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OVERVIEW

Students in the Couple and Family Therapy (CFT) Program are admitted as doctoral students in Family Social Science (FSoS). Upon graduation they receive a doctorate in Family Social Science with a Specialization in Couple and Family Therapy. The CFT program is accredited (through May 1st, 2021) by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). As all students in the program are FSoS doctoral students, the FSoS policy and procedure manual (Student Handbook) applies to them. Additional information contained in this document applies to requirements of the CFT specialization including the clinical training requirements, documentation, and competencies.

MISSION

The mission of the CFT Program is to educate and mentor the next generation of leaders and agents of social change in the field of couple/marriage and family therapy (C/MFT) to work systemically with diverse families and communities locally and internationally. Faculty and students engage in scholarship that advances a relational perspective within the science and practice of improving the health and well-being of individuals, couples, families and society.

CFT PROGRAM EDUCATIONAL OUTCOMES
(see final appendix for more COAMFTE accreditation documents)

Student Learning Outcomes

All graduates of the CFT program will:

1. Be knowledgeable consumers and producers of relationally-oriented research that seeks to improve the health and well-being of individuals, couples, families and societies.

2. Be prepared to independently teach at the university level.

3. Be prepared to articulate the diverse social contexts that influence their work and the influence their work has on those diverse social contexts.

4. Be competent C/MFT clinicians (work with a wide range of families and populations) who meet the didactic requirements to be an AAMFT Approved Supervisor.

Faculty Outcomes

All CFT faculty members will:

1. Be engaged in research relevant to C/MFT.

2. Demonstrate effective teaching abilities including the use of technology and attention to diversity issues related to the subject matter.
3. Be clinically active and meet state licensing and credentialing standards appropriate to their developmental level and supervisory obligations.

4. Provide service in the department, university, the field, and to other interested and diverse communities.

Program Outcomes

CFT Students are required to meet the theory, research, teaching & advising, outreach & engagement (i.e., clinical practicum and internship), and professional service & leadership competencies as outlined in the FSoS doctoral portfolio as well as those specified by COAMFTE.

The CFT program will:

1. Be recognized as a leader in C/MFT doctoral education.

2. Maintain a diverse faculty & student body in accordance with COAMFTE standards that have a core identity as scientist-practitioners in C/MFT.

3. Graduate students who are prepared to engage in C/MFT scholarship across teaching, research and service.

4. Prepare students to secure employment in an area specific to C/MFT (including post-doctoral experiences).

ADMISSION TO THE PROGRAM

The CFT Program accepts applicants who have a clinical master’s degree in C/MFT, a related mental health field, or who have achieved equivalent clinical experience (as determined by the UMN CFT faculty – see Appendix A). Previous educational experience must include a clinical practicum. The application process is similar to that for the Family Social Science doctoral program, and involves selection by the entire graduate faculty. Applications to the CFT program are initially screened by the admissions committee (a member of the CFT faculty always sits on that committee) to ensure that minimal clinical qualifications have been met.

DESCRIPTION OF THE PROGRAM

The CFT Program focuses on educating scientist-practitioners. Students combine their clinical activity (see Appendix B) with in-depth studies of research methods and analysis with the goal of generating knowledge to advance the field. It involves the following elements, in addition to the other requirements of the doctoral degree in Family Social Science (i.e., the portfolio requirements as outlined in the FSoS graduate handbook):

Coursework in Family Social Science, CFT, and related fields
A list of required courses is available through the departmental website (http://www.cehd.umn.edu/FSoS/). Waiving or substituting required courses is possible in some limited situations when the alternative course provides substantially similar content as the required course. The procedure involves completing a “Request to Waive Course” form (when a course was previously completed) or a “Request to Substitute Course” form (when the proposed new course has not yet been taken), along with the syllabus and other documentation. The decision is made by the CFT Program Director in consultation with the CFT faculty and/or the Director of Graduate Studies (DGS).

Practicum
All students must verify that they have completed a total of 1000 client contact hours while in the program or met the clinical competence standard as defined in Appendix C of this manual. Some students fulfill this requirement during practicum; others combine both the practicum and internship experiences to meet this requirement.
For students who have not completed a 500 hour clinical practicum (or equivalent clinical experience) in a master’s program, the practicum consists of a part-time experience of clinical training during which a student completes the initial 500 clinical contact hours typically required by COAMFTE accredited master’s degree programs. A minimum of 250 of these hours must be with couples and families (relational hours). The CFT faculty may give entering students credit for up to 500 hours (including no more than 250 hours of individual client contact) of client contact completed before entering the CFT program (See Appendix D).

A minimum of 100 hours of supervision is required by an AAMFT-approved supervisor (or the equivalent) for the 500 hours waived. The ratio must be at least one supervision hour per five clinical contact hours. At least 50 of the supervision hours must involve access to raw clinical data: audio, video, or live supervision; at least 25 hours of this supervision must be based on direct observation or videotape. Practicum evaluation is provided by the site supervisor each year at the end of the practicum, and by the CFT faculty in an annual evaluation. The CFT Program Director and faculty stay in touch with the practicum supervisor as needed during the year.

Criteria for waiving clinical hours for the practicum are that the hours involve direct client contact, that couple and family hours are with more than one person in the room, and that the supervision meets COAMFTE standards. All students wishing to waive clinical hours must submit a “Waiver of Clinical Hours” form and appropriate documentation.

The program has a policy for defining “Alternative” clinical hours that is located in Appendix E of this document.

Responsibilities of CFT students in Practicum

All CFT students are required to be clinically active throughout their doctoral program. Students are not required to maintain the same pace as is typically required at COAMFTE accredited master’s programs (i.e., 15-20 client contact hours/week). All students are required to complete at least a year-long clinical experience in CFT containing no less than 130 direct client contact hours (at least 70% of which must be relational – approximately 90 hours) that have been supervised by the CFT core faculty or their designees as a UMN CFT doctoral student. Students who are clinically active and meet with 4-6 clients per week should have no problem meeting this program requirement within the first year of the program. To meet with 4-6 clients per week students should expect to invest approximately 10 hours per week in their clinical setting (i.e., client contact, staff meetings, paperwork, etc.).

During the first year of the program most students will see clients at RS Eden in Minneapolis. Other clinical sites that work primarily with the CFT program are also being developed and may be added to the list of approved clinical sites for the first year practicum experience. Clinical activity after the first year must be maintained but the student can change the site of their clinical placement. These settings can be chosen to meet the student's unique learning interests. Students can select a practicum site from a variety of community agencies in consultation with the CFT Program Director and the student’s advisor or practicum supervisor. A resource manual is available in room 377 of existing and past practicum sites with contact information.

Weekly group practicum supervision takes place on Monday evenings during long semesters. Individual (in dyads) supervision is also offered on an at least twice monthly basis. Both group and individual supervision are provided on campus by the core CFT faculty, in some cases supervision is also provided by the site-based supervisor. The site supervisor must be acceptable to the CFT program but does not have to be an AAMFT-approved supervisor or the equivalent (as long as the student is being supervised on campus by the CFT faculty).

Student practicum evaluations are done annually via a letter from the on-site supervisor and separately by the CFT faculty member who is responsible for practicum in a given semester. Students register for 3-credit hours of FSOS 8295 (CFT Practicum) each semester they are involved in practicum. During the summer sessions students must attend practicum but are not required to formally register for credits. Students who have completed all of the clinical requirements of the CFT Doctoral program and are LMFTs may request a waiver from on-campus supervision.

Students have completed the CFT Program’s practicum requirements when they have met the following minimum requirements:
• Completed at least one full year of supervised clinical practicum in the program (first year)
• Accrued the requisite minimum hours (130 – 70% relational)
• Received permission from the CFT faculty to be released from practicum
• Have waived or accrued 500 clinical contact hours from a Master’s program or equivalent

Students fill out the “Completion of Practicum Requirement Request & Verification” form (Appendix F) and submit it to the CFT Program Director when they have completed the requirements. Students who do not receive faculty approval to discontinue practicum may be required to enroll in additional practicum courses beyond the minimum. Students who are enrolled in practicum past the first year of mandatory practicum participation should expect to register for 3 credits of practicum each semester they are in practicum.

Fall and Spring semester practicum will include individual and group supervision and regular (at least monthly) “CFT (Research) Forum” meetings (also Monday nights). While all CFT students are welcome to attend these meetings, first and second year students are required to attend. These meetings will focus on a variety of topics with multiple presenters, including the core CFT faculty. The purpose of these meetings is to focus on the intersection of clinical work and research in C/MFT. This is also a meeting where students have time reserved to bring up concerns or questions they may have regarding the program. These meetings are open to all FSoS graduate students but the content will focus on the discipline of C/MFT and the CFT program.

Theory of Change Papers and Presentation
Students will have the opportunity to write two “theory of change” papers while in the program. The first is submitted to the CFT faculty at the beginning of the first spring semester and represents the student’s baseline understanding of clinical theory, the second is submitted at the beginning of the spring semester in the third year of the program, and should reflect some degree of change in clinical perspective. That same semester, all students will also prepare and deliver a clinical presentation to members of the UMN CFT community (i.e., current students, faculty, and alumni). This presentation is limited to no more than 45 minutes with 15 minutes for questions and discussion. Guidelines for both the papers and presentation are in Appendix G.

Internship Experience
The internship requirement has historically required that students engage in a 9 - 12 month, full-time clinical placement of 30+ hours per week, where students would accrue up to 500 client contact hours in accordance with the clinical hours recording set forth by the COAMFTE. This was referred to as a “Clinical Internship” and was typically started once the qualifying exams and the majority of the coursework were successfully completed. While that option is open to students who desire such an experience, the internship requirement can also be met by completing a nine-month, non-contiguous, professional development experience. This allows the student the opportunity to pursue a range of activities that will facilitate the accomplishment of individually determined goals for professional development.

Summer sessions are ideal times (but not the only times) to arrange for professional development activities that would count toward the completion of the Internship Experience. Internship activities are no longer limited to the accumulation of clinical and supervision hours. While clinical activity can be
part of the internship experience other professional activities can also count toward this program requirement. It is important to remember that the intent of the internship experience is not to replicate experiences that the student had during their time in the program. Students cannot "double count" clinical hours accrued in a placement site for both the program practicum requirement and the internship requirement. Students cannot write their Dissertation or Critical as part of their internship experience but may be involved in internship activities concurrently while these documents are being prepared.

Each student will devise an internship plan that will outline specific educational goals, activities and outcomes. Students are to think in terms of both the time needed to be spent in the activities as well as the outcomes for the internship that will be sufficient to demonstrate successful completion of the activity(ies). Internship activities as agreed upon by the student and the CFT Program Director (with appropriate guidance and counsel from the student’s advisor) can be integrated over the course of the doctoral program and can be outlined on the student’s Internship Plan document (see Appendix H).

**Internship Course Credit Hours**

Each student registers for a minimum of 3 credit hours of internship credits provided the oversight of Internship duties and responsibilities are located outside the University of Minnesota. For example, a student engaged in a 9-month clinical experience where the student receives clinical supervision at that site and not from the UMN faculty would register for a total of 3 credits of internship-FSoS 8296. Students register for internship credits (as close as possible) to the time the student is involved in internship activities. A student requiring more supervision and oversight from UMN faculty must register for a total of 6 credit hours of internship. For example, a student would register for 6 credits if the student chose a hybrid internship where teaching at UMN is an integral part of the internship experience and that teaching is being mentored by a UMN professor, or if the student is involved in clinical work and is receiving clinical supervision from a particular UMN faculty member.

**Responsibilities of CFT Program Practicum/Internship Supervisors**

CFT faculty members who are teaching practicum or internship supervision courses (FSoS 8295 & 8296) during a semester are responsible to provide group as well as individual supervision according to COAMFTE accreditation standards. Students enrolled in practicum will have the faculty member “sign off” (including verification of the 5:1 ratio) on clinical and supervision hours accrued during the course of the semester for which the student is registered. CFT faculty members assigned to supervision during a Fall or Spring semester are also responsible to schedule and coordinate the Research Practicum (Forum) which is to meet at least monthly during the semester. While all students in the program are welcome to attend Research Practicum meetings, attendance is required for all first and second year students.

CFT faculty members who are assigned to teach practicum or internship supervision are required to continue in the supervisory capacity until the beginning of the next academic semester. The scheduled last day of classes or the final exam date do not mark the end of the supervisor’s responsibilities to the students enrolled in supervision. Supervisory responsibilities end on the first day of the following academic period. While regularly scheduled meetings are not necessarily required, because these times are typically times where classes cannot be held, it is assumed that the faculty supervisor will meet with students at appropriate times and be available on an “as needed” basis for regular supervision as well as clinical emergency purposes.

**Student Teaching Experiences**

One of the student learning outcomes for the CFT program relates to graduates of the program being prepared to teach at the university level. Students in the CFT program are often asked to teach at master’s level C/MFT programs in the Twin Cities
We encourage all CFT students to go above and beyond degree plan requirements to prepare themselves to be university instructors. This can be done in formal and informal ways. More information about formal university teaching preparation is available in the FSoS graduate student handbook.

Program Governance

The CFT faculty meets regularly to discuss issues related to the CFT program (twice monthly on the first and third Mondays of the month during the academic year). Those in attendance are the core CFT faculty and one graduate student representative (for a portion of the meeting). The program director also meets monthly with other FSoS leadership members (e.g., Dept. Head, DGS, other program directors) to discuss a variety of governance issues and future-planning germane to the department and program.

The entire FSoS faculty meets several times a month to discuss issues related to general departmental needs as well as those related to graduate education. In both of these meetings the CFT program has time carved out to discuss issues related to the CFT program with the general faculty. Also, at these meetings CFT/FSoS student cohort representatives are invited to attend and represent student needs/interests in the department.

An additional forum for students and faculty to give feedback about the program occurs as CFT students and faculty meet at least monthly in the “CFT Forum” where there is always time dedicated to discuss program issues, and other student concerns. During the summer months Dr. Harris directs the CFT program and no formal meetings take place in either the department or the CFT program. Issues and concerns are handled on an “as needed” basis during this time.

Evaluating Program, Student Learning, and Faculty Outcomes

Educational outcomes for the CFT program are routinely evaluated through multiple means (see final appendix for evaluation schedule). Faculty and students are evaluated yearly on their productivity within the department. Student evaluations are also formally held at academic milestones (i.e., preliminary and final dissertation examinations). This document contains the CFT specific student evaluation templates that are used yearly (see appendices I, J, & K). This document also outlines the evaluation process. Additionally, the COAMFTE accreditation process, including the self-study and subsequent site visit offer an opportunity to collect and present a variety of data to outside reviewers of the program. Program outcomes are evaluated by the graduate exit interview (see Appendix L) as well as by outside reviewers who publish research that compares CFT programs to one another.

The program director’s performance is also evaluated yearly. Evaluation feedback is collected from the CFT faculty, students, the Department Head and the Department’s Director of Graduate Studies (DGS). The evaluation form that is used for this evaluation is located in Appendix M.

Resolving Student Concerns

The CFT faculty make efforts to ensure the learning and working environment for students and faculty is safe and civil. However, disagreements or conflict may arise between students or between students and their faculty advisors, instructors, or employers. The CFT program encourages open and honest dialogue between involved parties. If suitable resolution cannot be made through this method the Director of Graduate Studies and/or the Department Head can be involved in mediating conflict (as appropriate). If students feel the need to file a formal grievance the college has an identified policy and procedure for proceeding (http://sky.cehd.umn.edu/governance/default/committees/student-scholastic-standing-committee/). Dr. Cathy Solheim, from the FSoS Department, is the College’s grievance officer.

Additional university policies and resources are available to help resolve conflicts in the workplace (including for student workers - http://www.policy.umn.edu/Policies/hr/Rules/CONFLICTRESOLUTION.html#100) as well as two specific conflict resolution offices (the Office of Conflict Resolution (http://oer.umn.edu/) and the Student Conflict Resolution Center.
(http://www.sos.umn.edu/) that can assist with negotiating the formal grievance process. The university policy is located at: http://policy.umn.edu/Policies/Education/Student/STUDENTCOMPLAINTS_PROC01.html#Informal

Supervision Training

Students who have completed their practicum obligations and most of their CFT coursework (generally, third year doctoral students) may request to do the supervision practicum, in which they supervise master’s students from other programs, under supervision of the CFT faculty. Criteria for admission into the supervision practicum are: (a) timely progress towards the doctoral degree (should be read that portfolio requirements are being actively met including the first “Theory of Change” papers have been completed) and (b) the judgment of the faculty that the student is clinically ready to do a practicum in supervision. The practicum course FSOS 8297 is a 3-credit course. While FSOS 8034 (MFT Supervision) is a required course on the degree plan, the supervision practicum is not a degree requirement. Doctoral students in the program do not clinically supervise other doctoral students unless certain criteria are met (see Appendix N).

PROFESSIONALISM

Transportation and Storage of Clinical Material

When transporting and storing clinical material (such as audio and video files) to be used in clinical supervision on campus, make sure that client identifying information is removed and that you keep these items in a secure place and/or password protected. Phones, iPads, and laptops that house recordings should all be password protected. Clinical documents should only be transported in securely locked totes and should be returned to your clinical placement facility promptly and stored according to the policies of your setting. Electronic files should be deleted immediately after they have been used in supervision.

Ethical Responsibilities of Students

Students are responsible for ethically securing proper releases of information to allow audio/video recording of clinical sessions. Clients are to be informed that you are acting as a practicum or intern student enrolled in the CFT Ph.D. program at the University of Minnesota and that the recordings are to be used for supervisory purposes only and will be deleted immediately after supervision has been attained. Appropriate forms are on the FSoS website.

Students in the CFT program are expected to act in the best interests of their clients and conduct themselves professionally and in accordance with the AAMFT Code of Ethics (July 2012). Students are also expected to uphold the highest standards of academic integrity. Violations of the Code of Ethics or standards of academic integrity are grounds for dismissal from the program.

FREQUENTLY ASKED QUESTIONS - PRACTICUM

Is it possible to find a new practicum setting never before affiliated with the CFT Program?

Yes, we are continually looking for new practicum and internship settings; occasionally, a student finds out about one and facilitates a linkage with the Department. In some cases, we are providing supervision training for community clinicians with the hope that they will become AAMFT-approved supervisors and will offer internships at new settings. The chief challenge to establishing new practicum sites rests with the supervisory qualifications of the staff at the site.

What qualifications does the practicum supervisor need to have?

The supervisor must either be an AAMFT Approved Supervisor, a designation that requires coursework on supervision and supervision of one’s supervision, or someone with equivalent expertise in supervision. For supervisors who are not AAMFT Approved, the CFT Program defines equivalent expertise as involving: (a) a clinical specialty in couple and family therapy, (b) significant supervisory experience in couple and family therapy, and (c) a philosophy and approach to supervision that is in accord with the mission and standards of the CFT program, (d) demonstration of successfully completing coursework in
MFT supervision, (e) state licensure as an MFT, and (f) state licensure credential in supervision. The burden of proof to demonstrate that “equivalency expertise” has been achieved is on the supervisor in question.

**How are clinical contact hours counted?**
Direct client contact is defined as face-to-face (therapist and client) therapy with individuals, couples, families, and/or groups. Activities such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision, are not considered direct client contact. Assessments may be counted as direct client contact if they are face-to-face processes that are more than clerical in nature and focus. Psycho-education may be counted as alternative clinical hours but must meet the definition delineated elsewhere in this policy document. No more than 100 hours can be in this category.

**How many supervision hours are required, and how are they counted?**
Between prior experience and experience gained while in the CFT program, the student must accumulate at least 100 hours of supervision, of which 50 must be individual supervision. Individual supervision is with one or two students and one supervisor, and must be at a ratio no greater than 1:5 for supervision to clinical hours. Group supervision only counts with up to six supervisees in the group (MN State law). Individual supervision is provided by the on-site supervisor at least one hour every other week in which the student is doing clinical work. Co-therapy with the on-site supervisor counts both as supervision and as client clinical contact hours. Group supervision on site also counts as supervision hours if the Approved Supervisor is present. When a supervisor is conducting live supervision, only the therapist(s) in the room with the client (up to two therapists) may count the time as individual supervision. Students observing someone else's clinical work may receive credit for group supervision during that time provided that (1) a supervisor is present with the students, (2) there are no more than six students altogether, and (3) the supervisory experiences involve an interactional process between the therapist(s), the observing students, and the supervisor. If there are no more than two students, the observing student may receive credit for individual supervision under the same conditions.

**What are the raw clinical data requirements for supervision?**
At least 50 hours of the total supervision must be based off of “raw” clinical data (defined as reviewing video or audio recordings, or directly observing the student's therapy).

**Am I covered by malpractice/liability insurance?**
The University covers all CFT students who are enrolled in the practicum or internship. Students should check with the site about any expectations that students have their own malpractice insurance. Premium rates for individual student policies are generally low.

**How am I evaluated for the practicum?**
We request a written evaluation from your on-site supervisor every Spring, and the on-campus supervisor provides feedback to each student at the end of each semester. Formal academic credit is awarded on an S/N basis. This practicum evaluation is in addition to the annual CFT student evaluation. Students also have the chance to evaluate their UMN supervisor and supervision experience (see Appendix O).

**Frequently Asked Questions - Internship**

Much of the previous information on the practicum applies equally to the internship, including definitions of clinical contact hours, requirements of approved supervisors, liability insurance, evaluation procedures, and collaboration between the CFT program and the internship site. In addition, below are answers to internship-specific questions.

**Can I do an internship outside of the Twin Cities area?**
Yes, it is possible to do an internship at any setting in the country or abroad that will provide the necessary experiences based on the student’s learning objective and desired outcomes. However, we warn that it is very difficult to make progress on your dissertation and other program requirements when you are away from your faculty advisor.

**Can I do my internship at the same time that I work on my dissertation?**
Yes, provided you have completed the majority of your course work, and have completed the “Critical,” “Special,” and “Theory of Change” documents. For those doing a hybrid internship, you may not count your dissertation research as part of your internship experience. Some students will exercise the “non-contiguous” option for internship activities. As long as these are approved by both the advisor and program director students may engage in these activities while working on other program requirements.

**How do I get credits?**
The internship experience involves a minimum of 3 credits of FSOS 8296, which can be spaced out over the number of semesters the student is enrolled. If the student will be accessing supervision from the UMN/CFT faculty s/he must enroll for a total of 6 credit hours.

**FREQUENTLY ASKED QUESTIONS - LICENSURE**

Students are encouraged to remember that their pursuit of licensure is independent of their pursuit of a doctoral degree in the FSoS department. Accreditation requirements require that the CFT program “make available” the standard curriculum for those who have non-CFT degrees. As licensure didactic requirements typically list courses in the standard curriculum, the CFT program chooses to meet this standard by offering the courses in a variety of formats including via distance, independent study, and course sharing with other programs. Students in need of specific courses for licensure purposes should be proactive in investigating all options and discuss these with the CFT Program Director and their advisor.

**How does CFT training in the department prepare graduates for the LMFT, AAMFT membership, and employment possibilities?**
The doctoral curriculum exceeds the requirements for Minnesota’s initial license in marriage and family therapy. In addition, post-master’s supervised clinical experience in the program counts toward the 1000 hours needed for licensure. With continuous clinical experience hours and a clinical internship, many students are ready to take the licensing exam before they graduate. Therapists with the LMFT are reimbursable in the state of Minnesota and are employed in many mental health settings as well as academic training settings. Attainment of the license makes students eligible for AAMFT clinical fellow status.

**What are my clinical obligations in the program if I am already an LMFT in Minnesota?**
Students who are already licensed or come to the program with significant clinical experience are still expected to register for and participate in practicum so that we get to know them clinically. This is vital information for the faculty to have considering many in the field will formally and informally come to the faculty to provide an employment reference when the student applies for faculty or other positions. Students who have licensure will have the option of using their active Minnesota LMFT as a basis for having met the program’s “Clinical Competency” requirement (see Appendix C).
APPENDICES
APPENDIX A: CLINICAL PREREQUISITES FOR THE CFT PROGRAM

Successfully completing the clinical requirements for the CFT doctoral program begins by demonstrating a basic knowledge and baseline level of experience prior to entering the program. The CFT program’s emphasis is on clinical research training and having a foundational base in clinical applications of CFT theories is imperative to successfully implement prevention, intervention and evaluation research in CFT. Because of this, all students are expected to meet minimal clinical requirements as outlined below and to remain clinically active throughout their time in the program.

Students must meet minimum clinical standards prior to beginning the CFT program:

Have accrued at least 500 hours of face to face couple and family therapy (no more than 250 of these hours can be with individuals)

Have documented proof of having received a minimum of 100 supervision hours (50 of which must be based on live/raw clinical data) for the 500 hours, by a COAMFTE or State Approved MFT supervisor.

Potential students who have not met the minimum standard for clinical experience (above) but are interested in joining the CFT Program must:

Make, in writing, a compelling argument for why they should be admitted to the CFT program to the clinical faculty. This can be submitted with other application materials required by the FSoS doctoral program. Current FSoS doctoral students need not submit an entire application to be considered as they have already been admitted to the FSoS doctoral program.

Receive unanimous support from the CFT faculty for admittance to the CFT Program.

Demonstrate that they have completed a practical experience of at least 6 months duration in mental (or other) health care delivery or in another appropriate* human service agency prior to beginning the CFT program.

Agree to meet the minimum clinical standard in addition to other program requirements (i.e., accumulate, prior to graduation, at least 500 hours of face to face couple and family therapy experience (no more than 250 of these hours can be with individuals) at faculty-approved community sites with supervision from a COAMFTE or State Approved MFT supervisor. Supervision to clinical hours must meet the standard 5:1 ratio and include at least 50 hours of live/raw clinical data supervision.)

*Appropriate means that the applicant has had multiple experiences of sitting face to face with clients (individuals and families) through the course of the experience. The CFT faculty is solely responsible for determining the level of “appropriateness.”
APPENDIX B: REQUIRED CLINICAL OUTCOMES

All graduates of the CFT Doctoral Program will successfully complete the Program’s clinical requirements:

Demonstrate clinical competence by following one of the paths outlined in the program manual (see Appendix C “Demonstrating Clinical Competence”). All clinical work must be appropriately supervised in accordance with accepted AAMFT practices (i.e., personnel, hours of supervision, 5:1 ratio, etc.) Students will be required to provide live/raw clinical data for campus supervision.

Complete, at the beginning of their first year, a 10-page “Theory of Change” paper. Details and directions for writing this paper are in Appendix G (due beginning of Spring semester of first year).

Complete yearly self-evaluations of their clinical skills for the first 3 years of the program.

Receive yearly faculty feedback on their clinical skills and progress in the program.

Receive yearly feedback from community-based clinical supervisors as applicable.

Complete in their 3rd year a 10-page “Theory of Change” paper. Details and directions for writing this paper are in Appendix G (due beginning of Spring semester of the third year).

Deliver an hour-long “Theory of Change” presentation to the CFT faculty and students during the Spring Semester of the third year. Details and directions for this presentation are in Appendix G.

Write a Theory of Supervision paper -
http://www.aamft.org/imis15/Documents/Approved_Supervisor_handbook.pdf
APPENDIX C: DEMONSTRATING CLINICAL COMPETENCE

Program Outcome:

All Graduates will be competent CMFT clinicians who meet the didactic requirements to be an AAMFT Approved Supervisor.

The following outlines the three ways in which students in the CFT program can demonstrate their clinical competence.

Students are considered to have met the “Clinical competence” standard by documenting that they have done the following:

☐ Accrued a total of 1000 client contact hours during their time in the program (Can be made up of 500 hours waived for previous clinical experience plus hours accrued while a student in the program. All hours must meet AAMFT standards of practice including the 5:1 ratio, a minimum of 50 hours of supervision based on live/raw clinical data, and at least half the total hours are relational.)

☐ Successfully completed a year-long* clinical experience in CFT containing no less than 130 direct client contact hours (at least 70% of which must be relational – approximately 90 hours) that have been supervised by the CFT core faculty or their designees (actively participate in practicum).

☐ Successfully completed an AAMFT approved supervision course.

Or

☐ Hold a Minnesota state-approved license to practice independently as a Marriage and Family Therapist (LMFT) at the time of graduation.

☐ Successfully completed a year-long clinical experience in CFT containing no less than 130 direct client contact hours (at least 70% of which must be relational – approximately 90 hours) and supervised by the CFT core faculty or their designees (actively participate in practicum).

☐ Successfully completed an AAMFT approved supervision course or provide evidence that the student is an AAMFT or State (LMFT) Approved Supervisor.
Or

- Accrued a minimum of 600 client contact hours while in the program (may include the waiver of up to 300 hours (of any face to face configuration) of direct client contact accrued prior to beginning the CFT program).

- Secured CFT core faculty approval to be done “accruing” clinical contact hours.

- Successfully completed a year-long* clinical experience in CFT containing no less than 130 direct client contact hours (at least 70% of which must be relational – approximately 90 hours) and supervised by the CFT core faculty or their designees (actively participate in practicum).

- Accrued at least 50 hours of supervision based on live/raw clinical data while in the CFT program.

- Successfully completed an AAMFT approved supervision course.

- Be the sole author of a peer-reviewed publication on a theoretical or practical application topic specifically related to the practice of couple and family therapy**. This article does not need to be data driven. A suitable outlet for this type of publication might be the Journal of Family Psychotherapy. To meet this standard the student must provide verification that the article is “in press.”

This policy was reviewed and accepted by the CFT faculty December 2012.

*Students who waive summer practicum for professional/educational reasons and complete the 130 hours during their first two semesters in the program will be considered in compliance with this standard.

**The following areas would be considered appropriate content areas for the publication and have been adopted from the Minnesota State Licensing board’s requirements for continuing education.

- historical, theoretical foundations, and contemporary conceptual directions of the field of marriage and family therapy;
- assessment, diagnosis, and treatment in marriage and family therapy including both dysfunctional relationship patterns and nervous and mental disorders, whether cognitive, affective, or behavioral;
- family studies including the life cycle of the family, the process and modification of family structures over time, and issues related to ethnicity, race, socioeconomic status, culture, gender, and sexuality;
- human development including human behavior, personality theory, sexuality, psychopathology, behavior pathology, and physical and mental impairments and disabilities that affect normal development;
- ethics and professional studies covering legal responsibilities and liabilities of licensure, clinical practice, research, family law, and confidentiality issues; and
- supervision in marriage and family therapy including theories and practices.
APPENDIX D: CREDIT FOR CLINICAL EXPERIENCE ACCRUED PRIOR TO ENTERING THE DOCTORAL PROGRAM

The following policy outlines the criteria* for accepting client contact hours and supervision hours accumulated prior to entering the CFT doctoral program.

Students entering the CFT doctoral program can waive up to 500 client contact hours accrued prior to beginning the CFT program provided the student can appropriately document that those hours meet the following criteria:

- All hours reflect direct client contact (not to include time completing paperwork, telephone contact, or time accrued in an agency setting doing things other than direct clinical service provision).

- No more than 250 hours can be with individuals.

- All hours have been supervised by AAMFT Approved Supervisors or State LMFT Approved Supervisors or the equivalent and meet the AAMFT 5:1 supervision standard (5 clinical hours to every 1 supervision hour).

- A minimum total of 100 supervision hours have been accrued with at least 50 of these based on “raw” or “live” clinical data.

- Verification of these hours must be made by someone other than the student

The student submits this request via the appropriate form on the FSoS “Forms” link on the FSoS current graduate student web page.

*See standard 320.02 in MFT Educational Guidelines for an explanation of this policy.
APPENDIX E: ALTERNATIVE CLIENT CONTACT HOURS

The CFT Program allows for a total of 100 of the 1,000 required clinical practicum client contact hours to be comprised of alternative experiences that may not be strictly clinical in nature. The alternative hours must be interactive in nature, add diversity to your clinical experience, and have prior faculty approval to claim them. If you waived any portion of the clinical hours requirement due to previous practice experience you must verify if any of those hours were “Alternative” hours.

The CFT faculty has determined that these alternative experiences may include:

1. **Clinical work conducted as someone other than the primary therapist.**
   At times you may be called on to act in a clinical capacity but are not the “therapist of record.” In these situations and with prior approval you may count these as alternative clinical hours. The following are examples:
   
   a. **If you participate as a team member of a case that you observe during live sessions and provide input to the therapist.** This can only be counted provided you are considered an integral part of the therapeutic team. As a team member, you must be present at all sessions and consider the client one of your own even though you are not sitting directly with the client. You cannot count mere observation of someone else’s therapy.
   
   b. **If you serve as a co-therapist to another student therapist and you are specifically included as a “consulting” therapist because of your expertise in a certain area germane to the client’s needs. In this case you would not have primary responsibility for the client.**

   NOTE: Observation and interaction as a Supervisor-in-Training will not be considered as an Alternative Hour activity.

2. **Providing Therapeutic Psycho-Education**
   Providing therapeutic psycho-education (as opposed to therapy) can count as long as the experience is face-to-face, direct contact. This does NOT include a psycho-educational presentation to a group of therapists for the purpose of professional development (e.g., local, state or national conference presentations), nor does this include any college/university classes you may have taught or will teach in the future.

3. **Research Activities**
   Research activities in which assessment and/or clinical interviews are conducted in direct face-to-face contact with participants can also count. The participants need not be clients per se, but the research must have a therapeutic overtone. Any other aspects of research, such as literature review, writing, or journal reviews will NOT count as they are not considered direct contact and interactive.

Approval must be obtained for each different activity and/or site via the “Alternative Hour Activity Proposal” form (below) which MUST be presented to the faculty BEFORE any activity will be counted.

Alternative hours must be recorded and clearly identified as Alternative Hours, and signed first by the activity’s supervisor, and then by your campus supervisor (could be the same person).

**NOTE:** Alternative Hours cannot be substituted for any portion of the minimum number of client hours you are required to complete during the program.
ALTERNATIVE HOURS ACTIVITY PROPOSAL

Up to 100 hours of your 1,000 hours of clinical work may be comprised of alternative therapeutic contact hours. These alternative hours must be interactional, add diversity to your practicum experience and have prior approval from the CFT faculty.

Name:_________________________________  Proposed Site:________________________

Supervisor of Proposed Activity:__________________________________________________

Proposed Activity, Dates, and Approximate Number of Hours:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Respond to the following in 2-3 sentences:

1. How will this work be interactional?

2. How will this add diversity to your clinical experience?

Disposition:  Approved  Not Approved  Approval Pending

__________________________________________  _________________________________
Signature of Faculty Supervisor                  Date
APPENDIX F: COMPLETION OF PRACTICUM REQUIREMENT REQUEST & VERIFICATION

Student Name:_________________________________________ Date: ___________________

I am submitting this form because I believe I have met the criteria to formally complete my practicum obligations in the Couple and Family Therapy Program at the University of Minnesota.

I have completed a year-long practicum experience
Under faculty supervision: YES NO

I have completed at least 1 summer session of practicum or have had it waived according to program policy: YES NO

I have accrued a minimum of 130 clinical hours (70% of which are relational) while in the program: YES NO

My practicum hours breakdown is as follows:

Individual:_________ Relational:_________ Alternative:_________ Total:_________

Supervision Hours:_________ Total Hours Waived by the Program:_________
(These hours were completed prior to my joining the program)

Placement Site: Dates:
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

Student Signature:__________________________________________________________

CFT Program Director Statement:

The above named student has met the criteria to fulfill the practicum requirements in the CFT program at the University of Minnesota and has faculty approval to stop participating in practicum. It is expected that this student will remain clinically active and secure the appropriate supervision throughout their time in the program.

CFT Program Director Signature:________________________________________________
APPENDIX G: THEORY OF CHANGE PAPER AND PRESENTATION

As a way to partially illustrate proficiency in all program outcomes, students will have the opportunity to write two “theory of change” papers while in the program. The first is submitted to the CFT faculty at the beginning of the first spring semester and represents the student’s baseline clinical theory, the second is submitted at the beginning of the spring semester in the third year of the program, and should reflect some degree of change in clinical perspective. That same semester, all students will also prepare and deliver a clinical presentation to members of the U of M CFT community (i.e., current students, faculty, and alumni). This presentation is limited to no more than 45 minutes with 15 minutes for questions and discussion. Guidelines for both the papers and presentation follow.

Paper 1 (Due the first week of the Spring semester in the 1st year)

The student submits a 10-15 page paper on his/her theory of change. Students should address the following points in general. Use appropriate headings for each section you propose and do your best to address each point. The document should read smoothly with logical transitions between sections and should not be a mere collection of sub topics. The student should think of this as being a document s/he would prepare for publication. On an additional page please include a one-page synopsis of your theory of change entitled, “Executive Summary.”

Understanding that one’s clinical development is in progress and will continue to change, discuss which theories currently guide your work. Identify the key assumptions and guiding principles of your model. Describe the process you went through in developing your theory of change. Why is this model important? Be prepared to answer:

- What brings people into therapy?
- What leads people to change? What are your assumptions about how change occurs?
- How is your theory informed by the systems paradigm and what is the basis for your preference of a relational (as opposed to an individual, intrapsychic, or other) orientation?
- When would you work with different family constellations (individual, couple, family, and other subsystems)?
- How does diversity (gender, race, ethnicity, social class, sexual orientation, age, religion) inform your theory of therapy? Discuss the universality (applicability) of your theory.
- How do you conceptualize family health? What state do you hope a family is in when your work with them is complete?
- What is the role of the therapist?
- How do you adapt your approach to different presenting problems?
- How does research inform your practice and vice-versa?
- How do you conceptualize the therapist’s use of self in therapy?
- How do you assess clinical progress and treatment outcomes?
- What are your continued areas of growth with regard to your theory?

Paper 2 (Due the first week of the Spring semester in the 3rd year)

The student submits a 10-15 page paper on his/her theory of change. The student should follow all the same guidelines of Paper 1 but add the following with a distinct heading: “How my Theory of Change has Evolved.”

- This should include a discussion about the influences that the student was exposed to during their time at the U of M in both their clinical and research training as well as personal experiences that have helped shape major shifts in thinking about how human beings change and the role of couple and family therapy in facilitating that change.

On an additional page please include a one-page synopsis of your theory of change entitled, “Executive Summary.”
Clinical Presentation (Presented during the 3rd year Spring semester)

In a 45-minute presentation for CFT students/faculty/alumni, present your theory of therapy. Feel free to present actual clinical material to illustrate important parts of your theory. Actual clinical vignettes make more impressive presentations. Students are strongly encouraged to include video of them actually practicing according to their theory of change. Please be advised to secure the proper releases if you choose to present actual clinical material. Be creative and engaging.

It is assumed that most, if not all, students will be asked to give a “job-talk” or professional presentation on their personal model of therapy and this is the standard that you should work toward. This means that students can dispense with introductory information regarding their model (e.g., given the audience, there is no need to define well known terms such as, “differentiation” or “systems theory” etc.) and overly personal information about their formative/developmental experiences (e.g., personal information that would be distracting to future employers at a job interview – how your cat revealed to you in a dream your theory of change).

Faculty Feedback

While this is not a graded assignment the faculty will consider the following in providing feedback to the student regarding their papers and presentation:

- Knowledge of the relevant clinical theories and connected research literature.
- Writing ability, including use of APA style, proper grammar, organization, and clarity of expression.
- Ability to think analytically, ethically, and creatively.
- Ability to develop informed ideas and opinions and integrate and synthesize the respective elements in a logical and coherent fashion.
- Accuracy and appropriateness of cited references (primary vs. secondary sources).
- How clinical research is attended to in both the papers and the presentation.
- Epistemological and theoretical consistency, including congruence between theory of change and faculty experiences of the student in supervision (e.g., a student provides a paper claiming to practice EFT yet has never shown that work in practicum).
THEORY OF CHAGE PAPER – FACULTY ASSESSMENT

Every student in the CFT program is required to submit 2 Theory of Change papers; one during the first week of the spring semester in the 1st year and another during the first week of the spring semester in the 3rd year. Any exceptions to this timeline due to leaves of absence or other circumstances will be dealt with on a case by case basis with the CFT faculty. Faculty will use the following rubric to provide the student with feedback about their document. All faculty members will contribute to this evaluation. It is expected that CFT students will show competency by receiving scores of 3 or above on all items.

<table>
<thead>
<tr>
<th>Item</th>
<th>Below Expectations</th>
<th>Developmentally Appropriate</th>
<th>Exceeds Expectations</th>
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<tbody>
<tr>
<td>Knowledge of relevant clinical theories and connected research literature.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Writing ability, including use of APA style, proper grammar, organization, and clarity of expression.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>The ability to think analytically, ethically, and creatively.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Developed informed ideas and opinions, and integrated and synthesized the respective elements of the paper in a logical and coherent fashion.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Accurately and appropriately cited references (primary vs. secondary sources).</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Attended to the role of clinical research</td>
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<tr>
<td>Demonstrated epistemological and theoretical consistency.</td>
<td>1 2 3 4 5</td>
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<td>Attention to issues of diversity/social context.</td>
<td>1 2 3 4 5</td>
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Additional comments from the faculty:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Program Director Signature:__________________________________________ Date:_________________
APPENDIX H: INTERNSHIP PLAN

The Internship Plan will set forth individually determined goals each doctoral student identifies as important to their professional development.

The student and her/his advisor or the CFT Program Director should meet and review the student’s interests and goals to be accomplished through the internship experience. Goals set by each student and approved by the Program Director determine the type of experiences for the internship. Students can develop a plan at any time in the program but it is recommended that they complete an internship plan by the end of the summer of their second year.

After graduation, most doctoral degree holders will work in settings where they will be required to be competent in a number of areas. For a “Professional Development” Internship, doctoral students will be required to demonstrate their competence in one or more of the following areas:

- Research and scholarly activity
- MFT licensure
- Teaching
- MFT supervision
- Other- to be negotiated
- Program development and evaluation
- Specialized clinical expertise
- Administration
- Grant writing

Professional Development Plan for the Internship

1. The student, in consultation with the CFT Program Director and advisor will complete the Internship Plan and Evaluation form. The form will outline the proposed activities and must be signed by the student and the Program Director and then filed with the Graduate Administrative Assistant.

2. The plan must identify (a) how the student will obtain the experience necessary to demonstrate specified program competencies; (b) how evidence for the specified competencies will be measured; and (c) who will supervise and evaluate the work.

3. Students will enroll in the appropriate number of credits of FSoS 8296 by the time the internship experience has been completed.

4. In cases where clinical work is part of the internship experience, there must be an agreement signed between the Program Director and any site where the clinical activities will occur. Feedback from the clinical supervisor(s) at the internship site to the Program Director is required and will comprise a portion of the student’s evaluation materials.

Expected Professional Development Internship Outcomes

The following competencies should be viewed as guides for potential outcomes:

a. Research and Scholarly Activity: Application of qualitative or quantitative research and writing skills to produce publications beyond other program requirements.

b. Program Development and Evaluation: Apply principles from a program evaluation course in a supervised work setting. The program needs to be fully prepared for implementation and evaluation. Then conduct planned evaluation of the program.

c. MFT Licensure: Complete all requirements to become a professionally licensed marriage and family therapist.

d. Specialized Clinical Expertise: Develop expertise in working with a particular clinical population or with a particular treatment approach under an AAMFT approved supervisor or equivalent.
e. **Teaching:** Take major responsibility for teaching undergraduate or graduate students in courses related to the field of Couple/Marriage and Family Therapy. Document teaching responsibilities, student and supervisor’s evaluation of teaching excellence.

f. **Administration:** Assume oversight of a clinical program or service component in a supervised work setting. Student must document successful completion of job description through a supervisor’s evaluation and in their own written report.

g. **C/MFT Supervision:** Supervise trainees and receive supervision mentoring to become an AAMFT approved supervisor. Completion of requirements to become an AAMFT supervisor is one way of documenting the outcome.

h. **Grant Writing:** Take major responsibility for writing a research or service delivery grant in a supervised work setting. Student must post the final application.

i. **Other:**

**Approval and Progress Review**

a. Students consult with a CFT faculty advisor and submit the Internship Plan to the Program Director for approval.

b. After the Professional Development Internship Plan is approved, it is used to document progress.

c. It is the student’s responsibility to obtain the supervisor/mentor’s evaluation each semester and to meet with the CFT Program Director to review progress.

d. At the end of the Internship experience, student will complete a brief report of what was accomplished and whether any changes were made to the original plan. This final report should be signed by the Academic Advisor, Program Director and filed.

*We express appreciation to the faculty at Brigham Young University’s MFT Program who originally created this Internship-related document and provided language for this policy. Appropriate edits and changes have been made to reflect the needs of the CFT Program at the University of Minnesota.*
## INTERNSHIP PLAN AND EVALUATION FORM

NAME: ___________________________  DATE: ______________

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>ACTIVITIES</th>
<th>OUTCOME(S)</th>
<th>SUPERVISOR/ MENTOR</th>
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STUDENT: ___________________________  Student Signature  DATE: ______________

ACADEMIC ADVISOR: ___________________  Academic Advisor Signature  DATE: ______________

PROGRAM APPROVAL: ___________________  Program Director Signature  DATE: ______________
INTERNSHIP FINAL REPORT

NAME: ____________________________  DATE: ______________

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>ACTIVITIES</th>
<th>BRIEF REVIEW/REPORT</th>
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STUDENT: ____________________________  STUDENT SIGNATURE  DATE: ______________
ACADEMIC ADVISOR: __________________  ACADEMIC ADVISOR SIGNATURE  DATE: ______________
PROGRAM APPROVAL: __________________  PROGRAM DIRECTOR SIGNATURE  DATE: ______________
APPENDIX I: CFT EDUCATIONAL OUTCOMES AND AAMFT CORE COMPETENCIES
SELF EVALUATION

Student name: ________________________________ Date: ___________
Yr. Entered Program_________

My clinical master’s degree is from a COAMFTE Accredited Program.   Yes   No

Please complete this form to the best of your ability by assessing each item with regard to your level of competency with the activity described. As the majority of the core competencies are related to clinical practice, your training in these areas, most likely, took place in your master’s program, however, we are interested in knowing what areas of training you believe need further attention. This is an opportunity to problem solve if there are problem areas in your clinical training. Please use the comment sections to elaborate on any issues you would like to bring to our attention.

CFT Program Educational Outcomes
In this area, please indicate if you feel you are “Below” “At” or “Exceed” your developmental level for each category. The CFT faculty expects that most students would rate themselves as being “At” their developmental level because most students are actively engaged in the learning process.

(I am learning to)/ or I am:

• (Be) a knowledgeable consumer and producer of relationally-oriented research that seeks to improve the health and well-being of individuals, couples, families and societies.

• (Be) prepared to independently teach at the University level

• (Be) prepared to articulate the diverse social contexts that influence my work and the influence of my work on those diverse social contexts

• (Be) a competent C/MFT clinician (that can work with a wide range of families and populations) and am on track with meeting the didactic requirements to be an AAMFT Approved Supervisor.

Comments:

AAMFT Core Competencies
In the area below rate your competency with each activity on a scale of 1 (not competent) to 5 (very competent). A score of 3 or higher shows competency while a 2 or below would indicate room for improvement.

<table>
<thead>
<tr>
<th>COMPETENCY</th>
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<tbody>
<tr>
<td>1. Admission to Treatment</td>
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<tr>
<td>Executive Skills</td>
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<tr>
<td>Complete an intake/diagnostic assessment</td>
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<td>Determine who should attend therapy and in what configuration</td>
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<td>-------------------------------------------------------------</td>
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<tr>
<td>Facilitate therapeutic involvement of all necessary participants in treatment</td>
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<tr>
<td>Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality, policies, and duty to care, to client or legal guardian</td>
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<tr>
<td>Obtain informed consent to treatment from all responsible parties</td>
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<tr>
<td>Establish and maintain appropriate and productive therapeutic alliances with clients</td>
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<tr>
<td>Solicit and use client feedback throughout the therapeutic process</td>
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<tr>
<td>Develop and maintain collaborative working relationships with referral resources, other practitioners, and payers.</td>
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<tr>
<td>Manage session interactions with individuals, couples, groups and families</td>
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<tr>
<td>Develop a workable therapeutic contract/plan with clients</td>
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</tbody>
</table>

**Evaluate Skills**

Evaluate case for appropriateness for treatment within professional scope of practice and competence

Evaluate intake policies and procedures for completeness and contextual relevance

**Professional Skills**

Understand the legal requirements and limitations for working with vulnerable populations

Collaborate effectively with clients and other professionals

Complete case documentation in a timely manner and in accordance with relevant laws and policies

Develop, establish, and maintain policies for fees, payment, record keeping, and confidentiality

Draft documents required for treatment, including informed consent, release of information, and intake forms

**Comments**

### 2. Clinical Assessment and Diagnosis

**Perceptual Skills**

Determine the person or system that is the focus of treatment

Assess each client’s engagement in the change process

Systemically integrate client report, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process

Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems

Consider the influence of treatment on extra-therapeutic relationships

Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms

**Executive Skills**

Diagnose and assess client problems systemically and contextually

Engage with multiple persons and manage multiple levels of information throughout the therapeutic process

Provide assessments and deliver developmentally appropriate services to clients

Apply effective and systemic interviewing techniques and strategies

Administer and interpret results of assessment instruments

Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others

Assess family history and dynamics using a genogram or other assessment instruments

Elicit a relevant and accurate biopsychosocial history to understand the context of the clients’ problems

Make accurate behavioral and relational health diagnoses

Identify clients’ strengths, resilience, and resources

Elucidate presenting problem from the perspective of each member of the therapeutic system
Communicate diagnostic information so clients understand its relationship to treatment goals and outcomes

**Professional Skills**
- Utilize consultation and supervision effectively

**Comments**

### 3. Treatment Planning and Case Management

**Perceptual Skills**
- Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan

**Executive Skills**
- Develop, with client input, measureable outcomes, treatment goals, treatment plans, and after-care plans utilizing a systemic perspective
- Prioritize treatment goals
- Develop a clear plan of how sessions will be conducted
- Structure treatment to meet clients’ needs and to facilitate systemic change
- Manage progression of therapy toward treatment goals
- Manage risks, crises, and emergencies
- Work collaboratively with other stakeholders, including family members and professionals not present
- Assist clients in obtaining needed care while navigating complex systems of care
- Develop termination and after-care plans

**Professional Skills**
- Advocate for clients in obtaining quality care, appropriate resources, and services in their community
- Participate in case-related forensic and legal processes
- Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state laws
- Utilize time management skills in therapy sessions and other professional meetings

**Comments**

### 4. Therapeutic Interventions

**Perceptual Skills**
- Recognize how different techniques may impact the treatment process
- Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes

**Executive Skills**
- Identify treatment most likely to benefit clients for presenting clinical problem or diagnosis
- Match treatment modalities and techniques to clients’ needs, goals, and values
- Deliver interventions in a way that is sensitive to special needs of clients
- Reframe problems and recursive interaction patterns
- Generate relational questions and reflexive comments in therapy
- Engage each family member in the treatment process as appropriate
- Facilitate clients developing and integrating solutions to problems
- Defuse intense and chaotic situations to enhance the safety of all participants
- Empower clients to establish effective familial organization, familial structures, and relationships with larger systems
- Provide psychoeducation to families whose members have serious mental illness or other disorders
- Modify interventions that are not working to better fit treatment goals
Move to constructive termination when treatment goals have been accomplished
Integrate supervision/team communications into treatment

**Professional Skills**
- Respect multiple perspectives
- Set appropriate boundaries and manage issues of triangulation
- Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients’ context and dynamics

**Comments**

---

**5. Legal Issues, Ethics, and Standards**

**Perceptual Skills**
- Recognize situations in which ethics, laws, professional liability, and standards of practice apply
- Recognize ethical dilemmas in practice setting
- Recognize when a legal consultation is necessary
- Recognize when clinical supervision or consultation is necessary

**Executive Skills**
- Monitor issues related to ethics, laws, regulations, and professional standards
- Develop policies, procedures, and forms consistent with standards of practice to protect client confidentiality and to comply with relevant laws and regulations
- Inform clients and legal guardians of limitations to confidentiality and parameters of mandatory reporting
- Develop safety plan for clients who present with potential self-harm, suicide, abuse, or violence
- Take appropriate action when ethical and legal dilemmas emerge
- Report information to appropriate authorities as required by law
- Practice within defined scope of practice and competence
- Obtain knowledge of advances and theory regarding effective clinical practice
- Obtain license and specialty credentials
- Implement a personal program to maintain professional competence

**Comments**
We ask all CFT students to do an annual self-report of their progress in the program. This is not intended to be a stressful process, but a way to determine where you are and what you need in the future. Please respond to the following questions and also complete your Self Evaluation of CFT Learning Outcomes and the AAMFT Core Competencies as they apply to the year April 1, _____ to March 31, ____. If you are a first year student, use the period of September 1 to March 31.

Name your documents as follows:
- Last name, First name_MFT Self Report_20XX and
- Last name, First name_AAMFT Core Competencies_20XX

Email your documents to the Coordinator of Graduate Studies by April 30. This is a hard deadline. The MFT faculty will get back to you with feedback. Use the categories below for the document you submit.

**Academic Progress**

1. List the courses you have taken this year and the grades you received.

2. Briefly describe the development of your conceptual knowledge of MFT during the past year.

3. Briefly describe any professional literature (journals, books, videos) you have accessed, other than material required in courses or course projects.

**Clinical Progress**

4. Briefly describe the development of your clinical abilities during the past year – As part of this, please complete the attached AAMFT Core Competencies Self-Evaluation Checklist and submit along with this report.

5. List sites where you have practiced this year, your onsite supervisor, your average hours per week in the setting, and your primary responsibilities.

6. How many clinical hours have you logged this year? How many with couples and families?

7. How many supervision hours have you logged this year? Individual? Group? How many with access to raw clinical data?

8. Are your records of clinical and supervision hours up to date (as of March 31, _____) with the Coordinator of Graduate Studies? YES NO

   If “No” explain why not:

9. If you will be doing practicum or "continuous clinical experience" hours next year, do you expect to remain in the same setting or find a new setting? If a new setting, what do you have in mind?
10. If you have done the supervision practicum this year, how many hours did you log of supervision contact and supervision of supervision? And do you expect to continue next year?

11. If you have not yet done your internship, when do you expect to do it? Do you expect to do a clinical or hybrid internship? Will it be local or out of area?

Professional Involvement

12. Have you participated in any Minnesota-based professional association (i.e., MAMFT, MCFR, etc.) activities?

13. Indicate any conferences or workshops you attended this year.

14. List any professional presentations you submitted, had accepted, or conducted during the last year.

15. List any submitted, accepted, or published papers.

Service or Public Engagement

16. Identify any presentations you gave, service you provided, your public engagement activities you did with community groups.

Logistics

17. How would you evaluate your performance this year on paperwork and other logistical expectations, such as turning in your clinical hours and annual self-report in a complete and timely fashion?

Areas of Concern

18. Indicate concerns you have about your progress in the program.

Feedback to the MFT Program

19. Indicate what you see as program strengths and weaknesses.

20. Describe any suggestions you have for improving the program.
**APPENDIX K: ANNUAL FACULTY EVALUATION OF CFT STUDENT CLINICAL DEVELOPMENT**

Student Name: ___________________________ Year Entered CFT Program: ________________________

The following evaluation is based on the student's annual self-evaluation materials as well as the CFT Program faculty experiences with the student. Students are rated on how well they are meeting program and faculty expectations in the CFT Program's educational outcome areas and the AAMFT Core Competencies.

<table>
<thead>
<tr>
<th>The student is able to:</th>
<th>Below Developmental Level</th>
<th>At Developmental Level</th>
<th>Exceeds Developmental Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>knowledgeably consume and produce relationally-oriented research that seeks to improve the health and well-being of individuals, couples, families and societies.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>independently teach at the University level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>articulate the diverse social contexts that influence their work and the influence of their work on those diverse social contexts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competently practice as a C/MFT clinician (can work with a wide range of families and populations) and is on track to meet the didactic requirements to be an AAMFT Approved Supervisor.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*All categories relate to “appropriate” development levels. Therefore, most students who are progressing satisfactorily will be ranked "At Developmental Level" given that they are still participating in the learning process. "Below" or "Exceeding" Developmental Level are rarely given for the same reason.

**AAMFT Core Competencies Statement**

-Student is at an appropriate level of achievement for the majority of the core competencies.

-Student and/or faculty have identified areas of growth pertaining to one or more of the core competencies.

**General Assessment**

Areas of Strength:
________________________________________________________________________
________________________________________________________________________

Areas of Improvement:
________________________________________________________________________
________________________________________________________________________

CFT Program Director: ___________________________ Date: ______________________

*University of Minnesota - Couple and Family Therapy Doctoral Program*
APPENDIX L: CFT GRADUATE EXIT INTERVIEW PROTOCOL

A CFT faculty representative will be selected from the core faculty to interview graduates of the program to help assess that student learning and program outcomes are being met. The interview will also provide an opportunity for the graduate to give feedback on their overall experience of the program and any changes that they believe need to be made to enhance the educational experience of current and future students. The interview will be confined to no more than one hour and can be completed in person or via technology assistance. The faculty member will submit a final report of the interview to both the students and the other CFT faculty. A copy of the report will be kept on file with the Program Director.

Students will be asked the following forced-choice questions.

<table>
<thead>
<tr>
<th>My education prepared me to:</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>knowledgeable consume and produce relationally-oriented research that seeks to improve the health and well-being of individuals, couples, families and societies.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>independently teach at the University level</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>articulate the diverse social contexts that influence my work and the influence of my work on those diverse social contexts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competently practice as a C/MFT clinician (can work with a wide range of families and populations) and I’m on track to meet the requirements to be an AAMFT Approved Supervisor.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The CFT Faculty was:

| engaged in research relevant to C/MFT                                                      |                   |          |       |                |
| demonstrated effective teaching abilities                                                  |                   |          |       |                |
| purposeful in addressing issues of diversity throughout the program (in class, practicum, research group, etc) |                   |          |       |                |

Students will be asked the following open-ended questions.

- What was your overall experience like in the CFT program?
- What things are we doing well that we should keep doing or enhance?
- In what areas can we make improvements to ensure our students have a high quality educational experience?
- Please say something about how prepared you feel you are to embark on your chosen career.
APPENDIX M: CFT PROGRAM DIRECTOR EVALUATION

COAMFTE standards require a periodic evaluation of the CFT program director. Use the instrument below to evaluate the CFT Program Director’s performance over the past year. Include additional information on an attached separate sheet.

**Program Director Name:** ____________________________  **Date:** ____________________________

**Role of Evaluator (i.e., Dept. Head, Student, Faculty member, etc.):** ____________________________

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
<th>IDK</th>
</tr>
</thead>
</table>

The CFT Program Director...

- Appropriately represents the CFT program at departmental and college functions.  
  1  2  3  4  5

- Attends the AAMFT national conference regularly and effectively recruits students to the program.  
  1  2  3  4  5

- Is available to meet with students to discuss program-related concerns.  
  1  2  3  4  5

- Provides effective leadership sufficient to meet the program’s stated learning outcomes.  
  1  2  3  4  5

- Conducts regular CFT faculty meetings.  
  1  2  3  4  5

- Is open to hearing differing opinions about the administration of the program.  
  1  2  3  4  5

- Understands and successfully implements COAMFTE accreditation guidelines.  
  1  2  3  4  5

- Communicates effectively with relevant stakeholders (communities of interest) about program business.  
  1  2  3  4  5

- Is a good professional role model  
  1  2  3  4  5

- Demonstrates innovation in trying to meet the CFT program Goals  
  1  2  3  4  5

- Helps to develop a safe environment for a diverse student body.  
  1  2  3  4  5

Please offer context for any of your comments or add additional information not requested on the form on a separate sheet.

Return this form to the Coordinator of Graduate Studies in 290 McNeal Hall
APPENDIX N: POLICY ON CFT STUDENTS PROVIDING SUPERVISION TO OTHER CFT STUDENTS

Advanced CFT Students as Clinical Supervisors to other UMN CFT Students

**Background:** On rare occasion CFT students will have clinical opportunities at sites where advanced Doctoral students from the CFT program are also providing administrative or clinical supervision. Despite this being a rare occurrence, it can happen. The following policy will act as a guide to protect the supervisee as well as the supervisor.

Supervision between doctoral students in the program is typically not permitted. In rare cases where an advanced doctoral student is providing supervision at a clinical site the following conditions must be met for the supervision to count.

The practicum site must be approved by the CFT faculty as a site that will provide the particular student with an experience that cannot be received elsewhere. Also, the supervisor in question must be significantly more advanced in the program than the supervisee. The following conditions must ALL be met:

- The supervisor is at least 3 years senior in the CFT program to the supervisee
- The supervisor has completed all didactic coursework in the CFT program
- The supervisor is a licensed LAMFT
- The supervisor is a State or AAMFT Approved Supervisor (or is currently receiving supervision on his/her way toward such designation)
- The CFT program director must draft up a letter of agreement (signed by all core CFT faculty and students involved) indicating that all these conditions have been met to be included in both students’ files.
APPENDIX O: SUPERVISOR/SUPERVISION EVALUATION

Although the University has an instrument and process for students to evaluate faculty teaching, the instrument is not adequate to evaluate clinical supervision. The following instrument was designed to elicit feedback from students about their clinical supervision experiences in relation to the goals and learning outcomes of the CFT program in the Department of Family Social Science. Return completed forms to the Graduate Secretary (290).

<table>
<thead>
<tr>
<th>Supervisor Name: ___________________________</th>
<th>Date: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicum/Internship (circle one) Site: ______________</td>
<td>Semester: ______________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The supervisor…</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>allowed sufficient time for feedback/discussion.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>was available for consultation outside scheduled hours.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>fostered a safe environment in which to discuss cases.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>was sensitive to ethical issues.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>promoted the program’s goal to help us become more competent CFT clinicians.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>supported self-of-therapist development.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>facilitated discussions on the intersection of research and practice when appropriate.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>facilitated discussions on how social contexts may influence our clinical work and how our clinical work may influence the social context.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Overall, I was pleased with my experience.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

Please comment on the strengths and weaknesses of your supervisor or supervision experience and offer suggestions for improvement.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
APPENDIX P: STUDENT EVALUATION OF SUPPORT SERVICES

COAMFTE standards require a periodic evaluation of the University’s Student Support Services. Use the instrument below to evaluate your experiences of the support services you’ve used. If you have not used the services simply indicate DNA for Does Not Apply.

<table>
<thead>
<tr>
<th>Student Service</th>
<th>The service did not meet my needs</th>
<th>The Service met my needs</th>
<th>DNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boynton Health Services</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Computer Services</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Departmental Computer Resources</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Office of the Director of Graduate Studies (FSoS)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability Services</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Student Services</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT Fellows in the department</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Counseling and Consulting Services</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Minnesota Library</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Recreation &amp; Wellness</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Writing Center</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please offer context for any of your comments above or provide suggestions for improvement in the space below.

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Return this form to the Coordinator of Graduate Studies in 290 McNeal Hall
APPENDIX Q: SURVEY OF CLIENTS AT RS EDEN

This survey to be administered at the end of every other session of therapy with RS Eden clients

<table>
<thead>
<tr>
<th>Therapist Name: ___________________________</th>
<th>Session Date: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>I feel like my therapist understood me.</td>
<td>○</td>
</tr>
<tr>
<td>I feel respected by my therapist.</td>
<td>○</td>
</tr>
<tr>
<td>I believe my therapist is competent.</td>
<td>○</td>
</tr>
<tr>
<td>I was satisfied with my session today.</td>
<td>○</td>
</tr>
<tr>
<td>Feedback for my therapist:</td>
<td>____________________</td>
</tr>
<tr>
<td></td>
<td>____________________</td>
</tr>
<tr>
<td></td>
<td>____________________</td>
</tr>
<tr>
<td></td>
<td>____________________</td>
</tr>
</tbody>
</table>
FINAL APPENDIX ACCREDITATION DOCUMENTS
University Mission
The University of Minnesota, founded in the belief that all people are enriched by understanding, is dedicated to the advancement of learning and the search for truth; to the sharing of this knowledge through education for a diverse community; and to the application of this knowledge to benefit the people of the state, the nation, and the world. The University’s mission, carried out on multiple campuses and throughout the state, is threefold: Research and Discovery, Teaching and Learning, and Outreach and Public Service.

College of Education and Human Development Mission
The College of Education and Human Development is a world leader in discovering, creating, sharing, and applying principles and practices of multiculturalism and multidisciplinary scholarship to advance teaching and learning and to enhance the psychological, physical, and social development of children, youth, and adults across the lifespan in families, organizations, and communities.

Family Social Science Mission
Our mission is to enhance the well-being of diverse families in a changing world through teaching, research, and outreach.

Couple and Family Therapy Program Mission
The mission of the CFT Program is to educate and mentor the next generation of leaders and agents of social change in the field of couple/marriage and family therapy (C/MFT) to work systemically with diverse families and communities locally and internationally. Faculty and students engage in scholarship that advances a relational perspective within the science and practice of improving the health and well-being of individuals, couples, families, and society.

Program Outcomes
The CFT program will:
1. Be recognized as a leader in C/MFT doctoral education.
2. Maintain a diverse faculty & student body in accordance with COAMFTE standards that have a core identity as scientist-practitioners in C/MFT.
3. Graduate students who are prepared to engage in C/MFT scholarship across teaching, research and service.
4. Prepare students to secure employment in an

Student Learning Outcomes
All graduates of the CFT program will:
1. Be knowledgeable consumers and producers of relationally-oriented research that seeks to improve the health and well-being of individuals, couples, families and societies.
2. Be prepared to independently teach at the university level.
3. Be prepared to articulate the diverse social contexts that influence their work and the influence their work has on those diverse social contexts.

Faculty Outcomes
All CFT faculty members will:
1. Be engaged in research relevant to couple/marriage and family therapy.
2. Demonstrate effective teaching abilities including the use of technology and attention to diversity issues related to the subject matter.
3. Be clinically active and meet state licensing and credentialing standards appropriate to their developmental level and supervisory obligations.
4. Provide service in the department, university, the
| **area specific to C/MFT (including post-doctoral experiences).** | **4. Be competent C/MFT clinicians** work with a wide range of families and populations) who meet the didactic requirements to be an AAMFT Approved Supervisor. | **field, and to other interested and diverse communities.** |

**Color Key:** Diversity, Research, Teaching/Learning, and Outreach/Clinical
Research
Be knowledgeable consumers and producers of relationally oriented research that seeks to improve the health and well-being of individuals, couples, families and societies.

- 85% of all students will present their research at local, state or professional conferences.
- All students will critically evaluate a body of literature related to their research area.
- All students will have an opportunity to take the lead in an independent research project prior to beginning the dissertation.
- All students will have an experience of working with a quantitative data set.
- All students will have an experience of engaging in qualitative research methods.
- All students will pass the Couple/Marriage and Family Therapy Research Methods Course.
- 85% of all students will publish at least one article in a peer-reviewed journal during the program.
- 85% of doctoral dissertations will focus on a relationally oriented topic.

Data Sources: Student annual self-evaluations, critical and special completion (preliminary examination process), student transcripts, student CVs, review of dissertation topics and student publications.

Teaching
Be prepared to independently teach at the university level.

- 75% of all students will have an opportunity to serve as Teaching Assistants during their time in the program.
- 75% of all students will enroll in the Preparing Future Faculty (PFF) or similar program or secure an independent teaching contract at a local university or college.
- All students will be made aware of local teaching opportunities as they arise.
- All students will have an opportunity to guest lecture or lead a discussion in at least one graduate level course.
- All students will have an opportunity to include teaching as part of their doctoral internship.
- 85% of all students will present their research at local, state or professional conferences.

Data Sources: Review of assistantship assignments, transcripts, yearly student evaluation, email communications from program director, review of internship agreement documents, review of student CVs.

Diversity and Social Context
Be prepared to articulate the diverse social contexts that influence their work and the influence their work has on those diverse social contexts.

- All students will address diversity and social context in their Theory of Change paper and presentation and will receive feedback from the faculty about how they approached it.
- 85% of students will have had clinical or research experiences with diverse populations during the program.
- All students will be exposed to topics related to diversity and social context in both research and clinical courses while in the program.

Data Sources: Theory of change paper and presentation faculty assessment form, review of clinical activity, review of program/dept. syllabi, preliminary examination process.

Clinical

Be competent C/MFT clinicians (work with a wide range of families and populations) who meet the didactic requirements to be an AAMFT Approved Supervisor.

- All students will meet the CFT program definition of C/MFT Clinical Competency upon graduation.
- All students will complete the 30 hour supervision fundamentals course and write a theory of supervision paper prior to graduation.
- All students will be clinically active during their time in the program.
- All students will have their clinical activity regularly evaluated by faculty members within the program as well as by appropriate community clinical supervisors.
- All students will formally articulate their theory of change twice and have an opportunity to present it to peers and colleagues (beginning Fall 2013).
- 90% of all students will be licensed as MFTs three years post graduation.
- 90% of all students will be clinically active three years post graduation.

Data Sources: Annual student evaluations (self-evaluation, faculty, practicum/internship and/or appropriate community supervisors), clinical competency statement, student transcripts, theory of change feedback forms in student file, alumni survey, exit interviews.

Couple and Family Therapy – Faculty Outcomes

Research

Be engaged in research relevant to couple/marriage and family therapy.

- All faculty will publish C/MFT related research in peer-reviewed outlets generally associated with the field or the fields of our collaborators.
- All faculty will be engaged in identifying potential sources, submitting requests for and/or securing funding for their research (from either internal or external sources).
All faculty will present their research at local, state, national, or international venues.
All faculty will mentor students in the research process (including serving on student dissertation committees) and faculty publications/presentations will reflect student involvement.

**Data Sources:** Annual Faculty Report, faculty CVs, program pamphlet showing research interests, faculty profiles on FSoS website.

**Teaching**
*Demonstrate effective teaching abilities including the use of technology and attention to diversity related to the subject matter.*

- All faculty will be effective teachers (at both graduate and undergraduate level) as evidenced by mean scores of 4 or above on the faculty senate approved “6-core” items on the Student Rating of Teaching (SRT) administered by the U of MN’s Office of Measurement Services.
- All faculty will use technology where appropriate to assist in teaching.
- All faculty will infuse the language and content of diversity and social context into their instruction through lectures, discussions, or experiential activities.

**Data Sources:** Annual faculty report, faculty CVs, program syllabi, physical inspection of Room 377’s technology resources.

**Clinical**
*Be clinically active and meet state licensing and credentialing standards appropriate to their developmental level and supervisory obligations.*

- All faculty will be clinically active in the practice of C/MFT.
- All faculty will be AAMFT and/or State approved C/MFT supervisors or will be working toward such depending on developmental level.
- All faculty will be fully licensed to be independent practitioners of C/MFT or will be working toward such depending on developmental level.

**Data Sources:** Annual Faculty Report, faculty CVs.

**Service**
*Provide service in the department, university, the field, and to other interested and diverse communities.*

- All faculty will provide departmental, college, or university service through committee
membership.
- Faculty will serve as dissertation/thesis committee members for non-CFT students.
- All faculty will participate in CFT program governance by regular attendance at CFT faculty meetings.
- All faculty will demonstrate involvement in service to the field by serving on editorial review boards or participating in the peer review process as Ad Hoc reviewers.
- 75% of faculty will demonstrate that they have offered service to the field by holding office or committee membership in a state or national professional association.
- 75% of the faculty will demonstrate that they are involved in service to the field outside the state of Minnesota.
- All faculty will demonstrate a willingness to engage in pro bono services to individuals/communities in need.

**Data Sources:** Annual Faculty Report, faculty CVs, faculty profiles on FSOS website, departmental tenure and promotion policy (7.12), departmental committee composition.

**Couple and Family Therapy – Program Outcomes**

**Leadership**
*Be recognized as a leader in C/MFT doctoral education.*

- The program will rank in the top 50% of all C/MFT programs when comparisons are made about research productivity.
- The program will have students, faculty and alumni who are recognized for their excellence.
- The program will have students, faculty and alumni who take on leadership positions in the field.

**Data Sources:** Peer-reviewed publications that compare program research productivity, alumni, student, and faculty vitae (leadership positions, honors, awards, etc.).

**Diversity**
*Maintain a diverse faculty and student body in accordance with COAMFTE standards* that have a core identity as scientist-practitioners in C/MFT.

- At least 50% of the student body will be comprised of individuals who identify some aspect of their personhood as being distinct from the majority culture (see COAMFTE definition below).
- At least 50% of the C/MFT faculty will be comprised of individuals who identify some aspect of their personhood as being distinct from the majority culture (see COAMFTE definition below).
A variety of clinical orientations, research interests, and personal epistemologies will be represented among the faculty and students in the program.

**Data Sources:** Theory of change papers, student and faculty CVs, titles and topics of Criticals, Specials and Dissertations. Student/Faculty demographics and new student application materials - diversity statement.

*COAMFTE standard - ...representation of multiple groups...with regard to gender, race, ethnicity, sexual orientation, age, culture, environment, health/ability, nationality, religion, spirituality, and socio economic status.*

**Education**

*The program will graduate students who are prepared to engage in C/MFT scholarship across teaching, research and service.*

- 85% of all students will demonstrate preparedness by completing degree requirements (graduating) in a timely manner.
- 85% of all students will have demonstrated preparedness by publishing or presenting research at a professional conference
- 75% of all students will have demonstrated preparedness by teaching at the university level.
- All students will have demonstrated preparedness by providing professional service (clinical or other) in a community or professional setting.

**Data Sources:** Student annual reports, student CVs, alumni CVs

**Placement**

*Prepare students to secure employment in an area specific to C/MFT (including post-doctoral experiences).*

- All students will be employed within 12 months of graduation.
- 65% of all graduates will be employed in academic or scientific positions.

**Data Sources:** Graduate exit interviews (beginning Spring 2015), alumni CVs.

All results of data collected are available upon request (see program director).
Racial, Cultural, and Epistemological Composition of Faculty, Students, and Supervisors

The CFT program values and welcomes diversity in all its forms. We use the COAMFTE definition of diversity in how we conceptualize and track the program’s diversity goals and allow individuals in the program to “self-identify” whether or not they meet the standards we’ve set.

We strive for “…representation of multiple groups...with regard to gender, race, ethnicity, sexual orientation, age, culture, environment, health/ability, nationality, religion, spirituality, and socio-economic status” along the following program outcomes

- At least 50% of the student body will be comprised of individuals who identify some aspect of their personhood as being distinct from the majority culture.

- At least 50% of the CFT faculty will be comprised of individuals who identify some aspect of their personhood as being distinct from the majority culture.

- A variety of clinical orientations, research interests, and personal epistemologies will be represented among the faculty, supervisors, and students in the program.

We believe that in meeting these program outcomes faculty, supervisors, and students are more likely to be in touch with the lived experiences of those in our program’s communities of interest, including our clients, research participants, potential employers, and program alumni. Further, we believe that allowing individuals in the program to self-identify with these criteria enhances our opportunity for dialogue around diversity topics.
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<th>Assessment Type</th>
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<td>Faculty Annual Report (self-report and</td>
<td>Yearly – spring semester</td>
<td>CEHD Website</td>
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<td>meeting w/Dept. Head)</td>
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<td>Practicum Supervisor Evaluation</td>
<td>End of each semester of practicum</td>
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<td>Program Director</td>
<td>Even numbered years – end of spring</td>
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<td><strong>Students</strong></td>
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<td>Yearly FSoS student review</td>
<td>Yearly - Fall for all non ABD students</td>
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<td>Yearly CFT review (self and faculty)</td>
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<td>General Student Survey</td>
<td>Every 3 years 2015, 2018, 2021, etc.</td>
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<td>Student Support Services</td>
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<td>Educational Outcomes compared against</td>
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<td>benchmarks</td>
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<td>Review and revision of all educational</td>
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<td>outcomes</td>
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<td>General Alumni Survey</td>
<td>Every 3 years 2015, 2018, 2021, etc.</td>
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<td>Communities of Interest General Survey*</td>
<td>Every 3 years 2015, 2018, 2021, etc.</td>
<td>Unique by year administered</td>
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<tr>
<td>Fiscal, Physical, &amp; Clinical Resources</td>
<td>Yearly</td>
<td>CFT Handbook appendix P</td>
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<td>Review (Maintenance Criterion A)</td>
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*This has only happened informally currently. In 2015 we’ll be conducting a formal survey of our communities of interest at a broader level.*