Marriage and Family Therapy

PROGRAM HANDBOOK

2026-2027

Crean College of Health and Behavioral Sciences

Chapman University

One University Drive

Orange, CA 92866

CHAPMAN UNIVERSITY | Crean College of Health and Behavioral Sciences
Marriage and Family Therapy

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PREFACE

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, extracurricular activities of the Department of Marriage and Family Therapy, and 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 Specialist 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. It is an approved Marriage and Family Therapy and Professional Clinical Counseling licensure program in California. It includes a substantial critical practicum training component in which students work under the supervision of faculty and staff in a counseling setting in the on-site community clinic, the Frances Smith Center sponsored by the Crean College of Health and Behavioral Sciences. In addition to the on-site community clinic, students may participate in an outside traineeship to earn additional hours toward licensure. Students in this program complete a minimum of 60-semester credits.

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 California Board of Behavioral Sciences (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 interested in becoming licensed in other states must review the state requirements for licensure from the MFT state licensing board in that state.

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 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.

REGULATORY POLICY

Degree Portability

Marriage and Family Therapy is a profession that leads to licensure in all 50 states; however, each state has its own laws and regulations about what is needed to become licensed as an MFT in that state.

Not every state will accept a degree and supervised hours earned in another state. Review license requirements in the state you intend to practice as soon as possible so that you understand what may and may not be accepted across state lines. Here is the link to each state's licensure resources: MFT State/Provincial Resources (AAMFT.org)

The coursework for Chapman University was designed to meet MFT licensure requirements in the state of California. You may read more about the state requirements for MFT licensure in California by clicking this link to the California Board of Behavioral Sciences.

If you have questions about the program's alignment with professional licensure, you may contact the MFT Department Chair: Dr. Naveen Jonathan at jonathan@chapman.edu.

TECHNOLOGY POLICIES & PROCEDURES

Minimum Technology Requirements

Students will need access to a computer, printer, MS Office Suite, SharePoint/One Drive, Microsoft Teams, as well as internet/Wi-Fi access to log in to their CU email, My Chapman, and Canvas. Chapman University offers its students the use of the many computer labs located around the campus. Loaner computers are available around campus. In addition, the Frances Smith Center has loaner computers available for our clinic students to use for clinical sessions. Further technological support can be found at the Service Desk. If an accommodation needs to be made regarding technology requirements, please contact the MFT Program Specialist.

Security Policies and Practices

The Marriage & Family Therapy program uses secure cloud-based technologies.

In partnership with Chapman University's Information Security team, the program has adopted the use of Microsoft 365 technologies to store and securely collaborate on student and client data. Shared data is stored in a secured SharePoint repository and access is reviewed via an automated process by program leadership each semester. Video conferencing is conducted over Microsoft Teams, and any session recordings are automatically secured to only the participants in the session. All student and faculty access to information is protected via a two-factor authentication process.

The University employs many layers of safeguards to guard against unauthorized access to

Microsoft Cloud information, including automated alerts around unusual behaviors and data loss prevention. Unusual access patterns trigger an automated process that will lock a potentially compromised account. Data stored within the cloud environment is automatically backed up via Microsoft 365 and is restorable for up to 3 months. The University maintains a Computer and Network Acceptable Use Policy governing appropriate uses of technology systems on the University website. Please visit the Information Systems & Technology website for information on technology-related policies and procedures, including computer use, printing, and privacy.

IMPORTANT CONTACTS

DEPARTMENT

Name	Title	Phone	Email	Room
Naveen Jonathan, Ph.D.,LMFT	Department Chair, Core Faculty	(714) 744-6932	jonathan@chapman.edu	Von Neumann 113
Brennan Peterson, Ph.D.,LMFT	Core Faculty	(714) 744-7915	bpeterson@chapman.edu	CB 140
Elizabeth Patrick, Ph.D., LMFT	Director of Clinical Training, Core Faculty	(714) 516-5713	darrigopatrick@chapman.edu	Von Neumann 114
Julie Payne, DMFT, LMFT	Core Faculty	(714) 532-6066	jpayne@chapman.edu	Von Neumann 112
Vacant	Clinic Director	(714) 997-6904		CB 123A
Joleen Martin, M.A.Ed.	Program Specialist	(714) 744-7837	jomartin@chapman.edu	Von Neumann
Ana Santacruz	Administrative Assistant	(714) 532-6084	santacru@chapman.edu	CB 123

UNIVERSITY

Department	Phone	Email	Location
Disability Services	(714) 516-4520	ds@chapman.edu	Argyros Forum 203
Office of Graduate FinancialAid	(714) 628-2730	gradfinaid@chapman.edu	Bhathal Student Services Center: 150 W. Sycamore #100
Information Systems and Technology (IS&T)	(714) 997-6600	servicedesk@chapman.edu	Service Desk walk-up Leatherby Libraries 1st Floor
Leatherby Libraries	(714) 532-7714	libweb@chapman.edu	One University Drive
Office of the University Registrar	(714) 997-6701	registrar@chapman.edu	Bhathal Student Services Center: 150 W. Sycamore
Public Safety	(714) 997-6763 **(24 HR Dispatch)**	publicsafetystaff@chapman.edu	418 N. Glassell Street
Student Business Services	(714) 997-6617	ocbusn@chapman.edu	Bhathal Student Services Center: 150 W. Sycamore
Student Health Services	(714) 997-6851	studenthealth@chapman.edu	402 N. Glassell St
Student Psychological Counseling Services	(714) 997-6778	spcs@chapman.edu	410 N. Glassell St
Tutoring, Learning and Testing Center (TLT)	(714) 997-6828	tutor@chapman.edu	DeMille Hall 160
Veterans Resource Center	(714) 516-5776	veterans@chapman.edu	526 N. Shaffer St
Writing Center	Contact by Email	writingcenter@chapman.edu	Becket 114

ACADEMIC CALENDAR 2026-27

Fall 2026

Friday, August 14	Deadline to apply for the September 2026 Graduate Comprehensive Examination
Monday, August 24	Instruction begins
Monday, September 7	Labor Day (University closed)
Friday, September 11	Graduate Comprehensive Examination
Mon. - Fri., Oct 19 – Oct 30	Advancements (specific dates/times TBD)
Mon. - Sat., Nov. 23 - 28	Thanksgiving Recess
Saturday, December 5	Last day of instruction
Mon. - Sat., Dec. 7 - 12	Final examinations

Interterm 2027 (Practicum Students ONLY)

Monday, January 4	Instruction begins
Thursday, January 14	Deadline to file Application for Degree Conferral for May 2027 and August 2027
Monday, January 18	Martin Luther King Jr. holiday (University Closed)

Spring 2027

Friday, January 22	Deadline to apply for the February 2027 Graduate Comprehensive Examination
Monday, February 1	Instruction begins
Friday, February 19	Graduate Comprehensive Examination
Mon. - Sat., March 22 - 27	Spring Break
Friday, March 26	Farm Workers Day observance (University closed)
Mon. - Fri., March 29 - Apr 9	Advancements (specific dates/times TBD)
Saturday, May 15	Last day of instruction
Mon. - Sat., May 17 - 22	Final examinations
Fri., Sat., Sun. May 21, 22, 23	Commencement
Monday, May 31	Memorial Day (University closed)

Summer 2027 – Session II (9 weeks) & Session IV (12 weeks)

Tuesday, June 1	Instruction begins
Friday, June 18	Juneteenth observance (University closed)
Monday, July 5	Independence Day observance (University closed)
Saturday, July 31	Last day of instruction and final examinations (Session II)
Friday, August 13	Deadline to file Application for Degree Conferral for January 2028
Saturday, August 21	Last day of instruction and final examinations (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 132A 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 48 hours in advance. Conference room requests must be emailed to the MFT Administrative Assistant or Program Specialist. The MFT Administrative Assistant or Program Specialist 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 MFT Administrative Assistant or Program Specialist has left or has another meeting scheduled, another MFT faculty member or administrator/staff member cannot open the room for you. Please DO NOT call Public Safety to open the room under any circumstances. The conference room is not to be used on an ongoing basis (e.g., weekly work meetings, external traineeship supervision). Due to limited conference room availability, students should book a room at the Leatherby Libraries for ongoing meetings.

There are study rooms located throughout the Leatherby Libraries. You can book rooms using their online reservation system.

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.

PROGRAM GOALS AND STUDENT LEARNING OUTCOMES

Program Goals

1) Teach a comprehensive curriculum emphasizing relational/systemic theories and techniques.
2) Train and graduate students to be competent in the relational/systemic practice of marriage and family therapy.
3) Create and support an environment of mutual respect and openness to life experiences, beliefs, and worldviews throughout curriculum offerings and clinical trainings.
4) Teach students to critically evaluate research in the field and use it to inform and enhance clinical practice.
5) Train students to apply MFT professional and ethical standards.

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 engage in self-reflection to examine how their backgrounds and lived experiences influence their approach to therapy.
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 obtain post-graduate licensure.
8) Students will be able to assess, hypothesize and intervene from a systemic perspective in their clinical practice.

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 MFT operations meetings, monthly faculty meetings, monthly student leadership 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. Participates in monthly MFT operations meetings, bimonthly alumni advisory board meetings, monthly student leadership meetings and biannual COI meetings.

Director of Clinical Training

Oversees the External Traineeship program and Interdisciplinary Practicum Collaborations of the program. The Director of Clinical Training also represents the MFT Program at the OC MFT Consortium Meeting and other campus and community events. The Director of Clinical is a core faculty member of the MFT program, licensed MFT and AAMFT Approved Supervisor. Participates in the monthly faculty meetings and biannual COI meetings.

Program Specialist

Oversees admissions and retention of MFT students. The Program Specialist provides mentorship to current students, oversight of student data, marketing, and accreditation. Participates in monthly MFT operations meetings, bimonthly alumni advisory board meetings, monthly student leadership 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 the Advancement Committee. Participate in monthly 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.

Program 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. Available for case consultation, file reviews, and live observation of client sessions. Participate in monthly supervisor meetings and biannual COI meetings.

Administrative Assistant

Provides operational and administrative support to the MFT program and Frances Smith Center Clinic, faculty, staff, clinical supervisors, and students. Assists in planning and implementing advanced clinical trainings. Participates in monthly MFT operations meetings, bimonthly alumni advisory board meetings, monthly student leadership meetings and biannual COI meetings.

Student Representative

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

Alumni Advisory Board Members

Organize events and provide feedback as alumni in the field for program maintenance and improvement efforts. Attend bimonthly MFT Alumni Advisory Board Meetings and participate in the 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
- Discrimination, Harassment, and Retaliation Prevention Policy
- Sexual Misconduct, Sex-Based/Gender Discrimination and Title IX
- Gender-Inclusive Policies
- Religious Accommodations Policy
- Student Conduct Code
- Integrity in Research Policy
- Student Privacy Policies (FERPA)
- Website and Other Electronic Records Accessibility Policy
- Inventions and Patents Policy
- Guidelines for Administering On-line Surveys Involving Students, Faculty and Staff
- Computer and Network Acceptable Use Policy
- Copyrighted Works Policy
- Record Retention Policy and Matrix
- Institutional Compliance Policies
- Smoking Policy
- Privacy Policy

A Statement on Chapman University's Values

At Chapman University, we strive to make meaningful and lasting connections – with one another and with our broader community and world. We aim to cultivate a welcoming environment, helping every person feel valued and empowered to engage and contribute. Our community members are part of the Chapman Family, where relationships matter – and so do ideas. We strive for a vibrant intellectual community where different perspectives are sought and encouraged freely – to enable new thinking to emerge and interdisciplinary dots to be connected. Through these connections, we advance as individuals, as a campus, and as a society.

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 behaviors 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.9), it states: The following behaviors are prohibited:

- Bullying, defined as repeated and/or severe aggressive behaviors likely to intimidate or intentionally hurt, control or diminish another person physically and/or mentally, that is not speech or conduct otherwise protected by the First Amendment.
- Unwarranted and unwelcome intentional physical contact
- Threatening Conduct, defined as, threatening or causing physical harm, extreme verbal, emotional, or psychological abuse, or other conduct which threatens or endangers the health or safety of any person that is not otherwise under the jurisdiction of the Student Policy on Sexual Harassment Prohibited by Title IX and/or the Student Policy on Sexual

Harassment Prohibited by Senate Bill 493.
- Intimidation, defined as implied threats or acts that cause a reasonable fear of harm in another.

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 III – Assistance Following An Incident. (p.8). 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 HumanResources 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 setforth 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
- Graduation Policies
- Grades/GPA/Incompletes
- Grade Review
- Academic Petitions and Appeals
- Academic Warnings/Probation/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, guest speakers, staff, program clinical supervisors, community partners, and clients.

First and foremost, students must adhere to the Academic Integrity Policy outlined in the 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. Punctually attend all classes and program trainings as outlined in the Tardy Policy.
2. Adhering to all instructor classroom technology guidelines
3. Turning off cell phones during meetings with faculty, staff, and peers.
4. Remaining seated and attentive in class except during scheduled breaks or emergencies.
5. Following instructions for all classroom activities including in-class student role-plays, small and large group discussions and class lectures.
6. Maintaining confidentiality of instructor and peer disclosures during in-class discussions and role-play activities.
7. Compliance with the University and the MFT profession's policies concerning non-discrimination, harassment, and retaliation
8. Setting up advance appointments and use of office hours to discuss issues with faculty.
9. Following the MFT Department's Student Concerns, Complaints, and Grievance Policies outlined in this Handbook.
10. Adhering 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 Specialist for an exit interview.

The following areas outline our student efforts:

Student Advising and Plan of Study

The Program Specialist works one-on-one with students providing educational and career guidance throughout the program. Students are encouraged to meet with the Program Specialist 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 Specialist 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. An up-to-date signed Plan of Study must be on file if a revision is made.

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 Specialist and/or Clinic Director.

Academic Probation and Student Dismissal

A student may be dismissed from the program and the University for reasons of professional, 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 the student in removing areas of deficiency. If such assistance does not result in improved performance to an acceptable level, the student can be dismissed from the program. The department chair will make final decisions of dismissal following consultation with the faculty. Students are expected to maintain a GPA of at least 3.000 on all coursework within the curriculum. Clinical misconduct that warrants dismissal includes, but is not limited to, unsafe practices that might endanger the client, the student, or the therapist. In cases of clinical misconduct, please see policies on Clinical Remediation and Dismissal. Personal misconduct that warrants dismissal includes, but is not limited to, actions that are intended to negatively affect the clients, peers, faculty, program, or the profession. Any student dismissed by the program has the right to appeal the decision in accordance with the appeal process in the Academic Integrity Policy section of the Graduate Catalog. The student shall continue in the program until the appeal process is exhausted but may be removed from coursework and or clinical experiences pending resolution of the appeal. 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, GRIEVANCE POLICIES 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 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 Specialist, 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.

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 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 Specialist. If the concern is about the Frances Smith Center, 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 the Department Chair, Dr. Naveen Jonathan. In addition, students can also reach out to the Office of the Associate Vice President for Graduate Education as an additional resource.

Background Screening for MFT Licensure and Practicum Placement

Any student with a felony or misdemeanor conviction (including DUIs or nolo contendre 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.

ACCIDENT & INCIDENT REPORTING PROCEDURES

Accident and Incident Reporting procedures for students, faculty, staff, program clinical supervisors, and clients at the Frances Smith Center.

If any individual experiences an **injury, illness, or medical event on campus**, please take the following steps:

1. **Immediately notify Public Safety** at **(714) 997-6763**.
    - Public Safety will respond promptly and provide guidance on next steps.
2. **Additional Notification Requirements:**
    - **Incidents occurring outside of the Frances Smith Center:**
      Please notify Department Chair, Naveen Jonathan, after Public Safety has been contacted - jonathan@chapman.edu.
    - **Incidents occurring inside the Frances Smith Center or involving Frances Smith Center clients:**
      Please notify all of the following:
        - Vacant, Clinic Director
        - Naveen Jonathan, Department Chair - jonathan@chapman.edu
        - The student's Clinical Supervisor

More information on Accident & Incident Reporting can be found on the Risk Management website.

For **non-injury, non-medical, or non-emergency-related safety issues** that occur on campus, please remember to:

1. Notify **Public Safety first** at **(714) 997-6763**, and
2. Then notify Department Chair, Naveen Jonathan - jonathan@chapman.edu

In addition, Chapman University's emergency procedures can be found on the Emergency Management website.

CURRICULUM REQUIREMENTS

Course		Credits	Semester Offered
Theoretical Foundations for Marital and Family Therapy (12 credits)			
MFT 541	MFT Theories I*	3	Fall
MFT 556	MFT Theories II*	3	Spring
MFT 561	Couple Therapy*	3	Spring
Clinical Knowledge in Marital and Family Therapy (24 credits)			
MFT 516	Assessment of Individuals and Families*	2	Spring
MFT 533	Psychopharmacology for MFTs	3	Summer
MFT 565	Diagnosis & Treatment of Children/Adolescents*	3	Summer
MFT 570	Advanced Psychopathology & Diagnosis*	3	Fall
MFT 573	Crisis Management & Clinical Process*	3	Fall/Spring
MFT 582	Assessment & Treatment of Sexual Dysfunctions	2	Spring
MFT 584	Trauma-Informed Treatment*	3	Fall
MFT 588	Assessment & Treatment Substance Use Disorders	2	Fall
MFT 605	Group Therapy	3	Fall/Spring
MFT 620	Public Mental Health	3	Summer
Individual Development and Family Studies (6 credits)			
MFT 610	Family Life Cycle and Aging	3	Spring
MFT 618	Diversity Issues in Therapy*	3	Fall
Professional Identity, Ethics, and Research (6 credits)			
MFT 532	Research & Bibliographic Methods	3	Spring
MFT 578	Ethics & Professional Issues for MFTs*	3	Fall
Supervised Clinical Practice (12 credits)			
MFT 694	Practicum I (4 consecutive semesters including interterm)	3,3,3,1	Every Semester
MFT 696	Practicum Collaborations (minimum of 2 credits)	1-2	Every Semester
Total (60 credits) Optional List of Electives			
MFT 675	Career Counseling **	3	As needed
MFT 689	Practicum II (external traineeship) **	3	As needed
MFT 690	Independent Internship **	1-3	As needed
MFT 695	Advanced Topics in Marriage and Family Therapy**	1-3	As needed
MFT 699	Individual 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 Specialist 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 Specialist 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 astudent 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. **Course offerings and program advancement all depend on a student's initial Plan of Study; therefore, students must meet with the Program Specialist if they wish to alter any element of their Plan. An up-to-date signed Plan of Study must be on file if a revision is made**. Students can find a list of all required course offerings, as well as sample Plans of Study on the following 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 the Department Chair to waive this restriction.

Future Semester Registration

Students are encouraged to meet with the Program Specialist 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 Specialist for questions or concerns regarding these registration requirements.

SAMPLE PLANS OF STUDY

Fall Admit (2.5 years)

	Course		Credits
Year 1: Fall (12 credits)	MFT 541	MFT Theories I*	3
	MFT 570	Advanced Psychopathology & Diagnosis*	3
	MFT 573	Crisis Management & Clinical Process*	3
	MFT 578	Ethical & Professional Issues for MFTs*	3
Year 1: Spring (11 credits)	MFT 516	Assessment of Individuals & Families*	2
	MFT 556	MFT Theories II*	3
	MFT 561	Couple Therapy*	3
	MFT 532	Research & Bibliographic Methods	3
Year 1: Summer (6 credits)	MFT 565	Diagnosis & Treatment of Children & Adolescents*	3
	MFT 620	Public Mental Health	3
Year 2: Fall (9 credits)	MFT 584	Trauma-Informed Treatment*	3
	MFT 605	Group Therapy	3
	MFT 618	Diversity Issues in Therapy*	3
	*Clinical Advancement Exam***		
Year 2: Interterm (1 credit)	MFT 694	Practicum I	1
Year 2: Spring (9 credits)	MFT 582	Assessment & Treatment of Sexual Dysfunctions	2
	MFT 610	Family Life Cycle & Aging	3
	MFT 694	Practicum I	3
	MFT 696	Practicum Collaborations	1
	*Comprehensive Examination***		
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 of Substance Use Disorders	2
	MFT 694	Practicum I	3
	MFT 696	Practicum Collaborations	1
	Capstone Project		
	Graduation		

You must take four classes in 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 & Professional Issues for MFTs*	3
Year 1: Spring (9 credits)	MFT 556	MFT Theories II*	3
	MFT 561	Couple Therapy*	3
	MFT 573	Crisis Management & Clinical Process*	3
Year 1: Summer (6 credits)	MFT 565	Diagnosis & Treatment of Children & Adolescents*	3
	MFT 620	Public Mental Health	3
Year 2: Fall (9 credits)	MFT 584	Trauma-Informed Treatment*	3
	MFT 605	Group Therapy	3
	MFT 618	Diversity Issues in Therapy*	3
Year 2: Spring (7 credits)	MFT 516	Assessment of Individuals & Families*	2
	MFT 532	Research & Bibliographic Methods	3
	MFT 582	Assessment & Treatment of Sexual Dysfunctions	2
	*Clinical Advancement Exam***		
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 of Substance Use Disorders	2
	MFT 694	Practicum I	3
	MFT 696	Practicum Collaborations	1
	*Comprehensive Examination***		
Year 3: Interterm (1 credit)	MFT 694	Practicum I	1
Year 3: Spring (7 credits)	MFT 610	Family Life Cycle & Aging	3
	MFT 694	Practicum I	3
	MFT 696	Practicum Collaborations	1
	Capstone Project		
	Graduation		

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

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

Spring Admit (3 years)

	Course		Credits
Year 1: Spring (8 credits)	MFT 532	Research & Bibliographic Methods	3
	MFT 582	Assessment & Treatment of Sexual Dysfunctions	2
	MFT 605	Group Therapy	3
Year 1: Summer (6 credits)	MFT 565	Diagnosis & Treatment of Children & Adolescents*	3
	MFT 620	Public Mental Health	3
Year 1: Fall (9 credits)	MFT 541	MFT Theories I*	3
	MFT 570	Advanced Psychopathology & Diagnosis*	3
	MFT 578	Ethical & Professional Issues for MFTs*	3
Year 2: Spring (8 credits)	MFT 516	Assessment of Individuals & Families*	2
	MFT 556	MFT Theories II*	3
	MFT 561	Couple Therapy*	3
Year 2: Summer (0 credits)			0
Year 2: Fall (9 credits)	MFT 573	Crisis Management & Clinical Process*	3
	MFT 584	Trauma-Informed Treatment*	3
	MFT 618	Diversity Issues in Therapy*	3
	*Clinical Advancement Exam***		
Year 2: Interterm (1 credit)	MFT 694	Practicum I	1
Year 3: Spring (6 credits)	MFT 610	Family Life Cycle and Aging	3
	MFT 694	Practicum I	3
	*Comprehensive Examination***		
Year 3: Summer (7 credits)	MFT 533	Psychopharmacology for MFTs	3
	MFT 694	Practicum I	3
	MFT 696	Practicum Collaborations	1
Year 3: Fall (6 credits)	MFT 588	Assessment & Treatment of Substance Use Disorders	2
	MFT 694	Practicum I	3
	MFT 696	Practicum Collaborations	1
	Capstone Project		
	Graduation		

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

****Note: Not passing the Clinical Advancement Exam or the Comprehensive Exam canaffect 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 program 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 dependsupon 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 permitted to proceed into the practicumphase 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 workin 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 clinical 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 31st).

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 Specialist 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 Specialist 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 (three to five students per group), as well as weekly individual supervision. Client face-to-face contact hours and direct supervision may be obtained in telehealth or in-person format. 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 coursework

Definition of direct clinical counseling experience: Includes diagnosing and treating couples, families, and children, and individual or group psychotherapy. Active, face-to-face or telehealth therapeutic interaction with clients, focusing on relational, couple, or family systems.

Definition of relational hours: Any diagnosis and treatment of more than one person, including families, couples, and groups.

Supervision: All hours must be conducted under the guidance of an approved supervisor, incorporating systemic feedback. Students can expect to receive at least 100 hours of supervision over the course of the 12-months at the Frances Smith Center. All students attend both group supervision (2 hours) and individual supervision (1 hour) every week in order to meet the ratio requirements of one unit of supervision (1 unit of supervision is 1 hour of individual or 2 hours of group) to every five direct client hours. Practicum supervision groups are generally one supervisor to four students. On rare occasions, a practicum group may have five students, but never more than five. Individual supervision predominantly is held in a 1:1 format and on rare occasions, 1:2 (triadic - one supervisor to two students). Triadic supervision is acceptable as a 1-hour 1-unit of individual supervision.

Students are required to accrue a minimum of 300 hours of direct client contact; 100 of those hours must be relational. Typically, individual sessions are 50 minutes and relational sessions are 90 minutes. 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 toward 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/intervention 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. The 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 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 four sessions. Each clip should be approximately three to five minutes in length and must demonstrate the therapist facilitating the intervention and the client's response. In your final case presentation, it is best practice to include videos from different stages of therapy (early, middle and current) in order to tell the story of change, you may also include a brief introduction clip that highlights the couple or family's negative cycle that you are working to intervene in. Students can also choose video clips from their clinical work that showcase theory-specific assessment strategies, which helped them conceptualize the case. Just remember that the main purpose of the clips is for you to showcase the skills you have, and the client's response to those skills and to demonstrate your unique application of your theory of change.

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 Specialist. This verification form must be on file by the Friday before finals week of the student's final semester in the program.

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 Specialist by the end of their first semester in the MFT program. For further questions or more information, please contact the MFT Department Chair.

For full descriptions 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 (1-3 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 obtaining malpractice insurance through professional MFT association AAMFT, CAMFT, or 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 site for one full year (including summer).

Clinical Hours completed at external traineeship sites do not count toward the 300 hours (including the 100 relational hours) required in the in-house practicum training at the Frances Smith Center for Individual and Family Therapy or for the two practicum collaborations requirements.

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 a Graduate Exit Survey describing their satisfactionwith 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. All surveys are completely anonymous, 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 Specialist.

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 Frances Smith Center Director. The Frances Smith Center Clinic Director will consult with the Director of Clinical Training and program clinical supervisor to assist the student in resolving the concern.

External Traineeship Site

The student is responsible for notifying the Director of Clinical Training within 24 hours of any professional or personal difficulties which may affect the performance of his or her professional duties and responsibilities. The Director of Clinical Training 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 the Clinic Director. If the student is unable to resolve an issue, the Director of Clinical Training should be consulted to assist in resolving the concern. 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 Clinic 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 Action Plan).

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 Director of Clinical Training, 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 Director of Clinical Training, 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 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

In cases of clinical/professional misconduct and/or failure to satisfy the terms of clinical probation the steps below will be followed prior to dismissal:

1. Recommendations for dismissal for clinical or professional misconduct and/or failure to satisfy the terms of clinical probation shall be presented by the Director of Clinical Training on behalf of the MPC to the MFT Department Chair in writing.
2. Following receipt of the MPC's recommendation, the MFT Department Chair will notify 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 MFT Core Faculty to discuss the matter. At the meeting, the student may present relevant information and documentation to the MFT Core Faculty regarding the matter.
4. The MFT Core Faculty 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 and make a decision regarding dismissal. Within five (5) business days following the meeting, the MFT Core Faculty 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 probation or dismissals must submit a written appeal to the Dean within ten (10) business days of the notice from the MFT Core Faculty. 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, Director of Clinical Training and MFT Core Faculty.

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:

_____

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

_____

The 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 all questions answered.

Dated: _____ _____
MFT Student

Dated: _____ _____
Clinical Supervisor

Dated: _____ _____
Clinic Director

Dated: _____ _____
Director of Clinical Training

☐ 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

Appendix A: Acknowledgment of Program Handbook

CHAPMAN UNIVERSITY | Crean College of Health and Behavioral Sciences
Marriage and Family Therapy

Name: ID #:

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, acceptable use of technology policies, and procedures. I understand my responsibilities regarding data security, appropriate use, academic integrity, and approved use of digital tools. 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 Specialist.

Appendix B: 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 interview you will meet with the committee 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 Zoom waiting room, at the conclusion of the interview while the committee discusses your readiness to begin your clinical training. After the committee's discussion 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 will 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. A remediation plan will be devised for you so you can increase your skills and you will work with the Frances Smith Center Clinic Director to tutor you for

a future advancement exam. You will be asked to come back and go through advancement at a later date in the semester. 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 Director of Clinical Training, Clinic Director and a designated faculty member serves on every committee. A third faculty member 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 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 work with the Clinic Director 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 Specialist.

Appendix C: Clinical Advancement Exam Procedures

Advancement committees consist of three members. The Director of Clinical Training will chair the committee. The Clinic Director will sit on every Advancement committee. The Department Chair may chair the committee in the absence of the Director of Clinical Training.

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-TR 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 tothem.

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 orabusing 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 responsibilitiesand 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 onthe diversity factors that you have identified?"

Pass:

(1) Demonstrates an assessment of diversity issues that are present in thecase.
(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 oftreatment.

E. Diagnosis

- Examines student's ability to adequately explain a rational assessmentusing the clinical criteria in the DSM-5-TR.
- Assesses student's ability to provide adequate differential diagnosesbetween 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 outliningits underlying theory and history."

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

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

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

Pass:

(1) Comprehensive knowledge of conceptual framework and progression oftherapy 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/inaccurateinformation.
(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 insight on the vignette.

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 Director of Clinical Training 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.

Appendix D: Clinical Advancement Exam Committee Scoring Sheet

CHAPMAN UNIVERSITY | Crean College of Health and Behavioral Sciences
Marriage and Family Therapy

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 adequatelyformulate 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 theclient 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: _____ _____ _____

Appendix E: 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 downwith 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 tosee 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.

Appendix F: 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, shehas had to return home repeatedly following several relapses, lost jobs, and has brokenup many relationships over the years. She has been sober now for 6 months, with thehelp 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 arguments 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.

Appendix G: 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 helpin 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 abouttheir behavior 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 must 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 adiagnosis 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.

Appendix H: 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 Lolahad a son, Jimmy (age 4), whom Sarah is very close to. Mary states she would visitSarah 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 thatshe 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 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.

Appendix I: 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 -TRdiagnostic 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
- Z-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" in 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 and MFT 556 - MFT Theories II lecture notes, handouts, and reading with a focus on major topics listed below.

- Review the following theories and approaches with a focus on the factors listed below: psychoanalysis, existential, person-centered, behavioral, cognitive, gestalt, emotion-focused models, Bowen family systems, strategic family therapy, structural family therapy, solution-focused, narrative, and collaborative
- Basic description of the approach
- Basic techniques of each approach
- Primary terminology from the approach or theory
- Beginning, middle, and end-phases of each approach
- Strengths and limitations of each approach
- Role of the therapist
- Understanding how IBCT conceptualizes diversity in couples and cultural modifications with couples based on Hofstede's cultural dimensions

Treatment

The 25 questions on this section of the exam will be taken from what you have learned in MFT 541- MFT Theories I, MFT 556 - MFT Theories II and MFT 561- Couple Therapy. 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.

<u>Family Therapy and Systems Theory</u>

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
- Collaborative 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
- Proper Assessment of Domestic Violence
- Safety Planning for Domestic Violence
- Treatment of Domestic Violence (Individual vs. Couples)
- Working With Affairs in Couples Therapy
- Integrative-Behavioral Couple Therapy
- Emotionally Focused Couples Therapy

Appendix J: 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 aroundindividuals 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 gatherimportant 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 ofrecent 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 andthen 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 tobalance 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

Appendix K: Theory of Change Paper Rubric (Semester 1 & 2)

Content (10 points)	Revisions(2 points)	Organization and Coherence (2 points)	Style (1 point)
Each of the 10 sections of the paperare adequately discussed.	• Revisions based on the feedback provided by previous supervisor(s) have been made. • Revisions based on new research/developments in the theory have been made.	• Uses logical structure • Clearly organized • Makes meaningful connections • Includes transitions between different parts of the paper	• APA formatted • Fully cited and referenced • Almost entirely free of spelling, punctuation, and grammatical errors (or only 1-2 minor)

Appendix L: Theory of Change Paper Scoring Sheet (Semester 1 and 2)

Student: Date: Semester:

Area	Points
Content (10 points) - Each of the 10 sections of the paper are adequately discussed.	
Revisions (2 points) - Revisions based on the feedback provided by previous supervisor(s) have been made. - Revisions based on new research/developments in the theory have been made.	
Organization and Coherence (2 points) - Uses logical structure - Clearly organized - Makes meaningful connections - Includes transitions between different parts of the paper	
Style (1 point) - APA formatted - Fully cited and referenced - Almost entirely free of spelling, punctuation, and grammatical errors (or only 1-2 minor)	
Total Points (Maximum of 15 pts.)	

Narrative Feedback:

Supervisor's Signature Supervisor's Name Date

Appendix M: Theory of Change Paper Grading Rubric (Semester 3)

	Exceptional Skills	Exceeds Expectations	Meets Expectations	Below Expectations	Deficient	Inadequate Information
1. **Biographical Information**	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
2. **Major Concepts**	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
3. **Difference between healthy and dysfunctional families**	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
4. **How change anticipated**	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
5. **Stance of therapist and Diversity related issues**	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
6. **Assessment**	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
	Exceptional Skills	**Exceeds Expectations**	**Meets Expectations**	**Below Expectations**	**Deficient**	**Inadequate Information**

7. **Treatment Goals**	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
8. **Interventions**	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
9. **Termination**	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
10. **Effectiveness**	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

Appendix N: Theory Of Change Paper Evaluation Form (Semester 3)

Student: Date:

Please evaluate the student according to the following grading criteria:

Deficient (1 pt.)	Incomplete understanding; poor application of skill; harmful or unprofessional behavior
Below Expectations (2 pts.)	Some understanding of concept; recognize in hindsight how might have been applied
Meets Expectations (3 pts.)	Demonstrates expected level of competence in comprehension and application of clinical skills
Exceeds Expectations (3 pts.)	Demonstrates above average level of competence in comprehension and application of clinical skills
Exceptional Skills (3 pts.)	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 30 pts.)

DECISION:

____ Passed
____ Passed with Recommendations
____ Failed with Stipulations

Supervisor's Signature Supervisor's Name Date

Appendix O: 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)	The therapist gathered insufficient information. • The presenting problem was not clearly identified. • The therapist did not collect information to assess clinical issues. • The therapist made clinical interpretations that are not relevant to the case. • The three-generation genogram was not provided.
BELOW EXPECTATIONS (2)	The therapist gathered superficial information • The therapist did not collect enough information to assess clinical issues. • The three-generation genogram was incomplete.
MEETS EXPECTATIONS (3)	The therapist gathered and integrated essential information. • The therapist gathered and integrated all essential information to the case. • The therapist supported their clinical interpretations which were relevant to the case. • The three-generation genogram was complete.
EXCEEDS EXPECTATIONS (3)	The therapist skillfully gathered and integrated essential information. • The therapist skillfully gathered and integrated all essential information to the case. • The three-generation genogram was complete.
EXCEPTIONAL SKILLS (3)	The therapist sophisticatedly gathered and integrated essential information. • The therapist sophisticatedly gathered and integrated all essential information to the case. • The three-generation genogram was complete.

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)	The therapist did not consider the case from a systemic perspective. • The therapist did not provide a systemic assessment of the presenting problem. • The three-generation genogram was not provided. • The therapist did not administer tests to support their diagnosis and clinical impressions.
BELOW EXPECTATIONS (2)	The therapist superficially considered the case from a systemic perspective. • The therapist provided a poor systemic assessment of the presenting problem. • The therapist did not integrate information from the genogram into their assessment. • The therapist administered inappropriate tests to support their diagnosis and clinical impressions.
MEETS EXPECTATIONS (3)	The therapist demonstrated a systemic understanding of the case and the clinical implications for treatment. • The therapist provided a systemic assessment of the presenting problem. • The therapist integrated information from the genogram into their assessment. • The therapist administered and interpreted appropriate test results to support their diagnosis and clinical impressions.
EXCEEDS EXPECTATIONS (3)	The therapist demonstrated a skilled systemic understanding of the case and the clinical implications for treatment. • The therapist provided a skilled systemic assessment of the presenting problem. • The therapist skillfully integrated information from the genogram into their assessment • The therapist administered and skillfully interpreted appropriate test results to support their diagnosis and clinical impressions.
EXCEPTIONAL SKILLS (3)	The therapist demonstrated a sophisticated systemic understanding of the case and the clinical implications for treatment. • The therapist provided a sophisticated systemic assessment of the presenting problem. • The therapist integrated information from the genogram into their assessment in a sophisticated manner. • The therapist administered and interpreted appropriate test results to support their diagnosis and clinical impressions in a sophisticated manner.

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)	The diagnosis is incomplete and/or incorrect. • The therapist did not collect information to formulate an accurate diagnostic impression. • The therapist did not diagnose each client in the treatment unit.
BELOW EXPECTATIONS (2)	The therapist formed a diagnostic impression without sufficient support. • The therapist gathered insufficient information to formulate a diagnostic impression. • The therapist formed a diagnostic impression without sufficient support. • The therapist formulated a diagnostic impression without considering relational and contextual aspects. • The therapist did not diagnose each client in the treatment unit.
MEETS EXPECTATIONS (3)	The therapist formulated an accurate diagnostic impression. • The therapist formed a diagnostic impression with sufficient support. • The therapist formulated a diagnostic impression taking relational and contextual aspects into consideration. • The therapist diagnosed each client in the treatment unit.
EXCEEDS EXPECTATIONS (3)	The therapist gathered and integrated essential information and diagnosed accurately. • The therapist formed a diagnostic impression with sufficient support. • The therapist formulated a diagnostic impression taking relational and contextual aspects into consideration. • The therapist administered and interpreted test results to support their diagnosis and clinical impressions. • The therapist diagnosed each client in the treatment unit.
EXCEPTIONAL SKILLS (3)	The therapist sophisticatedly gathered and integrated essential information and diagnosed accurately. • The therapist formed a diagnostic impression with sufficient support. • The therapist formulated a diagnostic impression taking relational and contextual aspects into consideration. • The therapist administered and interpreted test results to support their diagnosis and clinical impressions. • The therapist used several assessment methods to support their diagnosis. • The therapist diagnosed each client in the treatment unit.

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)	The therapist did not provide a systemic case conceptualization
BELOW EXPECTATIONS (2)	The therapist provided a superficial case conceptualization which was not systemic. • The therapist demonstrated a poor understanding of the case and the clinical implications for treatment. • The case conceptualization was not derived from on-going clinical assessment.
MEETS EXPECTATIONS (3)	The therapist demonstrated the ability to formulate a systemic case conceptualization. • The therapist demonstrated an understanding of the case and the clinical implications for treatment. • The case conceptualization was derived from on-going clinical assessment.
EXCEEDS EXPECTATIONS (3)	The therapist demonstrated the ability to skillfully formulate a systemic case conceptualization. • The therapist demonstrated a skilled understanding of the case and the clinical implications for treatment. • The case conceptualization was derived from on-going clinical assessment.
EXCEPTIONAL SKILLS (3)	The therapist demonstrated the ability to formulate an exceptional systemic case conceptualization • The therapist demonstrated a sophisticated understanding of the case and the clinical implications for treatment. • The case conceptualization was derived from on-going clinical assessment.

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. • The therapist did not match the treatment model to the client's needs and treatment goals.
MEETS EXPECTATIONS (3)	The therapist sufficiently articulated a specific theoretical model of treatment. • The therapist matched the treatment model to the client's needs and treatment goals.
EXCEEDS EXPECTATIONS (3)	The therapist skillfully articulated a specific theoretical model of treatment. • The therapist matched the treatment model to the client's needs and treatment goals.
EXCEPTIONAL SKILLS (3)	The therapist sophisticatedly articulated a specific theoretical model of treatment. • The therapist matched the treatment model to the client's needs and treatment goals.

6. **Treatment Goals**
   Treatment objectives/goals, develop a complete treatment plan and prioritize treatment goals based on assessment, diagnosis, and chosen theoretical model. The 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. • The therapist did not identify barriers to treatment. • The therapist did not identify or discuss phases of treatment.
BELOW EXPECTATIONS (2)	The therapist created a treatment plan which was incomplete. • The therapist provided superficial or incomplete information about the beginning, middle, and closing phases of treatment. • The treatment plan was not consistent with the theoretical model of treatment.
MEETS EXPECTATIONS (3)	The therapist provided a treatment plan appropriate for the diagnosis. • The therapist provided a treatment plan and/or techniques that are appropriate for the client's diagnosis. • The treatment plan was consistent with the theoretical model of treatment. • The therapist developed, with the client's input, treatment goals and measurable outcomes utilizing a systemic perspective. • The therapist identified appropriate goals and interventions for the beginning, middle, and closing phases of treatment.
EXCEEDS EXPECTATIONS (3)	The therapist skillfully utilized a treatment plan appropriate for the diagnosis. • The therapist provided a treatment plan and/or techniques that are appropriate for the client's diagnosis. • The treatment plan was consistent with the theoretical model of treatment. • The therapist developed, with the client's input, treatment goals and measurable outcomes utilizing a systemic perspective. • The therapist identified appropriate goals and interventions for the beginning, middle, and closing phases of treatment. • The therapist recognized when treatment goals and interventions needed to be modified and made the necessary modifications.
EXCEPTIONAL SKILLS (3)	The therapist provided an exceptional treatment plan appropriate for the diagnosis. • The therapist provided a treatment plan and/or techniques that are appropriate for the client's diagnosis. • The treatment plan was consistent with the theoretical model of treatment. • The therapist developed, with the client's input, treatment goals and measurable outcomes utilizing a systemic perspective. • The therapist identified appropriate goals and interventions for the beginning, middle, and closing phases of treatment. • The therapist recognized when treatment goals and interventions needed to be modified and made the necessary modifications. • The therapist discussed potential limitations of the chosen model of therapy and provided an alternative approach to therapy. • The therapist provided a rationale for assessment and re-evaluation of the treatment plan.

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)	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). • The therapist applied interventions that put the client in danger. • The therapist used interventions without consideration of the presenting problem.
BELOW EXPECTATIONS (2)	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). • The therapist implemented interventions based on theoretical bias, not the client's needs. • The therapist applied interventions that were insensitive to the client's needs.
MEETS EXPECTATIONS (3)	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). • The therapist was able to deliver and revise intervention(s) in a way that was sensitive to the client's needs. • The therapist recognized how the techniques may impact the therapeutic process. • The therapist was able to utilize systemic interventions that were research based. • The therapist was able to provide psychoeducational material that was appropriate.
EXCEEDS EXPECTATIONS (3)	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. • The therapist was able to effectively engage the family in the treatment process. • The therapist was able to adjust the treatment goals according to the client's progress in therapy. • The therapist was able to skillfully utilize systemic interventions that were research based. • The therapist was able to integrate their supervisor's feedback into treatment.

	• The therapist was able to present rationale for the interventions.
EXCEPTIONAL SKILLS (3)	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. • The therapist was able to evaluate their own ability to deliver the interventions. • The therapist was able to sophisticatedly utilize systemic interventions that were research based. • The therapist was able to evaluate the client's progress in therapy. • The therapist demonstrated the ability to implement creative interventions that were appropriate for the client.

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	The therapist had significant problems in applying and managing legal and ethical standards and mandates in clinical practice specific to the case. • The therapist did not take appropriate action concerning potential self-harm, suicide, abuse, or violence. • The therapist did not monitor the implications of legal actions. • The therapist failed to abide by the policies and procedures of their clinical training site. • The therapist failed to demonstrate an understanding of the process of ethical decision making.
BELOW EXPECTATIONS	The therapist had minor problems in applying and managing legal and ethical standards and mandates in clinical practice specific to the case. • The therapist did not assess/manage more than one legal/ethical issue relevant to the case. • The therapist did not maintain client records with timely and accurate notes. • The therapist did not recognize when to use clinical supervision and consultation in relation to legal issues. • The therapist failed to inform the client of the parameters of therapy (including reporting and confidentiality).
MEETS EXPECTATIONS	The therapist sufficiently applied and managed legal and ethical standards and mandates in clinical practice specific to the case. • The therapist took appropriate action when dealing with legal issues. • The therapist reported essential information to appropriate authorities as required by law. • The therapist informed clients and legal guardians of the limitations of confidentiality and parameters of mandatory reporting. • The therapist practiced within the scope of practice and competence. • The therapist demonstrated an awareness of professional boundaries.
EXCEEDS EXPECTATIONS	The therapist skillfully applied and managed legal and ethical standards and mandates in clinical practice specific to the case. • The therapist utilized supervision and consultation in managing legal and ethical concerns. • The therapist practiced within the scope of practice and the scope of competence. • The therapist monitored attitudes, personal well-being, personal issues, and subjective countertransference to ensure they do not impact the therapeutic process

EXCEPTIONAL SKILLS	The therapist sophisticatedly applied and managed legal and ethical standards and mandates in clinical practice specific to the case. • The therapist demonstrated knowledge of complex and subtle legal obligations. • The therapist monitored relevant legal issues throughout the case. • The therapist obtained additional training and consultation in relation to specific legal issues. • The therapist pursued professional development through supervision, consultation and self-study.

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)	The therapist had significant problems identifying cultural factors influencing the presenting problem and provided interventions inconsistent with the client's context. • The therapist lacked awareness of diversity issues which resulted in a bias negatively impacting treatment
BELOW EXPECTATIONS (2)	The therapist had minor problems identifying cultural factors influencing the presenting problem and provided interventions inconsistent with the client's context. • The therapist failed to monitor personal reactions to the client and treatment process. • The therapist failed to identify important contextual and relational issues.
MEETS EXPECTATIONS (3)	The therapist sufficiently identified cultural factors influencing the presenting problem and provided interventions consistent with the client's context. • The therapist recognized contextual and systemic dynamics (e.g. age, gender, socioeconomic status, culture, race, ethnicity, religion etc.). • The therapist diagnosed and assessed the client's behavior(s) and relational health problems systemically and contextually. • The therapist integrated the client's feedback, assessment, contextual information, and diagnosis with the treatment goals. • The therapist evaluated reactions to the treatment process and the impact on effective intervention and clinical outcomes.

EXCEEDS EXPECTATIONS (3)	The therapist skillfully identified cultural factors influencing the presenting problem and provided interventions consistent with the client's context. • The therapist integrated relational and contextual issues throughout the treatment process. • The therapist delivered interventions in a way that was sensitive to the special needs of the client(s).
EXCEPTIONAL SKILLS (3)	The therapist sophisticatedly identified cultural factors influencing the presenting problem and provided interventions consistent with the client's context. • The therapist explored with the client the impact of contextual and relational issues in relation to the presenting problem. • The therapist demonstrated respect for multiple perspectives.

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.)

DEFICIENT (1)	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. • The therapist did not assess or manage crisis issues. • The therapist did not manage crisis issues according to relevant state, federal, and provincial laws and regulations. • The therapist made inappropriate referrals.
BELOW EXPECTATIONS (2)	The therapist did not clearly identify and/or missed significant crisis issues. The therapist managed crisis situations and the case superficially. • The therapist did not assess or manage potential crisis issues. • The therapist superficially managed crisis issues according to relevant state, federal, and provincial laws and regulations. • The therapist did not make appropriate referrals.
MEETS EXPECTATIONS (3)	The therapist sufficiently identified and responded to crisis issues and managed the case appropriately. • The therapist assisted the client in obtaining needed care while navigating the complex systems of care. • The therapist managed risks, crises, and emergencies. • The therapist worked collaboratively with other stakeholders, including family members and other professionals. • The therapist provided the client with appropriate referrals. • The therapist developed an appropriate aftercare plan that was relevant to the case.
EXCEEDS EXPECTATIONS (3)	The therapist skillfully managed the case and identified and responded to crisis issues appropriately. • The therapist skillfully managed crisis issues, managed risks, and emergencies. • The therapist skillfully worked with other stakeholders, including family members and other professionals. • The therapist integrated the use of referrals into treatment. • The therapist skillfully developed an appropriate aftercare plan that was relevant to the case.
EXCEPTIONAL SKILLS (3)	The therapist sophisticatedly managed the case and identified and responded to the crisis issues appropriately. • The therapist integrated crisis management interventions into long-term treatment goals. • The therapist sophisticatedly managed risks, crisis issues, and emergencies. • The therapist sophisticatedly collaborated with other stakeholders, including family members and other professionals. • The therapist integrated the use of referrals into treatment. • The therapist sophisticatedly developed an appropriate aftercare plan that was relevant to the case.

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)	The therapist did not provide client-centered advocacy when required. • The therapist made inappropriate referrals or did not make appropriate referrals when required. • The therapist did not work with other stakeholders, including family members and other professionals when it would have been helpful to do so.
BELOW EXPECTATIONS (2)	The therapist provided superficial client-centered advocacy. • The therapist did not make appropriate referrals when required. • The therapist did not work collaboratively with other stakeholders, including family members and other professionals.
MEETS EXPECTATIONS (3)	The therapist provided client-centered advocacy sufficiently. • The therapist assisted the client in obtaining needed care while navigating the complex systems of care. • The therapist worked collaboratively with other stakeholders, including family members and other professionals. • The therapist provided the client with appropriate referrals.
EXCEEDS EXPECTATIONS (3)	The therapist skillfully provided client-centered advocacy. • The therapist skillfully assisted the client in obtaining needed care while navigating the complex systems of care. • The therapist skillfully worked with other stakeholders, including family members and other professionals. • The therapist integrated the use of referrals into treatment.
EXCEPTIONAL SKILLS (3)	The therapist sophisticatedly provided client-centered advocacy. • The therapist sophisticatedly assisted the client in obtaining needed care while navigating the complex systems of care. • The therapist sophisticatedly collaborated with other stakeholders, including family members and other professionals. • The therapist integrated the use of referrals into treatment.

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.

Appendix P: Comprehensive Written Case Report Evaluation Form (Semester 1, 2, 3)

Student: Date: Semester:

Please evaluate the student according to the following grading criteria:

Deficient (1 pt.)	Incomplete understanding; poor application of skill; harmful or unprofessional behavior
Below Expectations (2 pts.)	Some understanding of concept; recognize in hindsight how might have been applied
Meets Expectations (3 pts.)	Demonstrates expected level of competence in comprehension and application of clinical skills
Exceeds Expectations (3 pts.)	Demonstrates above average level of competence in comprehension and application of clinical skills
Exceptional Skills (3 pts.)	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 45pts.)

Supervisor's Signature Supervisor's Name Date

Appendix Q: Oral Case Presentation Evaluation Form (Semester 1 & 2*)

Student: Date: Semester:

CASE DETAILS	Inadequate Information	Deficient	Below Expectations	Meets Expectations	Exceeds Expectations	Exceptional Skills
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:

Appendix R: Oral Case Presentation Evaluation Form (Semester 3)

Student: Date:

CASE DETAILS	Inadequate Information (0)	Deficient (1)	Below Expectations (2)	Meets Expectations (3)	Exceeds Expectations (3)	Exceptional Skills (3)
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:

Appendix S: 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.

Appendix T: 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):

Supervisor's Signature Supervisor's Name Date

Appendix U: Basic Skills Evaluation Device

Conceptual Skills	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						

Perceptual Skills	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectation	Exceptional Skills
1. Recognition Skills						
2. Hypothesizing						
3. Integration of theory practice						

Executive Skills	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						

Professional Skills	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						

Evaluation Skills	Inadequate Information	Deficient	Below Expectation	Meets Expectation	Exceeds Expectation	Exceptional Skills
1. Evaluation of Therapy						
2. Evaluation of Self						

Theory (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

Appendix V: Mission, Program Goals, and SLOs

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: 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.
Target(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: 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 obtain post-graduate licensure. **SLO #8:** Students will be able to assess, hypothesize and intervene from a systemic perspective in their clinical practice
Target(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) 80% of graduates will obtain some form of post-graduate licensure within one year post graduation. 4) 80% of students will meet or exceed expectations on the Executives Skills section of the Basic Skills Evaluation Device*
Assessment/Evaluation Mechanism(s): Clinical Advancement Exam 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: Create and support an environment of mutual respect and openness to life experiences, beliefs, and worldviews throughout curriculum offerings and clinical trainings
SLO #3: Students will engage in self-reflection to examine how their backgrounds and lived experiences influence their approach to therapy

Target(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 score 85% or higher on the Social Location Paper in MFT 618 Diversity Issues in Therapy. 3) 80% of students will score "Pass" in the 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 **
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: 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
Target(s): 1) 80% of students will 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: 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
Target(s): 1) 80% of students will score "Pass" on the Law/Ethics portion of the Clinical Advancement Exam 2) 85% of students will score 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): Clinical Advancement Exam 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*

Appendix W: Environmental Resources & Supports Survey

Marriage and Family Therapy
2026 Environmental Resources & Supports Survey

Please indicate who you are:

- ○ MFT Student
- ○ MFT Core Faculty
- ○ MFT Adjunct Faculty
- ○ MFT Staff
- ○ Program Clinical Supervisor

MFT Program Mission Statement, Program Goals and Student Learning Outcomes

Please review the following MFT Department members on their ability to uphold program's mission, program goals, and student learning outcomes.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Agree	Somewhat agree	Strongly agree	N/A
Department Chair	○	○	○	○	○	○	○	○
Director of Clinical Training	○	○	○	○	○	○	○	○
Clinic Director	○	○	○	○	○	○	○	○
MFT Core Faculty	○	○	○	○	○	○	○	○
MFT Adjunct Faculty	○	○	○	○	○	○	○	○
Program Clinical Supervisors	○	○	○	○	○	○	○	○

Additional comments:

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
Department Chair	○	○	○	○	○	○	○	○
Director of Clinical Training	○	○	○	○	○	○	○	○
Clinic Director	○	○	○	○	○	○	○	○
MFT Core Faculty	○	○	○	○	○	○	○	○
MFT Adjunct Faculty	○	○	○	○	○	○	○	○
Program Clinical Supervisors	○	○	○	○	○	○	○	○

Additional comments:

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
Department Chair	○	○	○	○	○	○	○	○
Director of Clinical Training	○	○	○	○	○	○	○	○
Clinic Director	○	○	○	○	○	○	○	○
MFT Core Faculty	○	○	○	○	○	○	○	○
MFT Adjunct Faculty	○	○	○	○	○	○	○	○
Program Clinical Supervisors	○	○	○	○	○	○	○	○

Additional comments:

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
Department Chair	○	○	○	○	○	○	○	○
Director of Clinical Training	○	○	○	○	○	○	○	○
Clinic Director	○	○	○	○	○	○	○	○
MFT Core Faculty	○	○	○	○	○	○	○	○
MFT Adjunct Faculty	○	○	○	○	○	○	○	○
Program Clinical Supervsiors	○	○	○	○	○	○	○	○

Additional comments:

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
Department Chair	○	○	○	○	○	○	○	○
Director of Clinical Training	○	○	○	○	○	○	○	○
Clinic Director	○	○	○	○	○	○	○	○
MFT Core Faculty	○	○	○	○	○	○	○	○
MFT Adjunct Faculty	○	○	○	○	○	○	○	○
Program Clinical Supervisors	○	○	○	○	○	○	○	○

Additional comments:

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
Department Chair	○	○	○	○	○	○	○	○
Director of Clinical Training	○	○	○	○	○	○	○	○
Clinic Director	○	○	○	○	○	○	○	○
MFT Core Faculty	○	○	○	○	○	○	○	○
MFT Adjunct Faculty	○	○	○	○	○	○	○	○
Program Clinical Supervisors	○	○	○	○	○	○	○	○

Additional comments:

The following MFT department members uphold **Program Goal 3: Create and support an environment of mutual respect and openness to life experiences, beliefs and worldviews throughout curriculum offerings and clinical trainings.**

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
Department Chair	○	○	○	○	○	○	○	○
Director of Clinical Training	○	○	○	○	○	○	○	○
Clinic Director	○	○	○	○	○	○	○	○
MFT Core Faculty	○	○	○	○	○	○	○	○
MFT Adjunct Faculty	○	○	○	○	○	○	○	○
Program Clinical Supervisors	○	○	○	○	○	○	○	○

Additional comments:

The following MFT department members support my ability to achieve **Student Learning Outcome 3: Students will engage in self-reflection to examine how their backgrounds and lived experiences influence their approach to therapy.**

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
Department Chair	○	○	○	○	○	○	○	○
Director of Clinical Training	○	○	○	○	○	○	○	○
Clinic Director	○	○	○	○	○	○	○	○
MFT Core Faculty	○	○	○	○	○	○	○	○
MFT Adjunct Faculty	○	○	○	○	○	○	○	○
Program Clinical Supervisors	○	○	○	○	○	○	○	○

Additional comments:

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
Department Chair	○	○	○	○	○	○	○	○
Director of Clinical Training	○	○	○	○	○	○	○	○
Clinic Director	○	○	○	○	○	○	○	○
MFT Core Faculty	○	○	○	○	○	○	○	○
MFT Adjunct Faculty	○	○	○	○	○	○	○	○
Program Clinical Supervisors	○	○	○	○	○	○	○	○

Additional comments:

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
Department Chair	○	○	○	○	○	○	○	○
Director of Clinical Training	○	○	○	○	○	○	○	○
Clinic Director	○	○	○	○	○	○	○	○
MFT Core Faculty	○	○	○	○	○	○	○	○
MFT Adjunct Faculty	○	○	○	○	○	○	○	○
Program Clinical Supervisors	○	○	○	○	○	○	○	○

Additional comments:

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
Department Chair	○	○	○	○	○	○	○	○
Director of Clinical Training	○	○	○	○	○	○	○	○
Clinic Director	○	○	○	○	○	○	○	○
MFT Core Faculty	○	○	○	○	○	○	○	○
MFT Adjunct Faculty	○	○	○	○	○	○	○	○
Program Clinical Supervisors	○	○	○	○	○	○	○	○

Additional comments:

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
Department Chair	○	○	○	○	○	○	○	○
Director of Clinical Training	○	○	○	○	○	○	○	○
Clinic Director	○	○	○	○	○	○	○	○
MFT Core Faculty	○	○	○	○	○	○	○	○
MFT Adjunct Faculty	○	○	○	○	○	○	○	○
Program Clinical Supervisors	○	○	○	○	○	○	○	○

MFT Faculty Effectiveness:

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
The faculty provide timely and constructive feedback to students.	○	○	○	○	○	○	○	○
The faculty demonstrate current knowledge, best practices, and licensing requierments.	○	○	○	○	○	○	○	○
The faculty prepared me to form a professional identity as an MFT.	○	○	○	○	○	○	○	○
The faculty effectively teach program content to support my learning.	○	○	○	○	○	○	○	○

MFT Department Chair Effectiveness

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
The Department Chair ensures the MFT Department has sufficient physical resources.	○	○	○	○	○	○	○	○
The Department Chair effectively communicates information related to program polices, procedures, and program changes.	○	○	○	○	○	○	○	○
The Department Chair is accessible and responsive to the needs of the students, faculty, staff, and program clinical supervisors.	○	○	○	○	○	○	○	○
The Department Chair demonstrates they value feedback from faculty, students, program clinical supervisors, and staff.	○	○	○	○	○	○	○	○

MFT Faculty, Program Clinical Supervisor and Staff Sufficiency

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
The MFT Department's full-time core faculty is sufficient to teach the majority of the courses.	○	○	○	○	○	○	○	○
The MFT Department's program clinical supervisors are sufficient and are aligned with the program's policies.	○	○	○	○	○	○	○	○
The MFT Department has sufficient administrative support staff.	○	○	○	○	○	○	○	○

Environmental Resources and Supports Sufficiency:

Introduction-COAMFTE requires programs to evaluate the sufficiency of specific resources to operate MFT Programs. Please review the following resources.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree	N/A
The MFT Department's Physical Resources (classrooms, study spaces, program administrative spaces, conference room and Frances Smith Center) are sufficient.	○	○	○	○	○	○	○	○
The MFT Department's Technology Resources (internet access, computer access, IS&T support) are sufficient.	○	○	○	○	○	○	○	○
The MFT Department Instructional Resources (Leatherby Library, Classroom technology) are sufficient.	○	○	○	○	○	○	○	○
The Frances Smith Center Clinical Resources (Clinic Technology, Clinic Library) are sufficient.	○	○	○	○	○	○	○	○
Chapman University Student Academic Resources (Leatherby Library, Writing Center, Disability Services, Tutoring, Learning & Testing Center) are sufficient.	○	○	○	○	○	○	○	○
Chapman University Student Support Services (Student Health Center, Campus Safety, Graduate Financial Aid) are sufficient.	○	○	○	○	○	○	○	○

Additional Comments/Suggestions:

Please provide any further comments or suggestions you have regarding MFT Department and Frances Smith Center.

Appendix X: Alumni Contact Information Survey

CHAPMAN UNIVERSITY | Crean College of Health and Behavioral Sciences
Marriage and Family Therapy

Alumni Contact Information

Name: _____ **Semester / Year graduating:** _____

Previous name (if changed): _____

Current street address: _____ **City:** _____

State: _____ **Zip code:** _____

Permanent street address: _____ **City:** _____

State: _____ **Zip code:** _____

Primary Phone: _____

Alternate Phone: _____

Primary Email: _____

Alternate Email: _____

Appendix Y: MFT Annual Alumni Survey

2026 Chapman University MFT Annual Alumni Survey

Last name:

Previous last name (if applicable):

First name:

Academic (cohort) year you entered the program:

- ○ 2016-17
- ○ 2017-18
- ○ 2018-19
- ○ 2019-20
- ○ 2020-21
- ○ 2021-22
- ○ 2022-23
- ○ Other (Please list cohort year)

Did you go on to enroll in a doctoral program?

- ○ Yes
- ○ No

EXAMS AND LICENSURE

Did you pass the California Law & Ethics Exam?

- ○ Yes
- ○ No
- ○ Did not attempt

Did you pass the California Clinical Exam?

- ○ Yes
- ○ No
- ○ Did not attempt

Did you pass the MFT National Exam?

- ○ Yes
- ○ No
- ○ Did not attempt

Did you achieve any type of post-graduate licensure (e.g., associate, provisional, registered, or licensed, as applicable per jurisdiction)?

- ○ Yes
- ○ No

If yes, what kind of licensure did you receive?

- ○ Associate
- ○ Licensed
- ○ Registered
- ○ [ ] Other
- ○ N/A

In what state(s) are you licensed?

[ ]

EMPLOYMENT

What is your current 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)

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

What are your professional affiliations? (check all that apply)

- [ ] I am currently a member of AAMFT
- [ ] I am currently a member of CAMFT
- [ ] Other Association(s) (please specify) _____
- [ ] N/A

This question is for Fall 2024 and Spring 2025 Graduates Only: How long after graduation did it take you to find employment as an MFT Associate?

If you did not graduate from the program in Fall 2024 or Spring 2025, please enter N/A as your response for this question. Thank you.

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

This is the end of the survey. Please click "next page" to submit the survey.

Appendix Z: Graduate Student Exit Survey

When did you start the MFT program?

- ○ Spring 2023
- ○ Fall 2023
- ○ Other (please specify start term and semester)

Application Process

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Standards for admission to the MFT program were clear and understandable.	○	○	○	○	○
The communication of my results in applying to the program was timely.	○	○	○	○	○

Orientation

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
The initial orientation meeting was informative and helpful.	○	○	○	○	○
I felt welcomed to the program in my first classes.	○	○	○	○	○
Faculty and staff were helpful in addressing my questions or concerns.	○	○	○	○	○

Advising

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My advisor was sufficiently familiar with the program to guide me in following my Plan of Study.	○	○	○	○	○
My advisor provided opportunities to meet to discuss my progress toward my degree.	○	○	○	○	○
My advisor treated me with respect.	○	○	○	○	○
My advisor provided helpful and timely feedback to address my academic and career goals.	○	○	○	○	○

Courses

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
The faculty were effective teachers.	○	○	○	○	○
Courses were sufficiently challenging.	○	○	○	○	○
The information presented in class met my expectation for quality and relevance to the field.	○	○	○	○	○
The variety of courses offered were relevant to my academic and career goals.	○	○	○	○	○

Academic Environment

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Faculty were available by phone and/or email and during office hours to address my questions or concerns.	○	○	○	○	○
Faculty responded to student questions and feedback during class.	○	○	○	○	○
The academic environment was conducive to respectful discourse.	○	○	○	○	○
Classroom facilities were adequate and comfortable.	○	○	○	○	○

Advancement

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Program supports (i.e. Program Handbook, faculty and staff) provided guidance in preparing for the Advancement.	○	○	○	○	○
Program courses adequately prepared me for the Advancement.	○	○	○	○	○
Feedback from the Advancement Committee was respectful.	○	○	○	○	○
The Advancement process was sufficiently challenging.	○	○	○	○	○

Comprehensive Exam

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Program supports (i.e. Program Handbook, faculty and staff) provided guidance in preparing for the exam.	○	○	○	○	○
Program courses adequately prepared me for the exam.	○	○	○	○	○
The exam was sufficiently challenging.	○	○	○	○	○

Capstone Project

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Program supports (i.e. Program Handbook, faculty and staff) provided guidance in preparing for the project.	○	○	○	○	○
Program courses adequately prepared me for the project.	○	○	○	○	○
The project tested my clinical knowledge and abilities.	○	○	○	○	○

Supervision

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My supervisors created an atmosphere of trust and respect where I could explore my concerns.	○	○	○	○	○
My supervisors helped me set appropriate goals for my Clinic experience.	○	○	○	○	○
My supervisors offered feedback in a supportive manner.	○	○	○	○	○
My supervisors were available to discuss cases.	○	○	○	○	○
My supervisors helped me to build confidence in my competence.	○	○	○	○	○

Clinic

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
The orientation to the Clinic was helpful in preparing me for my clinic work.	○	○	○	○	○
The Clinic provided me with clients appropriate to my level of competence and training.	○	○	○	○	○
My client caseload was sufficient to meet the program's required client contact hours.	○	○	○	○	○
My client caseload included a sufficient number of couples and families.	○	○	○	○	○
The requirements of the Clinic record keeping have prepared me to work in other settings.	○	○	○	○	○
The experience in the Clinic has given me confidence to work in other clinical settings.	○	○	○	○	○

Program Mission Statement

Please read over the list of department roles & responsibilities before answering the next set of questions.

Department Chair(Naveen Jonathan): 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 weekly staff meetings, monthly faculty meetings, monthly student leadership meetings, and biannual Communities of Interest (COI) meetings.

Clinic Director(Susan Jester): 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. Participates in the weekly staff meetings, monthly student leadership meetings, and biannual COI meetings.

Director of Clinical Training(Beth Patrick): Oversees the External Traineeship program and Interdisciplinary Practicum Collaborations of the program. The Director of Clinical Training also represents the MFT Program at the OC MFT Consortium Meeting and other campus and community events. The Director of Clinical is a core faculty member of the MFT program, licensed MFT and AAMFT Approved Supervisor. Participates in the monthly faculty meetings and biannual COI meetings.

Core Faculty(Naveen Jonathan, Brennan Peterson, Beth Patrick, Julie Payne): Full-time faculty of the MFT program are licensed MFTs and AAMFT Approved Supervisors. Participate in the development of comprehensive examination questions and the Advancement Committee. Participate in monthly 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 post-semester check-in with the Department Chair. Participate in once a semester faculty meetings and biannual COI meetings.

Clinical Supervisors: Adjunct faculty member, licensed MFT, and AAMFT Approved Supervisor. Maintain CA MFT supervisor requirements by completing 6 CEUS in clinical supervision every two years. Available for case consultation, file reviews, and live observation of client sessions. Participate in monthly supervisor meetings and biannual COI meetings.

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	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
department chair	○	○	○	○	○
clinic director	○	○	○	○	○
director of clinical training	○	○	○	○	○
core faculty	○	○	○	○	○
adjunct faculty	○	○	○	○	○
clinical supervisors	○	○	○	○	○

Please provide any feedback you have regarding our program's mission.

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	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
department chair	○	○	○	○	○
clinic director	○	○	○	○	○
director of clinical training	○	○	○	○	○
core faculty	○	○	○	○	○
adjunct faculty	○	○	○	○	○
clinical supervisors	○	○	○	○	○

Additional comments:

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	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
department chair	○	○	○	○	○
clinic director	○	○	○	○	○
director of clinical training	○	○	○	○	○
core faculty	○	○	○	○	○
Adjunct faculty	○	○	○	○	○
clinical supervisors	○	○	○	○	○

Additional comments:

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	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
department chair	○	○	○	○	○
clinic director	○	○	○	○	○
director of clinical training	○	○	○	○	○
core faculty	○	○	○	○	○
adjunct faculty	○	○	○	○	○
clinical supervisors	○	○	○	○	○

Additional comments:

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	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
department chair	○	○	○	○	○
clinic director	○	○	○	○	○
director of clinical training	○	○	○	○	○
core faculty	○	○	○	○	○
adjunct faculty	○	○	○	○	○
clinical supervisors	○	○	○	○	○

Additional comments:

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	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
department chair	○	○	○	○	○
clinic director	○	○	○	○	○
director of clinical training	○	○	○	○	○
core faculty	○	○	○	○	○
adjunct faculty	○	○	○	○	○
clinical supervisors	○	○	○	○	○

Additional comments:

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	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
department chair	○	○	○	○	○
clinic director	○	○	○	○	○
director of clinical training	○	○	○	○	○
core faculty	○	○	○	○	○
adjunct faculty	○	○	○	○	○
clinical supervisors	○	○	○	○	○

Additional comments:

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	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
department chair	○	○	○	○	○
clinic director	○	○	○	○	○
director of clinical training	○	○	○	○	○
core faculty	○	○	○	○	○
adjunct faculty	○	○	○	○	○
clinical supervisors	○	○	○	○	○

Additional comments:

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	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
department chair	○	○	○	○	○
clinic director	○	○	○	○	○
director of clinical training	○	○	○	○	○
core faculty	○	○	○	○	○
adjunct faculty	○	○	○	○	○
clinical supervisors	○	○	○	○	○

Additional comments:

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	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
department chair	○	○	○	○	○
clinic director	○	○	○	○	○
director of clinical training	○	○	○	○	○
core faculty	○	○	○	○	○
adjunct faculty	○	○	○	○	○
clinical supervisors	○	○	○	○	○

Additional comments:

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

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
department chair	○	○	○	○	○
clinic director	○	○	○	○	○
director of clinical training	○	○	○	○	○
core faculty	○	○	○	○	○
adjunct faculty	○	○	○	○	○
clinical supervisors	○	○	○	○	○

Additional comments:

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	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
department chair	○	○	○	○	○
clinic director	○	○	○	○	○
director of clinical training	○	○	○	○	○
core faculty	○	○	○	○	○
adjunct faculty	○	○	○	○	○
clinical supervisors	○	○	○	○	○

Additional comments:

Overall Experience

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
In general, my overall experience with the MFT program has been positive.	○	○	○	○	○
I would recommend Chapman University's MFT program to prospective students.	○	○	○	○	○

What do you feel are the most helpful elements of the program? These are elements of the program that you consider essential and would not change.

What do you feel are the least helpful elements of the program? These are elements of the program that you feel need to be reviewed and potentially changed or improved.

Appendix AA: Chapman University MFT Program SLO Review Schedule

SLO	Target(s)	Assessment Tool(s)	Data Collection Schedule(s)	Review Schedule(s)
SLO #1: 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 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.	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
SLO #2: 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
SLO #3: Students will engage in self-reflection to examine how their backgrounds and lived experiences influence their approach to therapy	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 score 85% or higher on the Social Location Paper in MFT 618 *Diversity Issues in Therapy*. 3. 80% of students will score "Pass" on the 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
SLO #4: Students will be successful consumers of research by demonstrating an understanding of basic research methods and integrating this knowledge into clinical practice.	1. 80% of students will score 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.	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

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	1. 80% of students will score "Pass" on the Law/Ethics section of the Clinical Advancement Exam. 2. 85% of students will score 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.	1. Clinical Advancement Exam Scoring Sheet MFT Comprehensive Exam (Ethics section) 2. BSED – Professional Skills 3. Comprehensive Written Case Report – Ethical and Legal Issues	1. April, November 2. February, September 3. End of student's final term of practicum 4. End of student's final term of practicum	1. Fall and Spring COI Meetings, May and November MFT Faculty Meetings 2. Fall and Spring COI Meetings, March MFT Faculty Meeting 3. Fall and Spring COI Meetings Fall COI Meeting
SLO #6: 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
SLO #7: Graduates will obtain post-graduation licensure.	80% of graduates will obtain some form of post-graduate licensure within one year post graduation.	Annual Alumni Survey	January	Spring COI Meeting, MFT Faculty Meeting Spring Term
SLO #8: 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

Appendix BB: Chapman University MFT Program COI Contribution Schedule

COI	Contribution Opportunities	Contribution Schedule
Core Faculty	1. MFT Faculty Meetings 2. Academic Support Services and Physical Resources Survey 3. COI Meetings	1. Six times each semester (Fall, Spring) 2. Summer Semester 3. Fall and Spring Semesters
Program Clinical Supervisors	1. MFT Supervisor Committee Meetings 2. Academic Support Services and Physical Resources Survey 3. COI Meetings	1. Once a Semester 2. Summer Semester 3. Fall and Spring Semesters
Students	1. Academic Support Services and Physical Resources Survey 2. Exit Survey 3. Course Evaluation 4. MFT Program Meetings 5. COI Meetings	1. Summer Semester 2. Last month enrolled in program 3. End of each course in the program 4. Bimonthly 5. Fall and Spring Semesters

Appendix CC: Personal Therapy Verification Form

CHAPMAN UNIVERSITY | Crean College of Health and Behavioral Sciences
Marriage and Family Therapy

Participating as a client in therapy is an important educational aspect of a program to prepare mental health professionals. Experience as a client in personal therapy is, therefore, one of the program requirements. The requirement is met through a minimum of sixteen hours of individual, couple, family, and/or group therapy conducted by a ***licensed*** marriage and family therapist, licensed clinical social worker, licensed clinical psychologist, or board–eligible psychiatrist. Students must obtain a signed Personal Therapy Verification Form from their therapist and submit it directly to the Program Specialist. This form is available in the Program Handbook or can be obtained from the Program Specialist. The form must be on file by the Friday before finals week of the student's final semester in the program.

Date: _____ Student ID: _____

This form verifies that _____completed _____ hours of
(Student's Name)

personal therapy between the dates of _____ and_____.

_____ _____
Therapist's Name License Number

_____
Therapist's Signature

Appendix DD: Regulatory Alignment Student Signed Acknowledgment

Regulatory Alignment Student Signed Acknowledgment

Marriage and Family Therapy is a profession that leads to licensure in all 50 states; however, each state has its own laws and regulations about what is needed to become licensed as an MFT in that state.

Not every state will accept a degree and supervised hours earned in another state. Review license requirements in the state you intend to practice as soon as possible so that you understand what may and may not be accepted across state lines. Here is the link to each state's licensure resources: MFT State/Provincial Resources (AAMFT.org)

The coursework for Chapman University was designed to meet MFT licensure requirements in the state of California. You may read more about the state requirements for MFT licensure in California by clicking this link to the California Board of Behavioral Sciences.

If you have questions about the program's alignment with professional licensure, you may contact the MFT Department Chair: Dr. Naveen Jonathan at jonathan@chapman.edu.

Please sign this form and return it with your program admissions application.

I acknowledge that I have been informed and am aware that licensing regulations differ across states and provinces. I understand that the Chapman University Master of Arts in Marriage & Family Therapy program is designed to meet the licensure requirements in the state of California, and that a MFT degree from this program may not meet MFT licensing requirements in a different state.

Printed name as shown in the application

_____

Signature (may be electronic)

_____

Date

_____