



COAMFTE

Commission on Accreditation for
Marriage and Family Therapy Education

Accreditation Standards

Graduate & Post-Graduate Marriage and Family Therapy Training
Programs

Version 12.0

Published August 2017
Effective January 1, 2018

©2017 by the Commission on Accreditation for Marriage and Family Therapy. All Rights Reserved.

Table of Contents

Preamble	2
The Underlying Philosophy of the Standards	2
Outcome-Based Education Philosophy.....	5
Excellence in Programs: Guiding Principles and Outcomes for Accredited Programs	5
About Accreditation	8
The Role of Master’s Degree, Doctoral Degree and Post-Degree Programs	8
Eligibility for Accreditation	10
Eligibility Criterion A: Program Identity as Educating MFTs	10
Eligibility Criterion B: Faculty Identity as MFTs	10
Eligibility Criterion C: Program Leadership	11
Eligibility Criterion D: Institutional Accreditation/Oversight.....	12
Eligibility Criterion E: Evidence of Program Implementation	13
Eligibility Criterion F: Accuracy and Program Transparency in Publications	13
Eligibility Criterion G: Establishment and Accessibility of Policies.....	14
Eligibility Criterion H: Diversity in Program Composition	15
Eligibility Criterion I: Student Concerns, Complaints, and Grievances	16
Accreditation Standards.....	17
Standard I: Outcome-Based Education.....	17
Standard II: Commitment to Diversity and Inclusion	20
Standard III: Infrastructure and Environmental Supports	22
Standard IV: Curriculum	28
Standard V: Program Effectiveness and Improvement	37
Maintenance of Accreditation	40
Maintenance Criterion A: Ongoing Fiscal and Physical Resources	40
Maintenance Criterion B: Ongoing Evidence of Student/Graduate Achievement.....	40
Maintenance Criterion C: Substantive Changes	41
Glossary.....	42
Clarification of Terms	52
References.....	54

Preamble

The Underlying Philosophy of the Standards

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) strives to ensure excellence in educational programs by developing accreditation standards that are broad and forward thinking that meet not only the current but also the evolving needs of society. Additionally, COAMFTE provides leadership and advocates for change in the larger practice and regulatory communities in defining competency. COAMFTE is committed to developing standards based on multiple-Communities-of-Interests' involvement and perspectives, and in doing so promoting educational standards endorsed by the Marriage and Family Therapy (MFT) profession. To that end, these accreditation standards are based on the following guiding principles.

First, programs must prepare professionals for the variety of roles they fulfill in the community and reflect the contemporary professional climate. Although accreditation standards established by COAMFTE have historically focused on the training of Marriage and Family Therapists who typically practiced within therapy settings, contemporary programs educate a broader array of professionals. Today's graduates engage in a much wider range of professional roles, as practitioners, educators, trainers, supervisors, researchers, and consultants (among others). In several places within the standards the words "individual" and "couple" has been added to the traditional use of the term "marriage and family therapy", and the word "professional" has also been added when talking about Marriage and Family Therapists who may teach, conduct research, supervise, and/or provide administration in the field of Marriage and Family Therapy. There are several reasons for this addition: the standards must be congruent with changes in society concerning marriage; they must reflect the development of the profession itself; and they must be inclusive in language to capture the contemporary professional climate of the profession. Thus, the standards have a broader focus than previously and focus on the education of **Marriage and Family Therapy Professionals** rather than solely therapists and recognize that scope of practice applying relational/systemic and/or post-modern perspectives involves individual, couple, marital, and family therapy. However, the Commission recognizes that the name of our profession is, and will continue to be, Marriage and Family Therapy (MFT), state licensure laws credential MFTs and expect students to graduate from MFT programs, and our parent organization remains the American Association for Marriage and Family Therapy (AAMFT).

Second, **MFTs** have a **relational/systemic philosophy** and endorse **relational/systemic ethics**; programs must educate students to have this distinct perspective. It is a perspective about professional responsibilities and a set of professional practices that includes assessment, diagnosis, consultation, and treatment of individual or relational concerns, with a variety of mental and physical health issues, DSM and ICD diagnoses¹, and other concerns presented by

¹The DSM refers to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5; American Psychiatric Association,

clients such as work- or school-related difficulties. This perspective is applicable to a wide variety of circumstances including individual, couple, family, group, and community problems. It applies to all living systems; not only to persons who are in significant, coupled relationships or who have a conventional family. MFTs use the **AAMFT Code of Ethics**, which emphasizes relational/systemic ethics as a professional code of conduct, and contextually-informed best practices as standards for guiding practice and professional endeavors. *The standards ensure that this perspective permeates all aspects of accredited programs.*

Third, inherent in the relational/systemic perspective is the importance of always considering context and recognizing the value of multiple perspectives; MFTs are **multiculturally-informed** and consider a global context². They consider the influence and effects of multiculturalism and globalization and consider the perspectives from many local, national, and global communities simultaneously. Programs must educate students for the ever-changing diverse world in which they will work and live as well as meet the needs of international students and graduates who will engage in professional endeavors in countries other than their own. *The standards encourage programs to educate MFT professionals to look beyond their immediate context and to become multiculturally-informed and globally-minded.*

Fourth, programs must strive for **diversity** and **inclusion**. Programs strive for a diverse faculty and student body in terms of race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories, immigration, and/or language, with a regard for the rights of religiously affiliated institutions. Not only does this prepare MFT professionals for today's diverse, ever changing globally connected society but also it creates a stimulating, creative, and synergistic learning context. *The standards focus on creating an inclusive teaching/learning environment that incorporates educational practices reflective of a **broad spectrum** of students.*

Programs ensure that all clients, students, supervisees, and research subjects, (among others) regardless of family composition, race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, political, religious and spiritual beliefs, nation of origin or other relevant social categories, immigration, and/or language, relational status, are treated with respect, dignity, and in keeping with the tenants on diversity and inclusion in the AAMFT Code of Ethics.

2013) and is the universal authority for classification and diagnosis of mental disorders. It is used as a diagnostic tool to determine treatment recommendations and to determine payment of health care providers. The ICD refers to the International Classification of Diseases, 10th Revision (ICD-10) and is a way of classifying, processing, and presenting mortality data from death certificates. The United States uses the ICD for classification of diseases and injuries under an agreement with the World Health Organization (1992). For more information see www.cdc.gov/nchs/icd9.htm

² An outgrowth of the multicultural agenda is a call for MFT educators to develop students' professional competencies for practice beyond western culture (McDowell, Goessling & Melendez, 2010; McDowell, Fang, Kosutic, & Griggs, 2012; Platt, 2010). Consistent with the progressive and increasing trend toward global education in higher education and our health profession counterparts (Leong & Ponterotto, 2003; Leung, 2003), the standards include a focus on preparing MFTs to be globally-minded professionals. For a discussion of the application of these ideas in MFTs see Platt and Laszloffy (2012).

Programs teach ways that MFTs can support marginalized and underserved communities and demonstrate an appreciation for the many ways that discrimination negatively influences the lives of marginalized and underserved people served by MFT professionals, including **anti-racism** and work with **sexual and gender minorities** and their families. *The standards promote inclusion, respect for diversity, non-discrimination, and social responsibility from a perspective that is appreciative of the effects of larger sociocultural factors, on experience.*

Fifth, it is important for the growth of the profession for programs educating Marriage and Family Therapists to be embedded in a variety of educational contexts with unique **missions**. Programs also exist in many differing organizational structures within varied institutions (i.e., public, private, secular and faith-based universities, institutes, and healthcare settings) and are titled according to their mission (e.g., marriage and family therapy program; couple, marriage, and family therapy program; medical family therapy program). These differing missions and organizational structures can require differing emphasis and may lead to understandable tension regarding the focus of accreditation standards. For example, faith-based programs must be allowed to offer education congruent with their right to religious freedom, and research focused programs must be allowed to differentiate from the historical emphasis on clinical training. *The standards recognize the varied missions and organizational structures in mind and allow for, as well as encourage, specialization and/or multiple foci within any given program in master's degree, doctoral degree, and post-degree education.*

Sixth, programs must focus on developing student competency in order to safeguard those served by MFTs. Programs have the responsibility for preparing students adequately for any existing regulation/certification, such as marriage and family therapy (MFT) licenses or certifications. In addition, preparation should not only address the locale where graduates are likely to practice, but to the best of their ability, programs should provide an education (e.g., curriculum, practical experience, fulfillment of specific requirements for working within a particular context or community) encouraging the greatest degree of transferability of graduates' qualifications in today's diverse and global context. *The standards stress the development of competency that accomplishes this goal and include steps towards aligning accreditation and regulatory efforts to support reciprocity in the recognition of MFT credentials.*

Finally, it is necessary for the advancement of the profession and for MFT professionals to serve as leaders in the profession, demonstrating the upmost competency; programs must train professionals based on state-of-the-art MFT scholarship, infuse a culture of research and establish the importance of research-based education within the profession. Although this is an expectation of all programs, programs will vary in emphasis and should do so consistent with their mission. Doctoral programs have a primary responsibility and role in this regard to train professionals who contribute scholarship and conduct research. *The standards reflect an increased focus on research, the particular role doctoral programs play and the potential role some masters/postgraduate programs might assume.*

Outcome-Based Education Philosophy

COAMFTE is committed to strengthening education in the profession of Marriage and Family Therapy, and to an **outcome-based education** philosophy where the focus is on the assessment of **Student Learning Outcomes** (empirical measures of student competencies and **student and graduate achievement** at the student and program level) rather than only on the assessment of inputs (such as coursework and resources available to students). The primary focus of assessment is evaluating programs' **outcomes**, based on specific measures of student and graduate competency. However, to ensure excellence in programs, accreditation includes a combination of **input-based standards** and **outcome-based standards**. Input-based standards provide consistency across programs, contribute to a common understanding of minimum standards with accredited programs, and facilitate portability of education for licensure. This approach is all done within a broader focus on outcomes that establishes the effectiveness of the programs³.

Excellence in Programs: Guiding Principles and Outcomes for Accredited Programs

COAMFTE accredited education programs aspire to the following guiding principles:

- A comprehensive and significant focus on and content in relational/systemic philosophy and ethical practice, as well as **MFT** knowledge, theories and research.
- Incorporation of a relational foundation, as reflected in the application of the **Professional Marriage and Family Therapy Principles (PMFTPs)** within the curriculum, program organization/structure, and educational process as appropriate to the mission of the program. The PMFTPs include: the AAMFT Code of Ethics, the **MFT Core Competencies**, the **AMFTRB Examination Domains, Task Statements, and Knowledge Statements** and relevant state licensing regulations.
- A commitment to multiculturally-informed education that includes an understanding of how larger social processes lead to systemic inequality and disadvantage for **diverse, marginalized, and/or underserved communities**; and the responsibility of MFTs in addressing and intervening in these systems when working with systemically disadvantaged diverse, marginalized, and/or underserved communities.
- A commitment to an **inclusive and diverse learning environment** that considers student input, includes transparent processes and policies, and provides educational opportunities for a broad spectrum of students. This includes a commitment to treating

³Current accreditation trends recognize the value of input based and outcome-based standards, and include them both in contemporary accreditation standards. See http://www.chea.org/pdf/fact_sheet_5_operation.pdf

all students with respect, equity, and appreciation regardless of their race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories, immigration status, and language.

- A focus on providing educational experiences congruent with the program's mission, goals, and outcomes (for example, doctoral degree programs might include specific training in research and teaching rather than focusing on advanced clinical training or licensure, while post-degree programs might focus on the development of advanced relational clinical skills and master's degree program might promote a specific clinical model or practice context).
- Adequate and appropriate access to learning resources so that students can acquire the requisite relational/systemic philosophy, skills, knowledge, and ethical awareness, and be multiculturally-informed in preparation for professional practice as MFTs.
- A commitment to upholding contemporary standards in outcome-based education that emphasizes the assessment of competencies and ongoing self-evaluation and program improvement.
- A commitment to clinical training, if part of a program's mission, that includes clinical contact hours with individuals, couples, families, and other systems, with relationally-oriented clinical supervision, that includes significant use of observable data (e.g., audio and video recordings, as well as observation of therapy during live supervision [behind the mirror, in the room co-therapy, reflecting teams, etc.]).
- A commitment to relational research congruent with the program's mission, goals, and outcomes (for example, doctoral degree programs might focus on doing specialized research in a particular area while post-degree programs and master's degree programs might focus on being informed consumers of research to improve services).

MFT educational programs aspire to adopt and demonstrate achievement of the following qualities and values inherent in the standards:

- Graduates demonstrate competence as MFTs through measured outcomes with a distinct MFT perspective; a perspective that includes a relational/systemic philosophy that is multiculturally-informed, and uses relational/systemic ethics in their professional endeavors.
- Graduates demonstrate the ability to provide MFT services to clients, supervisees, groups, agencies/institutions, communities, and others who have diverse perspectives and social identities.

- Graduates have a **Marriage and Family Therapy professional identity**. This identity includes adopting the AAMFT Code of Ethics as a guide for professional conduct, and may include, for example, utilizing the Professional Marriage, and Family Therapy Principles (PMFTPs), membership in **relationally-focused organizations**, relational licenses/certification, and/or demonstrating relational identities in their work and/or other environments.
- Graduates, if applicable to the context and mission of their training and professional position, seek to be **Licensed/Provisionally Licensed/Registered** as **MFTs** and recognized as **AAMFT Pre-Clinical Fellows** (and eventually **AAMFT Clinical Fellows**).
- Graduates contribute to the profession of Marriage and Family Therapy (MFT) through such activities as disseminating MFT scholarship in the community, developing innovative practices, and/or participating in or conducting research.
- Graduates are employed in many contexts (e.g., community agencies, private practices, healthcare settings, universities, various educational and governmental institutions, schools, military/veterans settings, etc.) and in many capacities (e.g., clinicians, administrators, researchers, teachers, supervisors, etc.). Graduates creatively apply MFT education to these contexts.
- Faculty in MFT educational programs share the following characteristics:
 - Faculty members share a commitment to being knowledgeable and are competent to work with a broad spectrum of students and develop an inclusive teaching/learning environment.
 - The **core faculty** (identifiable faculty members with primary instructional responsibility of the MFT curriculum) demonstrate competence as MFTs and identify professionally primarily as MFTs. This identity includes adopting the AAMFT Code of Ethics as a guide for professional conduct, and may additionally include, for example, utilizing the PMFTPs, membership in relationally-focused organizations, relational licenses/certifications and/or demonstrating relational identities in their work and/or other environments.
 - Core Faculty members possess the appropriate educational, clinical, and supervisory credentials congruent with the mission of the program and as defined in the subsequent standards.
 - Core faculty members contribute to the profession through various ways: scholarship, research, teaching, supervision, practice, and/or service.
 - Programs utilize additional faculty whose training and/or expertise is appropriate for courses/material taught and who demonstrate understanding of the relational orientation of the profession, as needed. Additional faculty members teach effectively and support the program's mission, goals, and outcomes.

About Accreditation

Accreditation is both a voluntary process and a public service that demonstrates that a program provides quality education. Accreditation is a public service that encourages programs to continue their own self-evaluation and development; and indicates that programs are meeting established standards and their own stated objectives. It involves assessing a program's compliance with specified educational standards developed by a consensus of professionals. Once accreditation is granted, it provides a credential to the public that indicates a program is committed to maintaining educational quality consistent with established standards. Accreditation assures prospective employers that students have graduated from a program that meets quality standards, and provides and safeguards for the protection of clients, research subjects, supervisees, etc. For students, accreditation provides a reasonable basis for the evaluation and selection of educational programs and assurance that they receive an education consistent with agreed upon standards by a community of professionals.

COAMFTE accredits master's degree program, doctoral degree programs, and **post-degree programs** that meet the standards set by COAMFTE for the profession of marriage and family therapy. Standards guide programs while also creating a context that supports and encourages innovation. COAMFTE is vested with the authority to modify the standards in order to meet evolving educational practices and the changing needs of those served. Programs are exempt from those standards that would require them to violate the local and national laws. COAMFTE is recognized by the Council for Higher Education Accreditation (CHEA) and is a member of the Association of Specialized Professional Accreditors (ASPA).

The process of accreditation involves a self-study report from the program, an on-site visit, and an evaluation by COAMFTE. The self-study process is continuous and is a requirement for continued maintenance of accreditation. Programs are encouraged to be creative and strive for innovation above and beyond the standards.

The Role of Master's Degree, Doctoral Degree, and Post-Degree Programs

Each type of **MFT educational** program aspires to the following:

- Master's degree programs are committed to providing the foundation for clinical practice in varying community settings such as agencies, schools, and healthcare, as well as for independent practice. Graduates will have the competency to work with varying populations from a relational/systemic philosophy that is multiculturally-informed, and use relational/systemic ethics. Master's degree programs provide a curriculum that satisfies the educational and practice **regulatory requirements** for entry-level practice in the state, province, or location in which the program and/or student resides. Students are informed that requirements vary from state to state, province, or location and are encouraged to educate themselves regarding the requirements in the state(s), province(s), or location(s) in which they intend to practice. They may also prepare

students for further education in post-degree or doctoral degree programs.

- Doctoral degree programs are committed to providing students with the competency to advance the profession in roles such as researchers, educators, supervisors, policy makers, administrators, and/or clinical innovators and theoreticians. In these endeavors, they demonstrate a relational/systemic perspective that is multiculturally-informed. Graduates will have the competency to contribute scholarship based on research, to conduct original research, and have advanced knowledge beyond that covered within master's degree programs. Doctoral degree programs ensure that their graduates have previously met the educational regulatory requirements for entry-level practice in the state, province, or location in which the program resides, or in which students intend to practice, or they provide mechanisms to do so.
- Post-degree programs are committed to providing either a foundation for MFT clinical practice for those with a mental health degree other than a Couple or Marriage and Family Therapy degree, or providing additional training in advanced clinical practice/innovation and/or advancement of theory, research and grant writing, teaching and supervision, and/or program development and administration for MFT professionals. Graduates will have the competency to practice in community settings such as those of master's degree program graduates and to work with varying populations from a relational/systemic philosophy that is multiculturally-informed, use relational/systemic ethics, and may be competent in a specialized area of advanced practice. Post-degree programs ensure that their graduates have previously met the educational and practice regulatory standards for entry-level practice in the state, province, or location in which the program resides or in which students intend to practice, or they provide mechanisms to do so. In ensuring that their graduates meet those standards, programs may offer missing courses/clinical requirements in their program or provide other arrangements, perhaps with a degree-granting program, for the students to acquire the requisite foundational experiences.

Eligibility for Accreditation Process

Each eligibility criterion describes a structural expectation that is a required foundational aspect of an accredited program. The standards in the next five sections build upon this foundation. Programs should review these input-based standards before pursuing accreditation to ensure they have them in place before proceeding further in the process.

Eligibility Criteria

Programs provide evidence of each of the following key prerequisites in order to be eligible for accreditation and to continue with the process of demonstrating compliance with standards I-V.

Eligibility Criterion A: Program Identity as Educating Couple or Marriage and Family Therapists

The program is clearly identifiable as training MFTs who have a relational/systemic philosophy that is multiculturally-informed, and ethically competent. The program's mission, goals, **and** outcomes substantially reflect the PMFTPs.

INTERPRETATION GUIDE

Rubric for Response

- Complete the Tables A1 and A2 to map program materials, mission, goals, and outcomes with relevant Criterion A requirements
- Provide examples of program materials that demonstrate the program's identity
- Goals must include knowledge, practice, diversity, research, and ethics competencies in addition to any other program specific goals. *SLOs should only be used for one Program Goal, although programs can have multiple SLOs to support one Program Goal.*
- Attach the required documents

Required Documents

1. Criterion A Tables A1 and A2
2. Specific links, copies, and page numbers (when relevant) of program materials

Eligibility Criterion B: Faculty Identity as Marriage and Family Therapists

Core faculty members identify as Marriage and Family Therapists:

- The majority of core faculty members identify professionally primarily as Marriage and Family Therapists. This identity includes adopting the AAMFT Code of Ethics as a guide for professional conduct, and may include utilizing, for example, the PMFTPs, membership in relationally-focused organizations (including AAMFT), a degree from a COAMFTE-accredited program, and/or demonstrating relational identities in their work and/or other environments.
- The majority of the core faculty members are **Licensed/Provisionally Licensed/Registered as MFTs (unless the program is in a jurisdiction where there is no MFT credential)** and are AAMFT Clinical Fellows and **AAMFT Approved**

Supervisors or **AAMFT Supervisor Candidates**, if applicable to the context and mission of the program. The majority of the core faculty members must be AAMFT Approved Supervisors, Supervisor Candidates, or meet the **supervisor equivalency** definition found in the glossary.

- **Non-clinical faculty** must demonstrate qualifications through academic degrees and experience.

INTERPRETATION GUIDE

Rubric for Response

- Complete Table B1 and Table B2
- Attach the required documents

Required Documents

1. Criterion B Tables B1 and B2 for core and non-clinical faculty
2. Copies of MFT licenses
3. Copies of MFT Approved Supervisor or Candidate designation (For Supervisor Candidates, include a letter/statement from the mentor of the Supervisor Candidate indicating their status in the Candidacy process)

Eligibility Criterion C: Program Leadership

The program has a **Program Director** or an individual designated with ultimate program responsibilities who meets the following criteria:

- In master's degree program, the Program Director, or whoever has or shares ultimate program responsibilities, will have qualifications enabling him/her to provide leadership for the foundational curriculum and practice component consistent with the program's clinical training mission. The Program Director must be an AAMFT Approved Supervisor or an AAMFT Supervision Candidate with supervision experience and training. A Program Director who is an AAMFT Supervision Candidate must become an AAMFT Approved Supervisor within three years of assuming this role.
- In doctoral degree programs, the Program Director, or whoever has or shares ultimate program responsibilities, will have qualifications enabling him/her to provide leadership for the **advanced curriculum** and application component consistent with the program's mission. The Program Director must be an AAMFT Approved Supervisor or an AAMFT Supervision Candidate with supervision experience and training. A Program Director who is an AAMFT Supervision Candidate must become an AAMFT Approved Supervisor within three years of assuming this role.
- In post-degree programs offering the foundational curriculum or any **specialized clinical curriculum**, the Program Director, or whoever has or shares ultimate program responsibilities, will be an AAMFT Approved Supervisor or AAMFT Supervision Candidate with supervision experience and training. A Program Director who is an AAMFT Supervision Candidate must become an AAMFT Approved Supervisor within three years of being assigned this role. In post-degree programs offering the advanced curriculum AAMFT Approved Supervisor status is not required for Program Directors as

long as there are sufficient AAMFT Approved Supervisors on the core faculty (consistent with the program's mission, goals, and outcomes).

- The Program Director is qualified and vested with responsibility for oversight of the curriculum, clinical training program, facilities, services, and the maintenance and enhancement of the program's quality.
- The program is directed throughout the year (12 months).
- The Program Director must be one of the core faculty.

INTERPRETATION GUIDE

Rubric for Response

- Describe the supervisory status of the Program Director (PD) or whoever has or shares ultimate program responsibilities
- Describe the PD's responsibilities as they relate to oversight of curriculum, clinical training, facilities, services, and maintenance and enhancement of program's quality
- Attach the required documents

Required Documents

1. Criterion C Table
2. Documentation showing that the PD or whomever has or shares ultimate program responsibilities has a current credential as an AAMFT Approved or Supervisor Candidate
3. Job description, policy in program/university materials (e.g. program handbook, etc.) for PD
4. For AAMFT Approved Supervisors, include a copy of certificates/letters of Approved Supervisor status. For Supervisor Candidates, include a letter/statement from the mentor of the Supervisor Candidate indicating their status in the Candidacy process. If a program utilizes two PDs, both must have current credentials as an AAMFT Approved Supervisor or Supervisor Candidate
5. Documentation showing PD and/or designee provides year- round program direction (e.g. a letter from program's institutional administration, signed by an administrator of the school where the program is housed, attesting that the program is managed throughout the year)
6. If the PD is a Supervisor Candidate, identify when that person assumed the PD role

Eligibility Criterion D: Institutional Accreditation/Oversight

Master's degree program and doctoral degree programs reside in educational institutions that have legal authority to confer higher education degrees (i.e., regional accrediting authority, **Association of Universities and Colleges of Canada [AUCC], other⁴**). Post-degree programs are chartered or otherwise state licensed/enabled to offer educational certificates and have a governance board to ensure the integrity of the program.

INTERPRETATION GUIDE

Required Documents

1. Verification of regional accreditation or charter or state license for degree or certificate authority
2. Documentation of governance board (for post degree programs only)

⁴ For non-U.S. institutions in countries in which legal authority to award degrees is not available, the program meets this requirement if it demonstrates that its institution has standing and significant support in the local community or other communities of interest, e.g., well-known professional organizations and other respected entities that support the institution.

Eligibility Criterion E: Evidence of Program Implementation

Programs applying for initial accreditation demonstrate program implementation and must have supporting data.

- Master’s degree program or post degree programs applying for initial accreditation must have graduates, and data related to **student/graduate achievement**.
- Doctoral degree programs applying for initial accreditation must have students who have completed the **advanced curriculum**, the advanced experience component, and must have data related to **student achievement**.
 - In order for new programs to move forward in the accreditation process in a timely way, doctoral programs may apply for initial accreditation even if no students have yet graduated, under the following conditions: a) students have completed the advanced curriculum; and b) students have completed *one* of the two areas of the required advanced experience component and the other area is being satisfied via the completion of a dissertation with active mentoring by faculty of students towards graduation.

INTERPRETATION GUIDE

Programs renewing their accreditation should indicate “Not Applicable” for this criterion

Rubric for Response

- Master’s degree and post degree programs must provide a list of graduates from the most recent graduate cohort.
- Doctoral degree programs must provide a list of students in the program that have completed required curriculum and experience components
- Provide data related to student/graduate achievement
- Attach the required documents

Required Documents

1. Criterion E Table
2. List of graduates and students
3. Student achievement data

Eligibility Criterion F: Accuracy and Program Transparency in Publications

Published and/or promotional materials accurately reflect the program to students and the public.

- Published information includes but is not limited to: descriptions of the program’s mission, goals, and outcomes; **student/graduate achievements**; description of the **faculty** including supervisors and related educators and students; accreditation/approval status; academic calendar; degree completion requirements; tuition and fees; degree completion timeframes including percentage of students graduating within advertised and maximum timeframes; and faculty roles in teaching, scholarship, service, and practice congruent with the program’s mission, goals, and outcomes.

INTERPRETATION GUIDE

Rubric for Response

- Complete the table with locations of materials found in publications

Required Documents

1. Criterion F Table
2. Program's published materials (electronic)
3. Program's website
4. For all above, a link to a specific page or webpage in the document referenced or specific excerpt from document referenced must be included

Eligibility Criterion G: Establishment and Accessibility of Policies

The Program has **published and accessible policies** readily available to applicants, students, faculty, and the public.

- Published and accessible policies include but are not limited to policies on recruitment, admission, retention, complaints and grievances, remediation and dismissal, grading/assessment, and anti-discrimination. Programs with **codes of conduct** must publish these along with published disciplinary processes.
- Programs have policies informing the public about the portability of their degree, publish information on minimum technology requirements, have mechanisms in place to ensure the authenticity of student work, and have in place technical training for students, faculty members, and supervisors.
- Anti-discrimination policies shall explicitly prohibit discrimination on the basis of race, age, gender, ethnicity, sexual orientation, relationship status, gender identity, socioeconomic status, disability, health status, religion and spiritual beliefs and/or affiliation, and/or national origin with regard to the recruitment, admission, codes of conduct, hiring, retention, or dismissal of students, faculty, and supervisors or other relevant educators and/or staff.

However, programs with a religious affiliation or purpose may have policies that are directly related to their religious affiliation or purpose and that conflict with the aforementioned anti-discrimination policy requirements, provided they are published and accessible policies, and available publicly to applicants, students, faculty members, supervisors and any other relevant educators and/or staff prior to any affiliation with or enrollment in the program. In no circumstance may programs remove a student or faculty member solely on the basis of identifying with a group, class, or category in the above aforementioned anti-discrimination policy requirements (e.g., identifying as LGBT) provided he or she is otherwise in compliance with the institution's code of behavioral conduct.

INTERPRETATION GUIDE

Rubric for Response

- List of program policies should include but are not limited to the following. For all program policies listed below, include a link to a specific page in the document referenced or specific excerpt from document referenced must be included
 - Student recruitment
 - Anti-discrimination
 - Admission
 - Retention
 - Graduation
 - Complaints and grievances
 - Remediation and dismissal
 - Grading/assessment
 - Codes of Conduct (if applicable)
 - Portability of degree
 - Technology Requirements
 - Authenticity of Student Work
 - Technical training for students, faculty, and supervisors

Required Documents

1. Criterion G Table
2. Program's published materials (electronic)
3. Program's website

Eligibility Criterion H: Diversity Program Composition

The program strives for a diverse student body and faculty including instructors, **supervisors**, other relevant educators, professional staff, etc.

- The program publishes material regarding the diversity composition of the student body, faculty, and supervisors, unless doing so is prohibited by law.

INTERPRETATION GUIDE

Rubric for Response

- Link to where diversity composition of program is published and accessible to the public

Required Documents

1. Provide a URL link to where the program publishes diversity composition information

Eligibility Criterion I: Student Concerns, Complaints, and Grievances

The program provides evidence of addressing student **concerns, complaints, and grievances**.

- The program has published formal and informal processes for addressing student concerns.
- The program demonstrates it complies with its published policies regarding concerns, complaints, and grievances within the program (and institutionally, if applicable). The program maintains a written record of all formal student complaints and grievances, including the written complaints or grievances, program action, and resolution.
- The program uses data regarding concerns, complaints, and grievances to foster program improvement when appropriate.

INTERPRETATION GUIDE

Rubric for Response

- Complete the Eligibility Criterion I Table
- Link to program's formal and informal policies regarding student concerns, complaints and grievances

Required Documents

1. Criterion I Table
2. Provide a URL link to or a document containing program policies regarding student concerns
3. Describe procedure of maintaining written complaints

Accreditation Standards

Programs must demonstrate compliance with each of the Accreditation Standards, **Key Element** by Key Element.

Standard I: Outcome-Based Education

Key Element I-A: Outcome-Based Education Framework

The program has an overall outcome-based education framework that includes the following:

- A description of the program’s mission, and how it fits with the larger institutional setting of the program.
- Specific program goals (which describe broad aspirations for the program and for students/graduates of the program) are clearly derived from the program’s mission and that promote the development of **Marriage and Family Therapists** (including knowledge, practice, diversity, research, and ethics competencies).
- Measurable Student Learning Outcomes (SLOs) for each program goal.
 - Programs must include SLOs that measure **student/graduate achievement** appropriate to the program’s mission and goals.
- Specific assessment measures for operationalizing the achievement of Student Learning Outcomes (including student/graduate achievement) including **targets and benchmarks**. Measurement includes assessment of students’ academic and professional competencies by the faculty and others, appropriate to the program’s mission, goals, and outcomes.

INTERPRETATION GUIDE

Rubric for Response

- Identify Institutional Mission.
- Identify program’s mission and describe how Program’s Mission fits with the institutional setting of the program.
- State Program Goals that include but are not limited to knowledge, practice, diversity, research, and ethics competencies, and how they support the program’s mission and the development of MFTs.
- Identify measurable Student Learning Outcomes (SLOs) and link the SLOs to appropriate Program Goal
- Identify Evaluation/Assessment mechanisms for each SLO and identify the Targets and Benchmarks for each mechanism

Examples of Evidence/Documents:

1. Chart linking institutional mission with program’s mission
2. Student Learning Outcomes Chart aligning Program Goals, Benchmarks and Targets, Assessment and Evaluation Mechanisms ([Self-Study Overview Template and Mission, Goals, and Outcomes Template](#))

3. Contextual explanation for how program goals and SLO's support the mission and the development of Marriage and Family Therapists
4. Program's electronic and printed materials
5. Location of Program Goals and Student Learning Outcomes in the program's materials

Key Element I-B: Assessment Plan with Mechanisms and Timeline

The program has an overall **assessment plan** that includes:

- Mechanisms in place for evaluating/reviewing the Student Learning Outcomes, including student/graduate achievements (utilizing specific measures identified in I-A).
- Mechanisms in place for evaluating **student support services; curriculum and teaching/learning practices; fiscal and physical resources; technological resources; and instructional and clinical resources** to determine sufficiency for attainment of targeted program outcomes.
- An assessment plan and corresponding timeline that addresses when, from whom, and how data is collected, and a description of how data will be aggregated and analyzed and the findings used for program improvement (feedback loop). The assessment plan should include a specific description of how the program will review and revise, as needed, their overall **outcome-based education framework** and assessment plan.
- The assessment plan must incorporate feedback from **Communities of Interest** (as defined in Key Element I-C).

INTERPRETATION GUIDE

Rubric for Response

- Program has a clear assessment plan:
 - Discuss how data is collected for each SLO and Student/Graduate Achievement, by whom, aggregated, analyzed and how findings are used to promote program improvement
 - Explain how plan addresses assessment of student support services, curriculum and teaching/learning practices, resources, and discusses sufficiency of these to attain program outcomes
- Describe the review and revision process for the program's outcome-based education framework and assessment plan.
- In the assessment plan, describe how feedback from identified relevant Communities of Interest (COI) will be utilized.

Examples of Evidence/Documents

1. Chart depicting when the Program Goals and SLOs were reviewed, what was reviewed, by whom and how the program was advanced as a result and timeline
2. Examples of Faculty/Supervisors meeting minutes evidencing this process took place
3. Flow chart depicting assessment plan, mechanisms, timeline, and review process
4. Examples of how Infrastructural/Environment Supports and Curriculum and Teaching/Learning Practices have been revised as a result of the assessment process
5. Documents illustrating examples of ways Program Goals and SLOs, assessments, etc. are incorporated in the assessment plan

Key Element I-C: Communities of Interest

The program identifies its Communities of Interest, obtains formal and informal feedback from them, and describes how they inform the program's mission, goals, and Student Learning Outcomes. Communities of Interest vary according to the program's mission, goals, and outcomes and may include, but are not limited to, students, administrators, faculty, supervisors, consumers, graduates, potential employers, germane regulatory bodies, germane private and public funding sources, and **diverse, marginalized, and/or underserved** groups within these communities.

INTERPRETATION GUIDE

Rubric for Response

- Identify Communities of Interest, including diverse, marginalized, and/or underserved groups within these communities.
- Discuss how informal and formal feedback from relevant COI is used to facilitate the review of the program's mission, goals and outcomes and for program improvement.

Examples of Evidence/Documents

1. Meeting minutes evidencing how and when COI are involved to facilitate achievement of the program's mission, target goals, and SLOs
2. Examples of ways goals and outcomes have been informed by COI feedback

Standard II: Commitment to Diversity and Inclusion

Programs demonstrate their commitment throughout the program to diversity and inclusion. This includes providing a multiculturally-informed education that addresses a range of diversity; a safe, respectful, inclusive learning climate; student experiences with diverse, marginalized, and/or underserved communities; and a commitment to the ethical and social responsibility to diverse, marginalized, and/or underserved communities.

Key Element II-A: Multiculturally-informed Education Approach

The program has a multiculturally-informed educational approach that includes:

- 1) specific program goals with specific Student Learning Outcomes reflecting a commitment to diversity and inclusion;
- 2) an overarching definition of diversity; and
- 3) curriculum elements with accompanying teaching/learning practices consistent with the program's mission. The educational approach includes the teaching of ideas and professional practices for MFTs that address a range of diversity, including (but not limited to) race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual, and/or political beliefs, nation of origin or other relevant social categories, immigration or language.

INTERPRETATION GUIDE

Rubric for Response

- Provide the program's definition of diversity
- Link the program's definition of diversity to the Mission Statement, Program Goals and Student Learning Outcomes.
- Link the multiculturally-informed Course Offerings, Didactic and Clinical Teaching/Learning Practices to the Program Goals and outcomes.

Examples of Evidence/Documents

1. Curriculum Map depicting elements of diversity covered
2. Program Manual/Handbook
3. Course Syllabi
4. Curriculum Elements, Clinical/Internship, Practice Components
5. Faculty Meeting Minutes

Key Element II-B: Program Climate of Safety, Respect, and Appreciation

- The program has demonstrated systematic efforts and has an ongoing comprehensive strategy in place to attract and retain a diverse student body, faculty, and supervisors
- The program demonstrates a climate of safety, respect, and appreciation for all learners including those from diverse, marginalized, and/or underserved communities, and has mechanisms in place for evaluating the climate and responding to any feedback regarding the climate.

INTERPRETATION GUIDE

Rubric for Response

- Describe the program's systematic efforts and comprehensive strategy to attract and retain a diverse student body, faculty, and supervisors
- Identify policies and procedures for supporting a climate of safety, respect and appreciation for all learners.
- Describe the process of evaluating the program climate.
- Provide examples of how the program has responded to feedback as applicable.

Examples of Evidence/Documents

1. Description of program's comprehensive strategy (recruitment/retention of a diverse student body, faculty, and supervisors) and a link to where the description is located and accessible to stakeholders
2. Program Handbook/Manual
3. Program Website
4. Course Syllabi
5. Aggregated evaluations for assessing program climate & data
6. Faculty meeting minutes

Key Element II-C: Experience with Diverse, Marginalized, and/or Underserved Communities

The program demonstrates student **experience** in Couple or Marriage and Family Therapy practice with diverse, marginalized, and/or underserved communities. Experiences may include:

- 1) professional activities (such as therapy, research, supervision, consultation, teaching, etc.) with diverse, marginalized, and/or underserved communities; and/or
- 2) other types of activities (such as projects, service, interviews, workshops, etc.), as long as the program can demonstrate that the experience is directly related to MFT activities, and students are in interaction with members of these communities.

INTERPRETATION GUIDE

Rubric for Response

- Describe how the program provides experiences for students with Diverse, Marginalized and/or Underserved Communities.

Examples of Evidence/Documents

1. A list of experiences that students have with diverse, marginalized and/or underserved communities.
2. Aggregated Data reflecting client diversity or communities
3. Student Evaluations by Supervisors, Advisors, Supervisees, etc.

Standard III: Infrastructure and Environmental Supports

Environmental supports refer to a variety of resources including funding, technology, material resources, and personnel that create an environment for program effectiveness.

Key Element III-A: Fiscal and Physical Resources

The program demonstrates that fiscal and physical resources are sufficient to achieve the program’s mission, goals, and outcomes. These resources are reviewed, revised as needed, and support program effectiveness.

INTERPRETATION GUIDE

Rubric for Response

- Describe the program’s fiscal and physical resources.
- Explain how fiscal and physical resources are sufficient to achieve the program’s mission, Program Goals and SLO.
- Describe the process of review and revisions of fiscal and physical resources.

Examples of Evidence/Documents

1. Program’s budget
2. Faculty meeting minutes
3. Aggregated data from surveys
4. Policies regarding fiscal and physical resources review

Key Element III–B: Technological Resources

The program demonstrates that technological resources (e.g., laptops, audio/visual equipment, EMRs and Billing Systems, Virtual Meeting Space) are secure, confidential, Health Insurance Portability and Accountability Act compliant (if relevant), and sufficient to achieve the program’s mission, goals, and outcomes. These resources are reviewed, revised as needed, and support program effectiveness.

INTERPRETATION GUIDE

Rubric for Response

- Describe program’s technological resources.
- Provide documentation of policies and procedures and assessment of security and privacy, including compliance with HIPAA (if relevant).
- Explain how technological resources are sufficient to achieve the program’s mission, Program Goals and SLOs.
- Describe the process of review and revisions of technological resources.

Examples of Evidence/Documents

1. Types of technology in offices and classrooms
2. Faculty meeting minutes
3. Aggregated data from surveys
4. Program/Clinic Handbooks
5. Institutional Policies and Procedures for Data Management

Key Element III-C: Instructional and Clinical Resources

The program demonstrates that instructional and clinical resources (e.g., space, personnel, supplies) are sufficient to enable the program to meet the program’s mission, goals, and outcomes. These resources are reviewed, revised as needed, and support program effectiveness.

INTERPRETATION GUIDE

Rubric for Response

- Describe instructional and clinical resources.
- Explain how instructional and clinical resources are sufficient to achieve Program Goals and Student Learning Outcomes.
- Describe the process of review and revisions of instructional and clinical resources.

Examples of Evidence/Documents

1. Types of instructional and clinical resources
2. Aggregated data from surveys
3. Faculty meeting minutes
4. Program/Clinic handbooks
5. Institutional documents
6. Program budget

Key Element III-D: Academic Resources and Student Support Services

The program demonstrates that **academic resources** (e.g., library, advising, writing centers) and student support services (e.g., access to counseling, financial advising) are accessible to students and sufficient to achieve the program’s mission, goals, and outcomes. These resources are reviewed based on core faculty and student input, and the program takes action or advocates for institutional change to address areas required for program effectiveness.

INTERPRETATION GUIDE

Rubric for Response

- Describe academic and student support services and how these are accessible to students.
- Explain how academic resources and student support services are sufficient to achieve Program Goals and SLOs.
- Explain how core faculty and students provide feedback on academic resources and student support services.
- Describe how the program takes action and/or advocates for institutional change based on review of resources/services.

Examples of Evidence/Documents

1. Aggregated data from surveys
2. Faculty meeting minutes
3. Meeting minutes with students
4. Program/Clinic handbooks
5. Institutional documents
6. Provide examples of program action/advocacy for change

Key Element III-E: Faculty Qualifications & Responsibilities

The faculty roles, in teaching, scholarship, service, and practice are identified clearly and are congruent with the program's mission, goals, and outcomes.

- The faculty members are academically, professionally, and experientially qualified to achieve the program's mission, goals, and outcomes. The qualifications must be identified in documented descriptions of roles and responsibilities. Faculty members must have documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning).
- Core faculty members contribute to the profession through various ways: scholarship, teaching, supervision, practice, and/or service
- The program must demonstrate that it has mechanisms for reviewing and evaluating faculty effectiveness in support of the program's mission, goals, and outcomes. Faculty evaluations include explicit links to the program's mission, goals, and outcomes.

INTERPRETATION GUIDE

Rubric for Response

- Describe faculty roles in teaching, scholarship, service and practice.
- Link faculty roles to mission, Program Goals and outcomes.
- Describe how core faculty members contribute to the profession through scholarship, teaching, supervision, practice, and/or service.
- Describe faculty academic professional qualifications and expertise in areas of teaching and content delivery.
- Explain mechanisms for reviewing and evaluating faculty effectiveness and link faculty evaluations to mission, Program Goals and SLOs.

Examples of Evidence/Documents

1. Faculty CVs
2. Evaluations of faculty
3. Job description that describes faculty roles in specific courses taught
4. Scholarship
5. Service
6. Practice expectations and/or involvement

Key Element III-F: Faculty Sufficiency

The faculty must be sufficient in number with a faculty-student ratio that permits the achievement of the program's mission, goals, and outcomes and ensures that student educational needs are met. These resources are reviewed, revised as needed, and support program effectiveness.

- The program must have sufficient **core** faculty members who are knowledgeable and involved in ongoing program development, delivery, and evaluation required to achieve the program's mission, goals, and outcomes.
- The program must have a stated process for evaluation of ongoing sufficiency of faculty resources.
- The program must demonstrate there are sufficient faculty and effective **linking mechanisms** with feedback loops, such as regular coordination, meetings, and/or communication, to connect and involve all faculty members in the achievement of expected and actual Student Learning Outcomes of the program.
- The program is permitted to use a combination of full-time, part-time and/or multiple adjuncts.

INTERPRETATION GUIDE

Rubric for Response

- Identify faculty-student ratio and how this is deemed sufficient.
- Describe the process for identifying ongoing sufficiency of faculty resources, as well as how these are reviewed and revised as needed to support program effectiveness.
- Link faculty sufficiency to achievement of mission, Program Goals and SLOs.
- Identify core faculty and how they are involved in ongoing program development, delivery and evaluation.
- Describe how all faculty are engaged in the program and involved in the achievement of SLOs.

Examples of Evidence/Documents

1. Aggregated Data from evaluations and surveys
2. Faculty meeting minutes
3. Program budget
4. Program handbook
5. Examples of how sufficiency of faculty enables the program to achieve program effectiveness

Key Element III-G: Governance of Program

Roles of faculty and student participation in the governance of the program are clearly defined and enable the program to meet the program's mission, goals, and outcomes. The program must describe decision-making processes and procedures at the program and institutional levels regarding the operation of the program that support program effectiveness.

INTERPRETATION GUIDE

Rubric for Response

- Describe faculty members and students' roles in the governance of the program.
- Demonstrate how faculty and student governance roles contribute to meeting the program's mission, Program Goals, and Student Learning Outcomes.
- Demonstrate that both the program and institution have in place decision-making processes/procedures specifically for the purpose of supporting program operations and effectiveness.

Examples of Evidence/Documents

1. Copies of meeting minutes where faculty and student governance were executed
2. Job descriptions
3. Program manual/handbook
4. University policies and procedures
5. Examples of program improvement directly linked to student and faculty governance
6. Examples of program improvement directly involving program and institutional levels

Key Element III-H: Supervisor Qualifications & Responsibilities

Supervisors must be **AAMFT Approved Supervisors** or meet the supervisor equivalency definition in the glossary. Supervisor roles, as distinguished from teaching faculty, are identified clearly and are congruent with the program's mission, goals, and outcomes.

- Supervisors are academically, professionally, and experientially qualified to achieve the program's mission, goals, and outcomes. The qualifications must be identified in documented descriptions of roles and responsibilities.
- If supervisor equivalency is used, there must be full disclosure to students in order for them to make informed decisions and evaluate regulatory implications for other states/provinces/locations.

INTERPRETATION GUIDE

Rubric for Response

- Display required supervisor qualifications in a table that aggregates data from Supervisor CVs.
- Demonstrate that the supervisor's role is presented as separate from the role of classroom faculty.
- Describe how the program determines adequate academic, professional, and experiential supervisor qualifications.
- Demonstrate that the supervisor's role and qualifications are linked to the program's mission, goals, and SLOs.
- If the program uses supervisors that meet the "Supervisor Equivalency" as defined in the glossary of COAMFTE Standards, explain how the program determines supervisor equivalency and congruency with applicable Program Goals and SLOs. Programs not using Supervisor Equivalency may indicate "Not Applicable,
- If the program uses supervisors that meet the "Supervisor Equivalency" as defined in the glossary of COAMFTE Standards, describe how students receive full disclosure about Supervisor

Equivalency and linked to the program’s published policies and procedures. Programs not using Supervisor Equivalency may indicate “Not Applicable”.

Examples of Evidence/Documents

1. AAMFT Approved Supervisor Certificate and/or Documentation of Supervisor’s Candidacy
2. Documentation for each Supervisor Equivalent
3. Supervisors’ CVs
4. Document that describes supervision roles and responsibilities
5. Job description that describes Supervisors’ roles and linked to the program’s mission, Program Goals and SLOs
6. Program/Practicum/Internship Handbook

Key Element III-I: Supervisor Sufficiency

Supervisors must be sufficient in number with a supervisor-student ratio that permits the achievement of the program’s mission, goals, and outcomes, especially Student Learning Outcomes. Supervisory resources are reviewed, revised as needed, and support program effectiveness.

- The program must have a stated process for evaluation of ongoing sufficiency of supervisor resources.
- The program must demonstrate there are sufficient and effective **linking mechanisms** with feedback loops, such as regular coordination, meetings, and/or communication, connecting and involving all supervisors in the achievement of expected and actual achievement of Student Learning Outcomes within the program.

INTERPRETATION GUIDE

Rubric for Response

- Describe how the program determines supervisor sufficiency.
- Describe how the program uses a supervisor-student ratio as a factor in determining supervisor sufficiency to meet its mission, Program Goals, and SLOs.
- Describe how the supervisory resources both in number and performance are reviewed and revised as needed specifically to support program outcomes.
- Provide a stated process for evaluating ongoing supervisor sufficiency.
- Describe the program’s mechanisms to assure all supervisors are involved in the program’s efforts to accomplish its SLOs.

Examples of Evidence/Documents

1. Aggregated Data from evaluations and surveys
2. Meeting minutes
3. Program budget
4. Program handbook
5. Examples of how sufficiency of supervisors enables the program to achieve program effectiveness

Standard IV: Curriculum

All accredited programs will have a curriculum and an **application component** consistent with the program's mission, goals, and outcomes that substantially reflect the Professional Marriage and Family Therapy Principles. The purpose of the **foundational curriculum** with its accompanying **foundational practice component** is to prepare students to practice as **MFTs**. The advanced curriculum with its **advanced practical experience component** and emphasis on research focuses on two areas of specialization. The type of program along with the program's mission, goals, and outcomes determine specific requirements regarding implementation of the curriculum and the application component.

Key Element IV-A: Curriculum and Teaching/Learning Practices.

The program must provide:

- A description of the logical sequencing of the curriculum and practice components, including rationale for how the program's goals and accompanying Student Learning Outcomes fit within the program offered (e.g., where goals, outcomes and Professional Marriage and Family Therapy Principles are addressed and assessed within the curriculum).
- A description of key teaching/learning practices used to accomplish program goals, and Student Learning Outcomes.
- A description of processes and procedures to ensure and monitor student progress and completion of requirements.
- A description of governance processes and procedures for designing, approving, implementing, reviewing, and changing the curriculum.

INTERPRETATION GUIDE

Rubric for Response

- Provide a curriculum map that aligns required program courses with PMFTPs and Student Learning Outcomes.
- Explain how the curriculum and the practice component are logically sequenced and how this allows the program to achieve relevant Program Goals, and Student Learning Outcomes.
- Describe the processes and procedures the program uses to monitor student progress across the curriculum and practice components.
- Describe the process and procedure for the governance of the program and how these are used for designing, approving, implementing, reviewing, and changing the curriculum.
- List the program's key teaching/learning practices and describe how each teaching/learning practices assist in the accomplishment of Program Goals and Student Learning Outcomes.

Examples of Evidence/Documents

1. Curriculum Map
2. Table linking Practice Components to Curriculum Map
3. Written Policies/Procedures for designing approving, implementing, reviewing and changing the curriculum in Program manual/handbook
4. Faculty meeting minutes
5. Including selected PMFTPs and SLOs in each course syllabi (programs do not need to include every PMFTP; only those that are relevant to the program's mission, goals and outcomes) and SLOs in each course syllabi
6. Evaluations of an on-site and off-site supervisors, practicum's and internship's sites, capstone projects or other program requirements

Key Element IV-B: Foundational and Advanced Curricula

Foundational Curriculum

The foundational curriculum covers the knowledge and skill required to practice as a **MFT** by covering the Foundational Curricular Areas below.

- Master's degree program must demonstrate that they offer course work that covers all the FCAs that make up the foundational curriculum.
- Doctoral degree programs must demonstrate that they offer course work and/or that students have completed course work, in all the areas contained in the foundational curriculum or that students demonstrate competence in those areas.
- Post-degree programs must demonstrate that they offer course work and/or that students have completed course work in all the areas contained in the foundational curriculum, or that students demonstrate competence in those areas.
- Programs may combine more than one of these foundational curriculum areas into a single course, as they build their curriculum in ways that are congruent with the program's mission, goals, and outcomes.
- Programs may emphasize some of the areas more than others and include other areas that are consistent with their program's mission, goals and outcomes. Programs may include another layer of requirements based on a specialization or emphasis (e.g., faith-based orientation, licensure laws, specialized certification, and so on) as long as there is a clear rationale and relational/systemic philosophy in the majority of the program.
- Minimum semester/quarter credits or equivalent clock hours are established for the first seven curricular areas. Programs may choose what combination of additional area 1 through 7 semester/quarter credits or equivalent clock hours beyond the individual area minimums will be taught consistent with their program's mission, goals, and outcomes.
- Programs must require students to develop and/or present an integrative/capstone experience before completion of their degree program as part of the foundational curriculum below. Programs must decide how to meet this requirement in keeping with the program's mission, goals, and outcomes. Examples include: a theory of change/therapy theory presentation/paper, a thesis, a therapy portfolio, or a capstone course.

FCA 1: Foundations of Relational/Systemic Practice, Theories & Models (Minimum of 6 semester credits/8 quarter credits/90 clock hours)

This area facilitates students developing competencies in the foundations and critical epistemological issues of **MFTs**. It includes the historical development of the relational/systemic perspective and contemporary conceptual foundations of **MFTs**, and early and contemporary models of MFT, including evidence-based practice and the biopsychosocial perspective.

FCA 2: Clinical Treatment with Individuals, Couples and Families (Minimum of 6 Credits/8 quarter credits/90 clock hours)

This area facilitates students developing competencies in treatment approaches specifically designed for use with a wide range of diverse individuals, couples, and families, including sex therapy, same-sex couples, working with young children, adolescents and elderly, interfaith couples, and includes a focus on evidence-based practice. Programs must include content on crisis intervention.

FCA 3: Diverse, Multicultural and/or Underserved Communities (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area facilitates students developing competencies in understanding and applying knowledge of diversity, power, privilege and oppression as these relate to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual and/or beliefs, nation of origin or other relevant social categories throughout the curriculum. It includes practice with **diverse, international, multicultural, marginalized, and/or underserved communities**, including developing competencies in working with sexual and gender minorities and their families as well as **anti-racist practices**.

FCA 4: Research & Evaluation (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area facilitates students developing competencies in MFT research and evaluation methods, and in evidence-based practice, including becoming an informed consumer of couple, marriage, and family therapy research. If the program's mission, goals, and outcomes include preparing students for doctoral degree programs, the program must include an increased emphasis on research.

FCA 5: Professional Identity, Law, Ethics & Social Responsibility (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area addresses the development of a MFT Identity and socialization, and facilitates students developing competencies in ethics in MFT practice, including understanding and applying the AAMFT Code of Ethics and understanding legal responsibilities.

FCA 6: Biopsychosocial Health & Development Across the Life Span (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area addresses individual and family development, human sexuality, and biopsychosocial health across the lifespan.

FCA 7: Systemic/Relational Assessment & Mental Health Diagnosis and Treatment (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area facilitates students developing competencies in traditional psycho-diagnostic categories, psychopharmacology, the assessment, diagnosis, and treatment of major mental health issues as well as a wide variety of common presenting problems including addiction, suicide, trauma, abuse, intra-familial violence, and therapy for individuals, couples, and families managing acute chronic medical conditions, utilizing a relational/systemic philosophy.

The following areas must be covered in the curriculum in some way, though there are no minimum credit requirements.

FCA 8: Contemporary Issues

This area facilitates students developing competencies in emerging and evolving contemporary challenges, problems, and/or recent developments at the interface of Couple or Marriage and Family Therapy knowledge and practice, and the broader local, regional, and global context. This includes such issues as immigration, technology, same-sex marriage, violence in schools, etc. These issues are to reflect the context of the program and the program's mission, goals, and outcomes. Programs are encouraged to innovate in this Foundational Curricular Area.

FCA 9: Community Intersections & Collaboration

This area facilitates students developing competencies in practice within defined contexts (e.g., healthcare settings, schools, military settings, private practice) and/or nontraditional MFT professional practice using therapeutic competencies congruent with the program's mission, goals, and outcomes (e.g., community advocacy, psycho-educational groups). It also addresses developing competency in **multidisciplinary collaboration**.

Advanced Curriculum

The advanced curriculum advances knowledge and skill by addressing the curricular areas below.

- Doctoral degree programs demonstrate that they offer course work in all the Advanced Curricular Areas (ACA) that make up the advanced curriculum.
- Post-degree programs may offer components of the advanced curriculum.
- Within each area, the balance of skills and competencies developed should be appropriate to the program's mission, goals, and outcomes as well as the program's local context.
- Programs may emphasize some of the areas more than others and include other areas that are consistent with their program's mission, goals, and outcomes.

ACA 1: Advanced Research

This area facilitates students in developing competencies in: a) advanced research, including demonstrated proficiency in quantitative methods and analysis techniques, qualitative methods and analysis techniques, or mixed methods and analysis techniques appropriate to carrying out research in relationships; b) demonstrated working knowledge of other methodologies and analysis techniques outside of their proficiency area (e.g., if a student decides to become proficient in quantitative methods, s/he will have a working knowledge of qualitative methods as well); c) demonstrated understanding of the theoretical complexity of change within relationships and how this complexity informs research; d) understanding and demonstrated sensitivity to and awareness of how issues of diversity in terms of culture, gender, sexual orientation, age, SES, etc. play a role in their choice of research topics and their conduct of research activities; and e) students should have opportunities to participate in grants and grant-writing activities, and in the publication and presentation of research material.

ACA 2: Advanced Relational/Systemic Clinical Theory

This area facilitates students developing advanced clinical competencies including: a) demonstrating an advanced understanding and application of multiple family and couple models and empirically-supported interventions; b) skill in working with diverse populations across the lifespan through direct clinical work or in supervision of the therapy of others; c) demonstration of an awareness of cultural issues, differences, and personal blind spots in their clinical and supervisory work; and d) development of a specialized clinical area that is grounded in research and is at an advanced level of intervention and understanding.

ACA 3: Advanced Relational/Systemic Applications to Contemporary Challenges

This area facilitates the development of leading-edge professionals who develop relational/systemic innovations. This includes application to controversial moral and advanced ethical dilemmas, international, cross-cultural, and multicultural issues in Couple or Marriage and Family Therapy professional roles, responsibilities, practices, and applications to other contemporary problems. This area also includes a focus on family policy and/or family law.

ACA 4: Foundations of Relational/Systemic Teaching, Supervision, Consultation, and/or Leadership

This area facilitates the development of competencies in relational/systemic teaching, supervision, and/or MFT consultation. This may include educational/learning theories, relevant research, multicultural content, evaluation and assessment methods, ethics and professional issues, and personal philosophy. This area also addresses administrative competencies including program development and policy, leadership roles and evaluation of MFT educational and service oriented institutions and agencies. Students who intend to teach at the higher education level will develop and apply a teaching philosophy, as well as demonstrate the capacity to develop and apply course evaluation methods and Student Learning Outcomes. All students will demonstrate skills in clinical supervision. Students who have teaching opportunities in formal or informal settings will demonstrate a sensitivity to issues of diversity in the material they teach, to the persons they are teaching, and in the ways in which information and correction is provided.

INTERPRETATION GUIDE

Rubric for Response

- Identify where and/or how the FCAs or ACAs are addressed in the curriculum.
- For Doctoral Programs and Post Degree Programs, demonstrate the course work that is offered and/or that students have completed course work, in all the areas contained in the foundational curriculum or that students demonstrate competence in those areas.
- For programs offering the Foundational Curriculum, provide a description of and rationale for the program's required integrative/capstone experience.
- For programs offering the Advanced Curriculum, describe how the balance of skills and competencies developed are appropriate to the program's mission, goals, and outcomes as well as the program's local context.

Examples of Evidence/Documents

1. Syllabi
2. Chart connecting curriculum content with FCA and ACA areas
3. Policies and procedures for determining how doctoral and post-degree programs evaluate if students have fulfilled the Foundational Curriculum and evaluate competence.

Key Element IV-C: Foundational and Advanced Application Components

The program must demonstrate they offer an application component with appropriate placement in the curriculum, duration, focus, and intensity consistent with their program's mission, goals, and outcomes.

Foundational Practice Component

- Master's degree program and Post-degree programs that teach the foundational curriculum offer the foundational practice component (practicum and/or internship).
- Includes a minimum of 500 clinical contact hours with individuals, **couples, families** and other systems physically present, at least 40% of which must be relational. The 500 hours must occur over a minimum of twelve months of clinical practice. The 500 hours may include a maximum of 100 **alternative hours** or clinical activity (e.g., couple or family groups, live cases where reflecting teams are directly involved in working with clients, etc.) that is directly related to the program's mission, outcomes, and goals. Alternatively, the program may demonstrate that graduating students achieve a competency level equivalent to the 500 client contact hours. The program must define this competency level and document how students are evaluated and achieve the defined level. The program demonstrates a consistent set of evaluation criteria for achieving the defined level of competency across all students. In addition, programs that do not require 500 hours must document that students are informed about licensure portability issues that may result from not having 500 hours. Those programs requiring less than 500 hours may not use alternative hours to count toward total client contact hours.
- The program demonstrates a commitment to relational/systemic-oriented **supervision**. Students must receive at least 100 hours of supervision, and must receive supervision from an AAMFT Approved Supervisor or Supervisor Candidate for at least one hour each

week in which they are seeing clients. Additional supervision may be provided by AAMFT Approved Supervisors, Supervisor Equivalents, or State Approved Supervisors. Supervision can be **individual** (one supervisor with one or two supervisees) or **group** (one supervisor and eight or fewer students) and must include a minimum of 50 hours of supervision utilizing observable data. Supervision may utilize digital technology in which participants are not in the same location as long as the majority of supervision is with supervisor and supervisee physically present in the same location and appropriate mechanisms/precautions are in place to ensure the confidentiality and security of the means of technology delivery.

- Programs have agreements with practice sites that outline the institutions', the practice sites' and the students' responsibilities, and published procedures in place for managing any difficulties with sites, supervisors, or students.

The Advanced Practical Experience Component

- **Programs** that teach the advanced curriculum must offer the advanced experience component.
- Areas include selected experiences consistent with the program's mission, goals, and outcomes in any of the following: **advanced research**, grant-writing, teaching, supervision, consultation, advanced clinical theory, clinical practice/innovation, program development, leadership, or policy. In addition, programs may offer experiences in presenting and professional writing.
- The program must demonstrate appropriate and adequate **mentoring** of students during the experience.
- The advanced experiences offered by doctoral degree programs must address a minimum of two of the areas noted above and combined be over a minimum of 9 months.
- The advanced experiences offered by post-graduate programs must address a minimum of one area and combined be over a minimum of 6 months.

INTERPRETATION GUIDE

Rubric for Response

- For Master's Degree Programs and Post-Degree Programs that teach the Foundational Curriculum, describe your program's requirements for meeting the Foundational Practice Component (FPC) for clinical contact hours.
- Describe how the application component's placement in the curriculum, duration, focus, and intensity is consistent with their program's mission, goals, and outcomes.
- Master's Degree Programs and Post-Degree Programs that teach the Foundational Curriculum and chose an equivalent competency level, rather than the required 500 clinical contact hours, must describe how the equivalency is defined and measured, what evidence the program has that students achieve a competency level that is equivalent to the same level of competency if they had required 500 client contact hours of all students in their program, how consistency of outcomes is assured across all students, how it relates to the program's mission, goals, and outcomes, and how students are informed about possible licensure portability issues related to the equivalency.

- For Master’s Degree Programs and Post-Degree Programs that teach the Foundational Curriculum, describe the program's commitment to relational/systemic-oriented supervision and how the standard's minimum supervisory requirements are accomplished, including specific description of digital technology's use when applicable.
- Describe how the program's agreements with practice sites accomplish the minimum requirements presented in the standard.
- For programs that teach the Advanced Curriculum, describe the Advanced Practice Component (APC) areas utilized by the program and verify that they include at least two from those presented by the standard with a duration of at least 9 months for a doctoral degree, or at least one with duration of 6 months for a post-graduate program.
- For programs that teach the Advanced Curriculum, demonstrate how students receive appropriate and adequate mentoring during the APC.

Examples of Evidence/Documents

1. Sample placement agreement forms
2. Documentation/program materials showing how student are informed of these program requirements.
3. Program manual/handbook
4. Program Policies and Procedures

Key Element IV-D: Program and Regulatory Alignment

The program demonstrates that graduates have met educational and clinical practice requirements (e.g., coursework, clinical experience, and supervision) that satisfy the regulatory requirements for entry-level practice in the state, province, or location in which the program physically resides or in which the student intends to practice. Programs must also document that students are informed (e.g., demonstrate review of appropriate regulatory sites or licensing laws) about the educational, clinical, and regulatory requirements for entry-level practice in the state, province, or location in which each student resides or intends to practice.

INTERPRETATION GUIDE

Rubric for Response

- Provide program documentation and regulatory requirements for entry-level practice in the state or location the program resides.
- Describe how students are informed of these requirements.
- Describe how students are informed of the regulatory requirements in the state or location they plan to practice.

Examples of Evidence/Documents

1. Program manual/handbook
2. Documentation to show that students have been informed
3. Course assignments or projects

Key Element IV-E: Curriculum/Practice Alignment with Communities of Interest

The program demonstrates that it considers the needs and expectations of identified Communities of Interest in developing and revising its curriculum and application component.

INTERPRETATION GUIDE

Rubric for Response

- Identify COI relevant to curriculum and practice.
- Describe how feedback from these COI is obtained.
- Describe how the needs and expectations of these COI are considered in curriculum/practice revision.
- Provide examples of how the review process has led to curriculum/practice improvement.

Examples of Evidence/Documents

1. Chart of relevant COI and methods for collecting feedback
2. Timeline for requesting feedback

Standard V: Program Effectiveness and Improvement

Programs report the results of their **outcome-based education framework** based on their assessment plan in the Key Elements below. This requires programs to discuss data on Student Learning Outcomes aggregated at the program level, and how these have led to continuing effectiveness of the program, program improvement, and future plans for improvement.

Key Element V-A: Demonstrated Student/Graduate Achievement

The program provides aggregated data regularly collected on **student/graduate achievement**.

INTERPRETATION GUIDE

Rubric for Response

- Identify the areas of student/graduate achievement, as defined in the glossary of COAMFTE Standards and selected by the program for data collection.
- Describe ongoing data collection **process** for each student/graduate achievement.
- Analyze and present aggregated data for student/graduate achievement.

Examples of Evidence/Documents

1. Aggregated student/graduate achievement data (sample if a large document)
2. Narrative information of graduate achievement data analyses
3. Faculty and/or committee minutes
4. COI meeting minutes

Key Element V-B: Demonstrated Achievement of Program Goals

The program describes how data was analyzed and provides aggregated data that demonstrates achievement of each program goal via data from measured Student Learning Outcomes, based on targets and benchmarks provided in the program's outcome-based education framework—data from Student Learning Outcomes demonstrate that the program is meeting program goals.

INTERPRETATION GUIDE

Rubric for Response

- Present aggregated data produced by the Outcome Based Education framework and assessment measures described in Standard I with clear targets and benchmarks for each Student Learning Outcome and demonstrate how data from SLOs allows the program to determine if it is meeting Program Goals.
- Describe ongoing processes for collecting and analyzing aggregated data.

Examples of Evidence/Documents

1. Evaluation templates/rubrics for SLOs
2. Aggregated SLO data
3. Narrative how SLO data demonstrates meeting program goals

4. Aggregated Program Outcome data (sample if a large document)
5. Narrative information of how SLO data allows program to achieve the Program Goals.

Key Element V-C: Demonstrated Achievement of Faculty Effectiveness

The program must demonstrate faculty effectiveness in achieving the program's mission, goals, and outcomes.

- The program provides aggregated data that demonstrates the Program Director provides effective leadership for the program to achieve its program's mission, goals, and outcomes.
- The program provides aggregated data that demonstrates the performance and achievements of faculty that support attainment of the program's mission, goals, and outcomes.

INTERPRETATION GUIDE

Rubric for Response

(For definition of 'faculty', refer to the Glossary section.)

- Describe the ongoing evaluative process and measures used to determine Program Director's effectiveness in achieving the program's mission, goals, and outcomes.
- Present aggregated data of Program Director's effectiveness.
- Describe the ongoing evaluative process and measures used to determine program faculty effectiveness in achieving the program's mission, goals, and outcomes.
- Present aggregated data of program faculty effectiveness.

Examples of Evidence/Documents

(For definition of 'faculty', refer to the Glossary section.)

1. Aggregated faculty effectiveness data (sample if a large document)
2. Aggregated PD data
3. Narrative information of PD data analyses
4. Narrative information of faculty effectiveness data analyses

Key Element V-D: Demonstrated Program Improvement

The program demonstrates how evidence is used to maintain the achievement of Student Learning Outcomes and/or foster program improvement with plans for future improvement based on the evidence. Evidence includes but is not limited to findings regarding program goals and outcomes, **student/graduate achievement**, Communities of Interest, and evaluations (as described in the assessment plan) of **curriculum** and teaching/learning practices; fiscal and physical resources; **technological resources**; instructional and clinical resources; academic resources; and **student support resources**. Data should demonstrate that the program is meeting its goals and outcomes, especially specified targets and benchmarks and if not, what plans the program has for meeting or modifying its goals.

INTERPRETATION GUIDE

Rubric for Response

- Describe how the analysis of data in the following areas has led to program improvement, where needed or future program improvement:
 - Program goals and Student Learning Outcomes
 - Student/graduate achievement
 - Communities of Interest
 - Evaluations (as described in the assessment plan) of curriculum and teaching/learning practices
 - Fiscal and physical resources
 - Technological resources
 - Instructional and clinical resources
 - Academic resources
 - Student support resources
- Data should demonstrate that the program is meeting its goals and benchmarks. For each area listed above, if data indicated the program is not meeting its benchmark or goal, indicate what plans the program has for meeting or modifying its goals.

Examples of Evidence/Documents

1. Summary table indicating program improvements and/or future improvements for areas outlined in the key element
2. Narrative information of program improvement based on data analyses

Maintenance of Accreditation

Each maintenance criterion describes a standard that accredited programs must meet to demonstrate ongoing compliance with accreditation. Programs that have been awarded accreditation are encouraged to review these criteria so they can adequately prepare to comply with the standards.

Maintenance Criterion

Programs must demonstrate ongoing compliance with the following Maintenance of Accreditation Criteria.

Maintenance Criterion A: Ongoing Fiscal and Physical Resources

The program provides evidence annually of financial viability and verifies that fiscal and physical resources, technological resources, instructional and clinical resources, academic resources, and student support services remain sufficient to enable the program to achieve its outcome-based education framework.

INTERPRETATION GUIDE

Rubric for Response

- If insufficiency is identified for any of the resources, describe any action taken to address deficiency and provide supporting evidence that was used to address the insufficiency (for example: budget, aggregated data, meeting minutes, survey results). If no insufficiency was identified, state so.
- Provide evidence of financial viability. Minimal evidence of financial viability includes a statement from an institutional leader affirming the program's financial viability. The statement letter must:
 - be on the institution's letter head
 - contain a signature and title of the institutional administrator with direct oversight of the program's budget (ex. Department Chair, Dean, Provost)
 - indicate that there is support from the institution that resources are in place for the MFT program

Maintenance Criterion B: Ongoing Evidence of Student/Graduate Achievements

The program must report annually on **student/graduate achievement** collected in Accreditation Standard I, Key Element I-B. Programs must provide reliable, current, accessible, and consistent student achievement information to the public on their website homepage and in published materials, and must demonstrate annually that this is done.

INTERPRETATION GUIDE

Rubric for Response

- Describe the program's collection procedures of student/graduate achievement information
- Provide updated data for Student Achievement Criteria for per cohort of the program.
- Complete all sections of the Student Achievement Criteria Data Disclosure table that is required to be published on the program's website, including initial accreditation date, advertised graduation rates and percentage rates for each track of the program.
- Provide the URL link to the program's landing/homepage which must clearly display the COAMFTE Student Achievement Criteria Data Disclosure Table either on the homepage itself or be "one click away" in a button or link on the homepage that is clearly identifiable that directly leads to the SAC table. The URL link must be a working link.
- Update the data on the COAMFTE Student Achievement Criteria Data Disclosure Table that is published on the website annually so that the data is consistent with the Student Achievement Criteria Data that is reported in the program's Annual Report.

Maintenance Criterion C: Substantive Changes

The program must request approval from COAMFTE for any **substantive change** in the program prior to implementation.

INTERPRETATION GUIDE

Rubric for Response

See Accreditation Manual for list of substantive changes required to be reported prior to implementation

- Description of proposed change
- Describe how it complies with applicable accreditation standards

Glossary

Academic Resources are tools or services available to students to assist them in satisfying the requirements of the program. Examples include but are not limited to library facilities, writing centers, technological support, financial aid offices, student counseling services, grievance offices.

Advanced Experience Component is the phase of doctoral or post-degree education that includes the application of advanced training in areas relevant to the program's mission, such as advanced research, teaching, supervision, advanced clinical theory building, etc.

Advanced Curriculum refers to a focus in the curriculum on advanced knowledge and skills beyond the foundational curriculum as described in the curricular areas, and includes the content required for MFTs at the doctoral or post-graduate level.

Advanced Research refers to conducting original research as in completing a dissertation or participating in a research study/project with the prescribed programmatic mentorship.

Alternative Hours is a clinical activity, which demonstrates competency level related to the program's mission, outcomes, and goals. The Alternative Hour must be evaluated to provide evidence of program effectiveness.

AAMFT Approved Supervisor is an individual who has satisfied all of the academic, clinical requirements, and supervisory training requirements set by the AAMFT to be designated an AAMFT Approved Supervisor.

AAMFT Clinical Fellow is an individual who has met the requirements set forth by the AAMFT to become a Clinical Fellow. This membership level is the credentialed level of membership of the AAMFT.

AAMFT Code of Ethics is the document of professional conduct set forth by the AAMFT.

MFT Core Competencies are the domains of knowledge and requisite skills that comprise the practice of couple, marriage and family therapists. They are minimum competencies established by the AAMFT.

AAMFT Pre-Clinical Fellow is an individual who has a master's or doctoral degree in MFT from a regionally accredited educational institution, or an equivalent course of study, and is completing the post-degree supervised clinical hours toward licensure for independent practice.

AAMFT Supervision Candidate is an individual who has contracted with an AAMFT Approved Supervisor and is working towards meeting the criteria to become an AAMFT Approved Supervisor.

AMFTRB Examination Domains, Task Statements, and Knowledge Statements describe the domains, tasks, and knowledge (i.e., areas of content and specific activities) the national MFT licensing examination is based upon and is published by the American Marriage and Family Therapy Regulatory Board (AMFTRB).

Anti-racism Practices involve racial and self-awareness in one's personal life and professional activities, consciousness and analysis of all program governance, policy and practices, including a professional response that address racism in its many forms, including taking action to oppose racism when it occurs, and an appreciation of the discrimination that those from nonwhite and/or minority groups may experience as a result of living in a racist society.⁵

Application Component refers to the practical/applied phase required for the foundational and the advanced curriculums. For the foundational curriculum, it is the foundational practice component and for the advanced curriculum, it is the advanced experience component.

Assessment Measure is a mechanism for evaluating progress and attainment of targets and benchmarks. Examples include exams or capstone projects with rubrics or practicum evaluation instruments.

Assessment Plan is the program's stated course of action for systematically measuring all elements of the outcome-based education framework in order to improve student learning. The plan is a summary document that includes operationalized program outcomes, assessment methods and processes (how data will be gathered and aggregated), expected outcomes (targets and benchmarks for each outcome), specific plans for the use of the data for program improvement, and an Assessment Timeline.

Assessment Timeline details when each component of the Assessment Plan will be administered or implemented, as well as details for when and how aggregated data will be fed back into the program for revision of the Assessment Plan.

Association of Universities and Colleges of Canada (AUCC) is an organization that promotes the interest of public and private higher education and university research. The AUCC participates in the development of public policy to find solutions to economic and social challenges faced in Canada.

Broad Spectrum of Students refers to a wide range of variables that identify a student such as educational level, type of degree, individual, and personal characteristics.

⁵ Consistent with two decades of research highlighting the overall lack of training that students in accredited programs received related to working with racially diverse (Hardy & Lazloff, 1994; Inman, Meza, Brown, & Hargrove, 2004; Lawless, Brooks, & Julye, 2006; McDowell, 2004) the standards include a specific focus on teaching students anti-racism. For a review of the most recent research highlighting the lack of training the students receive related to working with racially diverse clients see Schomburg & Prieto (2011).

Clinical Contact Hours are defined as therapist and client therapeutic meetings in the same physical location. 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 if they are face-to-face processes that are more than clerical in nature and focus. Sessions with other systems, groups of individuals who do not define themselves as a couple or family but come together in a face to face meeting with a therapist for therapy can be counted as clinical hours. A 45-minute therapy session must be counted as 45 minutes, not one hour or as a contact hour.

Codes of Conduct are shared statements regarding a commitment to ethical, legal and professional beliefs, values, and behavior that serve as foundational standards for making decisions and taking actions.

Competencies are demonstrated knowledge, skills, or capacities that are the result of learning, training, or experience.

Communities of Interest are stakeholders of the program that may include but are not limited to students, administrators, faculty, supervisors, consumers, graduates, germane regulatory bodies, and diverse/marginalized/underserved groups within these communities.

Concerns, Complaints and Grievances are issues expressed by students regarding their treatment within a program. COAMFTE requires all educational programs to maintain a written record of all formal student complaints and grievances. The documentation should consist of the written complaints or grievances, program action and resolution.

Core Faculty Members are identifiable faculty members with primary assignment to the program and instructional responsibility of the MFT curriculum. Other faculty members may augment and expand the students' educational experiences.

Couples are defined as two partners who request treatment for their intimate and/or family relationships.

Marriage and Family Therapy Professional (MFTP) is an individual who applies MFT knowledge, research, and skills in a professional role such as practitioner, educator, trainer, supervisor, researcher, and consultant (among others). Different program types (master's, doctoral, post degree programs) may emphasize different roles according to their mission and goals.

Diversity is defined as a program's commitment to: a) include the representation of multiple groups in the student body, supervisors, and faculty with regard to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories; and b) ensure issues of diversity are central to all aspect of the training environment.

Diverse, Marginalized, and/or Underserved Communities refers to groups from non-majority populations currently discriminated against and underrepresented due to their race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other social categories, immigration status, and/or language.

Doctoral Degree Program is an academic unit(s) that administers the education and training of students obtaining a PhD, DMFT, DMin, or PsyD. The program may stand alone within an organizational structure or may consist of more than one branch in different locations.

Faculty refers to those involved in the instruction of the program including but not limited to core faculty members, supervisors, adjunct faculty members and community supervisors, and any other faculty members involved in the program.

Families are a social unit of two or more individuals, related by blood or non-blood, characterized by emotional engagement and/or commitment, and self-defined as family.

Fiscal and Physical Resources are the monetary, personnel, and space needed to operate and implement the program. Fiscal Resources include revenue streams and operating budgets that sustain program stability and function. Physical Resources include administrative and instructional space. Examples of physical space include but are not limited to a training clinic, research labs, smart classrooms, audiovisual equipment, computers, etc.

Foundational Curriculum covers the knowledge and skills required to practice as a MFT. The foundational curriculum is based upon coursework addressing nine specified domains incorporating a systemic/relational foundation, as reflected in the MFTPs.

Foundational Practice Component is the practicum and/or internship phase of the program associated with the foundational curriculum, where students apply what they are learning in clinical practice. The foundational practice component requires a minimum number of therapy hours and a specified ratio of relationally/systemically-oriented individual and group clinical supervision to therapy hours completed.

Full-Time Equivalent refers to the institution's definition of full-time faculty workloads. Programs should calculate faculty ratios and/or establish a definition of sufficiency that include adjunct and part-time faculty (not supervisors) in the full-time equivalency description.

Goals describe broad learning outcomes and concepts (what you want students to acquire in terms of knowledge and skills) expressed in general terms.

Group supervision consists of one supervisor and eight or fewer students. Regardless of the number of supervisors present, a group cannot exceed eight students to qualify for group

supervision. For example, ten students and two supervisors are not appropriate because the number of students exceeds eight.

Inclusion refers to a commitment by programs to incorporate various perspectives with accompanying strategies and structures for acknowledging, respecting, and honoring differences.

Inclusive and Diverse Learning Environment refers to an overall atmosphere within the program (including classroom, supervision, research, and other relevant settings) that is sensitive to the needs of diverse, marginalized, and or underserved communities and promotes an open, safe, and respectful exchange of a diversity of views and opinions.

Individual supervision is defined as one supervisor with one or two supervisees.

Input-Based Standards are those prescribed requirements, which an accrediting body develops and sets forth as expected of programs. Input-based standards are prescriptive in nature and address specific structural, administrative, and programmatic aspects that programs must have.

Instructional and Clinical Resources are tools or services, which assist faculty in successfully teaching the curriculum and practice component. Clinical Resources are tools or services, which assist faculty or supervisors in successfully providing all aspects of clinical training. These include but are not limited to a clinic, clientele, technological resources, administrative assistance, and staff. Instructional resources are tools or services that assist faculty in optimally teaching their courses. These include but are not limited to library assistance, library sources, computer access, teaching assistants and technological resources.

Key Element is a subset of a COAMFTE accreditation standard and an essential feature that defines the minimum requirement of that standard.

Licensed/Provisionally Licensed/Registered as a Marriage and Family Therapist (MFT) refers to the various levels of credentialing that may exist as part of local regulation and may be obtained by a MFT. Licensed designates a MFT who is qualified for independent practice. Provisionally Licensed is a pre-licensure credential that allows a clinician to pursue the post-graduation clinical and supervisory requirements for the MFT license. Registered Marriage and Family Therapists are clinicians who meet practice standards set by the Registry of Marriage and Family Therapy in Canada.

Linking Mechanisms include defined activities, processes, and roles that align and connect Communities of Interest, faculty members, students and supervisors to the achievement of the programs' Student Learning Outcomes.

Marriage and Family Therapy Education refers to the training of MFTs in a master's degree program, doctoral program, and/or post-degree program.

Master's Degree Program is an academic unit(s) that administers the education and training of students obtaining a master's degree. The program may stand alone within an organizational structure or may consist of more than one branch in different locations.

Mentoring is an academic endeavor of a more experienced faculty or advanced student accompanying, supporting and guiding a less experienced student in all areas necessary for program completion, professional development, as well as acculturation into the field of MFT. Mentoring involves a multidimensional and increasingly collaborative relationship between the mentor and the mentee requiring optimal communication and can be a formal or informal process.

Mission is a description of a program's aims, fundamental purpose, and/or philosophical stance that guides the program's educational goals, objectives, and activities. The audience of the mission includes the program's Communities of Interest.

Multiculturally-informed refers to: a) an educational approach that represents a commitment to local and global diversity, and prepares students for living in a global world; b) includes an understanding of how larger social processes lead to systemic inequality and disadvantage for diverse and marginalized communities; c) endorses the ethical responsibility/role of MFTs in addressing and intervening in these systems when working with diverse and marginalized communities. Each program has a multiculturally-informed education approach that is an overall guiding philosophy consistent with their mission and goals. The approach describes how the program will carry out their commitment to multiculturally-informed approach throughout all aspects of the program including the curriculum, the practice component, and organizational structure.

Multidisciplinary Collaboration occurs when a diverse group of professionals is tasked to work together on a project or in a department, and does so with a commitment to co-constructing the outcome.

Non-Clinical Faculty refers to additional faculty members whose training and/or expertise is appropriate for courses/material taught and who demonstrate understanding of the relational orientation of the profession, as needed.

Observable Data includes audio and video recordings, as well as live (behind the mirror, in the room co-therapy, reflecting teams, etc.).

Outcomes are empirical measures of student achievement at the student and program levels. Objectives are the specific skills, values, and attitudes students should exhibit *and* the student/graduate achievement (i.e., graduation, licensure, employment, publications, etc.) that reflect the broader program goals. They are in measurable form, data is collected on them, and results are used to improve the quality of the program. Measures may

include both direct and indirect assessment methods, and measurement of cognitive (what you want your students/graduates to know), behavioral (what you want your students/graduates to be able to do), affective (what you want your students/graduates to think or care about) objectives. The program will provide data demonstrating that it has accomplished the overall program mission.

Outcome-Based Education is a framework where the focus is on the assessment of program outcomes (empirical measures of student achievement at the student and program level) rather than on the assessment of inputs (such as coursework and resources available to students). The primary focus of assessment is evaluating a program's goals and outcomes based solely on specific measures of student competency. To ensure excellence in programs, accreditation may include a combination of input and outcome-based standards.

Outcome-Based Standards are those prescribed requirements, which an accrediting body develops and sets forth as expected of programs. Outcome-based standards are expected goals or outcomes, which refer to the attainment of specific required skills or mastery of content by students.

Post-degree Programs are academic or free-standing training programs designed to provide foundational or advanced training for Couple or Marriage and Family Therapy professionals or for those with a minimum of master level mental health or related degree.

Professional Marriage and Family Therapy Principles include, the MFT Core Competencies, the AAMFT Code of Ethics, and the AMFTRB Examination Domains, Task Statements, and Knowledge Statements, and relevant state licensure laws.

Program Director is a core faculty member with the primary responsibilities to provide oversight to the overall operations of the education and practice components in the program.

Published and Accessible Policies are written documents in print or electronic format, which describe an institution or program requirements and procedures and are readily available to applicants, students, faculty, supervisors and other public stakeholders for information and comment.

Regulatory Requirements are the licensing laws of the state, province, or location in which the program resides. For example, contact information for all states that have MFT regulations can be found on the AMFTRB website at www.amftrb.org and the Registry for Canadian Marriage and Family Therapy (RMFT) website at www.marriageandfamily.ca.

Relational/Systemic Ethics refer to ethics that recognize distinct ethical guidelines and issues that evolve from practicing with more than one individual or having a relational/systemic view of the world.

Relationally-focused Organization is a) a professional organization such as AAMFT, National Council on Family Relations, American Family Therapy Academy, International Family Therapy Association or subgroups within an organization such as the Division of Family Psychology of the American Psychological Association; b) groups that may form with a relational/systemic underlying approach to treatment of a specific group, community, or issue/diagnoses; or c) a group of relational/systemic MFTPs organized for some other related purpose.

Relational/Systemic Philosophy is a framework for how MFTs view the world. This perspective focuses on relationships, including patterns of interaction between individuals that organizes relationship dynamics with an emphasis on what is happening rather than why it is happening.

Sexual and Gender Minorities is a broad term that includes those who identify as lesbian, gay, bisexual, pansexual, asexual, transgender, transsexual, intersex or intergender, genderqueer, questioning, and/or queer. Work with sexual and gender minorities should involve LGBT Affirmative Practices that encourage a positive and supportive view of lesbian, gay, bisexual, transgender or queer identities and an appreciation of the discrimination that LGBT persons experience as a result of living in a heterosexist society.⁶

Student/Graduate Achievements indicates accomplishments of students/graduates as a result of attending the educational program in keeping with the program's mission. Accomplishments include indicators such as licensure examination pass rates, graduation and retention rates, employment or job placement in clinical, academic; supervision, training and/or research settings; involvement in professional activities, such as serving on boards, membership in AAMFT or other relevant organizations; community service; contributions to the profession via publications, conference/workshop presentations; or other indicators.

Student Learning Outcomes are statements that clearly articulate what students should be able to do, achieve, demonstrate, or know, including statements of student/graduate achievement (see above). Programs aggregate data on SLOs at the program level.

Student Support Services include services available to students that facilitate and support a student's ability to successfully achieve the program's educational goals. Examples of student support services include but are not limited to: The Office of Disability, Counseling Services, Academic Advisement, Financial Aid Office, Office of Diversity and International Services, etc.

Substantive Changes are those changes to the program described in the COAMFTE Accreditation Manual.

⁶ Consistent with two decades of research highlighting the overall lack of training that students in accredited programs received related to working with lesbian, gay, bisexual, and transgender clients (Clark & Serovich, 1997; Carlson & McGeorge, 2013; Green, 1996; Long & Serovich, 2003; Rock, Carlson, & McGeorge, 2010), the standards include a specific focus on teaching students skills for working with sexual and gender minorities. For a review of the most recent research highlighting the lack of training students receive related to working with LGBT clients see Rock, Carlson, and McGeorge (2010).

Supervision is distinguishable from psychotherapy or teaching, and focuses on the development of competencies and professional growth of the supervisee. Supervision may utilize secured digital technology in which participants are not in the same location. The majority of supervision must be with both participants physically present. The program utilizes a 50 minutes supervision hour. A 45-minute supervision session must be counted as 45 minutes, not as one hour or a contact hour.

Supervisors are: a) faculty members who also serve as supervisors in programs, or b) individuals who are appropriately credentialed and who partner with the program to clinically supervise students in the program. Supervisors are in regular communication with the program, have input into the program's outcomes, and are aware of the program's outcomes that pertain to them.

Supervisor Equivalency is demonstrated by programs meeting one of the following two criteria:

- Supervisor Equivalency is demonstrated by programs meeting one of the following two criteria:
 - 1) A program may designate a person who is not an AAMFT Approved Supervisor as equivalent to that status, for purposes of supervision if the person is an AAMFT Supervisor Candidate. A person can be an AAMFT Supervisor Candidate for up to 5 years.
 - 2) A program may designate a person who is not an AAMFT Approved Supervisor or Supervisor Candidate as equivalent to an AAMFT Approved Supervisor for purposes of supervision, if the program documents that the equivalent supervisor has:
 - a) Demonstrated education and experience in systemic/relational therapy by:
 - i. designation as a Clinical Fellow; or
 - ii. meeting the requirements for Clinical Fellow status with the exception of having to meet the curriculum requirement for Clinical Fellow. If supervisors do not meet the course requirements for the Clinical Fellow designation, then they must demonstrate at least one course or 45 clock hours of CEU training in each educational content area; or be independently licensed as a marriage and family therapist;
 - b) A valid/state or provincial license/registration in a mental health profession;
 - c) demonstrated 5 years of professional work experience in MFT;
 - d) demonstrated education and experience in systemic/relational supervision. Supervision education may be demonstrated by completing 30 hours of coursework or continuing education in MFT supervision. Supervision experience can be demonstrated by at least 3 years of experience supervising MFTs, and 36 hours of supervised supervision.

Targets and Benchmarks refer to the reference points by which performance is measured. It is the indicator of what can and is being achieved. The term “benchmarking” refers to an ongoing and systemic process of the actual activity of establishing benchmarks and 'best' practices. Targets are specified levels of performance for a measure (indicator) at a pre-determined point in time (achieve target X by Y [date]). Programs are expected to have program-level benchmarks for their SLOs, including measures of student/graduate achievement.

Teaching/Learning Practices are policies and ways of helping students to learn the material outlined by the program in the curriculum and practice component requirements. These include didactic and experiential work in courses, examinations, papers and other projects, supervision, and student-initiated learning activities.

Technological Resources are used to deliver instruction to students and/or facilitate and support a program’s data analysis and collection processes. The technologies may include: a) the internet; b) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, wireless communications devices; c) audio conferencing; d) video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in (a) – (c) or software and learning management systems.

Transparent is a program’s effort to openly and overtly disclose the underlying rationale or purpose of an activity, action, policy or procedure in order to be inclusive.

Clarification of Terms

Alternative Hours is a clinical activity involving a therapist and person(s) receiving the alternative service in the same physical space and a therapeutic meeting that is more than clerical in nature and focus.

Examples may include interactive experiences that are therapeutic, psychoeducational, or assessment in nature and designed to support a therapeutic goal. All therapeutic activity completed as alternative hours must be evaluated for student competency and included in the clinical student's supervision process.

Examples of Alternative Hours:

- Interactive experiences with specific diverse or marginalized populations (KE II-C] designed to be responsive to the therapeutic needs of the persons involved and offered in a manner that is respectful of the person and context
- Interactive activity, individually or in a group, structured to promote specific therapeutic goals such as PTSD symptom management skills, parent-child attachment, couple/family relationship skills, trauma/abuse/domestic violence recovery, or community disaster stress management/support.
- Short-term assessment focused activity using a structured interview process, instrument, or task (e.g. genogram) as part of a personal/relational enrichment experience.
- Teaming approaches (such as reflective teams) are allowed as Alternative Hours, provided the team has consistent and sustained relationship with the client system in the same physical space (such as through a one-way mirror).

Financial viability refers to a program's ongoing access to institutional funding necessary to achieve its mission, goals, and outcomes and serve its students. Minimal evidence of financial viability includes a statement from an institutional administrator affirming the program's financial viability. The statement letter must:

- be on the institution's letter head
- contain a signature and title of the institutional administrator with direct oversight of the program's budget (ex. Department Chair, Dean, Provost)
- indicate that there is support from the institution that resources are in place for the MFT program

Governance refers to the transparent structures and processes through which decision-making occurs related to specified program functions. Such program decision-making activity involves multiple levels of influence such as institutional, department, and program. Program faculty and student participation in any specific level of decision-making or any decision-making task should be defined and transparent.

Such participation may include roles and processes for identified bodies such as the program's core faculty, student advisory groups, program director, clinical director, or department council. Such participation may also include identified informal processes by which individuals may

influence decision- making specific to program, faculty and/or student concerns. Program governance activities may include program resources review, curriculum review, instructional and supervisory effectiveness, student- faculty relationships, or other areas directly affecting the program's achievement of its mission, goals, and student learning outcomes. The primary purpose for clarification of decision-making roles and processes is to support open and transparent access to influence by all persons directly involved in the learning environment.

Examples of Governance: Student Representatives, Faculty Meetings, Advisory Council

Relational hours is a category of clinical contact hours which requires that a practitioner deliver therapeutic services with two or more individuals, in the same physical location, who share an ongoing relationship beyond that which occurs in the therapeutic experience itself. Examples include family subsystems, intimate couple subsystems, and enduring friendship/community support subsystems.

Short-term and long-term residential/situationally focused subsystems may also provide relational hours experience when the context includes ongoing relationship interaction beyond sessions with significant influence on the individuals involved. Typical group therapy sessions of otherwise non- related individuals are not considered as relational hours. Group therapy can be counted as relational hours if those in the group therapy have a relationship outside of, (above and beyond) the group itself. If the individuals in the group had relationships with one another before the group began, then the group therapy hours may be counted as relational. An example of this may be in-patient groups where the individuals lived together all day in a program.

Student Concerns are informal and relate to minor issues that can be solved between individuals such as student/instructor or student/program director and are usually communicated to the program director or faculty verbally or through informal written communication (i.e., email). Examples may include concerns about course scheduling, timeliness of faculty feedback, etc. Programs do not generally keep formal records of student concerns, although they should have a policy in place for responding to them.

Student Complaints are communicated to the program in writing regarding issues that have significant negative impact on students' learning experiences. Examples may include a grade appeal or appeal of an admissions decision. Complaints usually require a formal process within the program to bring about resolution, and records regarding their resolution are generally kept on file for a period of time based on the program's and/or university's policy.

Student Grievances refer to formal complaints filed with the program and/or the university through a formal grievance channel. They refer to issues that may violate students' rights. Examples include sexual harassment and discrimination. Records regarding the resolution of grievances are generally kept on file for a period of time based on the program's and/or university's policy.

Targets and Benchmarks refer to the reference points by which performance is measured. Benchmarks are reference points that are considered best practice; whereas, targets are reference points that are aspirational.

References

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th Ed.), Arlington, VA: American Psychiatric Publishing.
- Carlson, T. S., McGeorge, C. R., & Toomey, R. B. (2013). An exploration of family therapists' beliefs about the ethics of conversion therapy: The influence of negative beliefs and clinical competence with Lesbian, Gay, and Bisexual clients. *Journal of Marital & Family Therapy*, 1-15. doi: 10.1111/jmft.12040.
- Clark, W. M., & Serovich, J. M. (1997). Twenty years and still in the dark? Content analysis of articles pertaining to gay, lesbian, and bisexual issues in marriage and family therapy. *Journal of Marital and Family Therapy*, 23, 239-253.
- Green, R. J. (1996). Why ask, why tell? Teaching and learning about lesbians and gays in family therapy. *Family Process*, 35, 389-400. doi: 10.1111/j1545.-5300.1996.00389x.
- Hardy, K. V., & Lazloffy, T. A. (1994). Deconstructing Race in family therapy. *Journal of Feminist Family Therapy*, 5(3/4), 5-33.
- Inman, A. G., Meza, M. M., Brown, A. L., & Hargrove, B. K. (2004). Student-faculty perceptions of multicultural training in accredited marriage and family therapy programs in relation to student's self-reported competence. *Journal of Marital and Family Therapy*, 30, 373-388.
- Lawless, J. J., Brooks, S., & Julye, S. (2006). Textual representation of diversity in COAMFTE-accredited doctoral programs. *Journal of Marital and Family Therapy*, 32, 3-15.
- Leong, F. T. L., & Ponterotto, J. G. (2003). A proposal for internationalizing counseling psychology in the United States: Rationale, recommendations, and challenges. *The Counseling Psychologist*, 31, 381-395.
- Leung, S. A. (2003). A journey worth traveling: Globalization of counseling psychology. *The Counseling Psychologist*, 31, 412-419.
- Long J. D., & Servioch, J. M. (2003). Incorporating sexual orientation in MFT training programs: Infusion and inclusion. *Journal of Marital and Family Therapy*, 29, 59-67.
- McDowell, T. (2004). Listening to the racial experiences of graduate trainees. A critical race theory perspective. *The American Journal of Family Therapy*, 32, 305-324.
- McDowell, T., Fang, S., Kosutic, I., & Griggs, J. (2012). Centering the voices of international students in family studies and family therapy graduate programs. *Journal of Marital and Family Therapy*, 38, 332-347.

McDowell, T., Goessling, K., & Melendez, T. (2010). Transformative learning through international immersion: Building multicultural competence in family therapy and counseling. *Journal of Marital and Family Therapy, 38*, 365-379. doi: 10.1111/j1752-0606.2010.00209.

Rock, M., Carlson, T. S., & McGeorge, C. R. (2010). Does affirmative training matter? Assessing CFT students' beliefs about sexual orientation and their level of affirmative training. *Journal of Marital and Family Therapy, 36*, 171-184. doi:10.1111/j.1752-0606.2009.00172.x.

Platt, J. J. (2010). A Mexico City-based immersion education program: Training mental health clinicians for practice with Latino communities. *Journal of Marital and Family Therapy, 38*, 352-364. doi 10.1111/j1752-0606.2010.00208x.

Platt, J. J., & Laszloffy, T. (2012). Critical patriotism: Incorporating nationality into MFT education and training. *Journal of Marital and Family Therapy, 39*, 441-456. doi:10.1111/j.1752-0606.2012.00325.x.

Schomburg, A. M., & Prieto, L. R. (2011). Trainee multicultural case conceptualization ability and couples therapy. *Journal of Marital and Family Therapy, 37*, 223-235.

World Health Organization. (1992). *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*. Geneva: World Health Organization.