If you have sat for the national MFT license exam, on what attempt did you pass?

- First
- Second
- Third
- Not yet passed
- N/A

In what state(s) are you licensed?

## **EMPLOYMENT**

What is your professional employment status? (check all that apply)

- Employed full-time in a position in the MFT field
- Employed part-time in a position in the MFT field
- Volunteering in a position related to the MFT field
- Employed in a position unrelated to the MFT field
- Not currently employed
- Pursuing a higher academic degree

If you are currently employed in the MFT field, what is your primary job setting? (check all that apply)

- Public College/University
- Public Hospital or Medical Center
- Public Community Based Center (other than a hospital)
- Public Consumer or Family Based Organization
- Public Association/Foundation
- Public Practice/Business/Consulting
- Public Mental Health Agency
- Public Residential Treatment Facility
- Private College/University
- Private Hospital or Medical Center
- Private Community Based Center (other than a hospital)
- Private Mental Health/Substance Abuse Policy
- Private Consumer or Family Based Organization
- Private Association/Foundation
- Private Practice/Business/Consulting
- Private Mental Health Agency
- Private Residential Treatment Facility
- Public Child Welfare Agency
- Private Child Welfare Agency
- Department of Veterans Affairs
- Other Veterans Service Agency
- Other (please specify)

What are your professional affiliations?

- I am currently a member of AAMFT
- I am currently a member of CAMFT
- Other Association (please specify)

For 2018 graduates only: How long after graduation did it take you to find employment as an MFT Associate?

- 1 month or less
- 2 months
- 3 months
- 4 months
- More than 4 months
- N/A



## Chapman University MFT Program SLO Review Schedule

SLO	Target/Benchmark	Assessment Tool(s)	Data Collection Schedule(s)	Review Schedule(s)
<b>SLO #1:</b> Students will demonstrate knowledge of family systems theories by incorporating theory and technique when working with different treatment units.	1. 80% of students will meet or exceed expectations on the Conceptual Skills Evaluation Device. 2. 85% of students will score "Pass" on the Case Conceptualization/ Treatment section of the Clinical Advancement Exam Scoring Sheet. 3. 85% of students will score "Pass" on the Theory of Change portion of the Capstone Project.	1. Basic Skills Evaluation Device (BSED) – Conceptual Skills 2. Clinical Advancement Exam Scoring Sheet 3. Theory of Change Paper	1. End of student's final term of practicum 2. April and November 3. End of student's final term of practicum	1. Fall and Spring COI Meetings 2. Fall and Spring COI Meetings, May and November MFT Faculty Meetings 3. Fall and Spring COI Meetings
<b>SLO #2:</b> Students will graduate from the program within the advertised length of time.	70% of students will graduate from the program within three years.	University Office of the Registrar graduation data	Summer Term	Fall and Spring COI Meetings
<b>SLO#3:</b> Students will demonstrate an awareness of and respect for diversity issues and their own social location in relation to their clinical experience.	1. 80% of students will meet or exceed expectations on the Perceptual Skills section of the Basic Skills Evaluation Device. 2. 80% of students will get a score of 85% or higher on the Social Location Paper in MFT 618 <i>Diversity Issues in Therapy</i> . 3. 80% of students will score "Pass" in the Multicultural (Diversity) Considerations section of the Clinical Advancement Exam. 4. 85% of students will meet or exceed expectations on the Diversity Considerations section of the Comprehensive Written Case Report for the Capstone Project.	1. BSED – Perceptual Skills 2. Social Location Paper 3. Clinical Advancement Exam Scoring Sheet 4. Comprehensive Written Case Report – Diversity Considerations	1. End of student's final term of practicum 2. Summer Term 3. April, November 4. End of student's final term of practicum	1. Fall and Spring COI Meetings 2. Fall COI Meeting 3. Fall and Spring COI Meetings, May and November MFT Faculty Meetings 4. Fall COI Meeting
<b>SLO #4:</b> Students will be successful consumers of research by demonstrating an understanding of basic research methods and integrating this knowledge into clinical	1. 80% of students will get a score of 85% or higher on the "Research Proposal" assignment in the course, MFT 532 - <i>Research and Bibliographic Methods</i> . 2. 85% of students will meet or exceed expectations on the Research Based	1. Research Proposal 2. Comprehensive Written Case Report – Research Based Interventions	1. Spring Term 2. End of student's final term of practicum	1. Fall COI Meeting 2. Fall and Spring COI Meetings

practice.	Interventions section of the Comprehensive Written Case Report for the Capstone Project.			
<b>SLO#5:</b> Students will be knowledgeable of and successfully apply appropriate legal and ethical guidelines necessary for the competent practice of marriage and family therapy	<ol style="list-style-type: none"> <li>80% of students will pass the Law/Ethics portion of the Clinical Advancement Exam.</li> <li>85% of students will score at least 70% or higher on the Ethics portion of the MFT Comprehensive Examination.</li> <li>80% of students will meet or exceed expectations on the Professional Skills section of the Basic Skills Evaluation Device.</li> <li>85% of students will meet or exceed expectations on the Ethical and Legal Issues section of the Comprehensive Written Case Report for the Capstone Project.</li> </ol>	<ol style="list-style-type: none"> <li>Clinical Advancement Exam Scoring Sheet MFT Comprehensive Exam (Ethics section)</li> <li>BSED – Professional Skills</li> <li>Comprehensive Written Case Report – Ethical and Legal Issues</li> </ol>	<ol style="list-style-type: none"> <li>April, November</li> <li>February, September</li> <li>End of student's final term of practicum</li> <li>End of student's final term of practicum</li> </ol>	<ol style="list-style-type: none"> <li>Fall and Spring COI Meetings, May and November MFT Faculty Meetings</li> <li>Fall and Spring COI Meetings, March MFT Faculty Meeting</li> <li>Fall and Spring COI Meetings</li> </ol> <p>Fall COI Meeting</p>
<b>SLO #6:</b> Graduates will secure employment in the field of Marriage & Family Therapy.	70% of graduates will secure employment in the field of Marriage and Family Therapy within one year of graduation.	Annual Alumni Survey	January	Spring COI Meeting, MFT Faculty Meeting Spring Term
<b>SLO #7:</b> Graduates will pass MFT Licensing Exams.	70% of students will pass MFT licensing exams upon first attempt	Annual Alumni Survey	January	Spring COI Meeting, MFT Faculty Meeting Spring Term
<b>SLO #8:</b> Students will be able to assess, hypothesize and intervene from a systemic perspective in their clinical practice.	80% of students will meet or exceed expectations on the Executives Skills section of the Basic Skills Evaluation Device.	BSED – Executive Skills	End of student's final term of practicum	Fall and Spring COI Meetings

**Chapman University MFT Program COI Contribution Schedule**

<b>COI</b>	<b>Contribution Opportunities</b>	<b>Contribution Schedule</b>
University Leadership	COI Meetings	Fall and Spring semesters
Core Faculty	<ol style="list-style-type: none"> <li>1. MFT Faculty Meetings</li> <li>2. Academic Support Services and Physical Resources Survey</li> <li>3. COI Meetings</li> </ol>	<ol style="list-style-type: none"> <li>1. Six times each semester (Fall, Spring)</li> <li>2. Summer Semester</li> <li>3. Fall and Spring Semesters</li> </ol>
Non-Clinical Faculty, Adjunct Faculty and Clinical Supervisors	<ol style="list-style-type: none"> <li>1. MFT Supervisor Committee Meetings</li> <li>2. MFT Adjunct Faculty Meetings</li> <li>3. Academic Support Services and Physical Resources Survey</li> <li>4. COI Meetings</li> </ol>	<ol style="list-style-type: none"> <li>1. Once a Semester</li> <li>2. Once a Semester</li> <li>3. Summer Semester</li> <li>4. Fall and Spring Semesters</li> </ol>
Program Administrators and Staff	<ol style="list-style-type: none"> <li>1. MFT Staff Meetings</li> <li>2. Academic Support Services and Physical Resources Survey</li> <li>3. COI Meetings</li> </ol>	<ol style="list-style-type: none"> <li>1. Weekly</li> <li>2. Summer Semester</li> <li>3. Fall and Spring Semester</li> </ol>
Students	<ol style="list-style-type: none"> <li>1. Academic Support Services and Physical Resources Survey</li> <li>2. Exit Survey</li> <li>3. Course Evaluation</li> <li>4. MFT Program Meetings</li> <li>5. FSC Clinic Advisory Team Meetings</li> <li>6. COI Meetings</li> </ol>	<ol style="list-style-type: none"> <li>1. Summer Semester</li> <li>2. Last month enrolled in program</li> <li>3. End of each course in the program</li> <li>4. Bimonthly</li> <li>5. Monthly</li> <li>6. Fall and Spring Semester</li> </ol>
Alumni	<ol style="list-style-type: none"> <li>1. Annual Alumni Survey</li> <li>2. Alumni Advisory Board Meetings</li> <li>3. COI Meetings</li> </ol>	<ol style="list-style-type: none"> <li>1. January</li> <li>2. Bimonthly</li> <li>3. Fall and Spring Semester</li> </ol>
Frances Smith Center Clients	FSC Client Satisfaction Survey	Fall, Spring and Summer semesters
Clinical Practicum Collaborations	COI Meetings	Fall and Spring Semester



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