COAMFTE
Commission on Accreditation for
Marriage and Family Therapy Education

# Accreditation Standards

Graduate & Post-Graduate Marriage and Family Therapy
Training Programs

# Version 12.5

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# Introduction to COAMFTE Standards Version 12.5

## Accreditation, the Commission on Accreditation for Marriage and Family Therapy Education ("COAMFTE" or "the Commission"), and the Accreditation Community

Accreditation is a voluntary and public service developed through a consensus process of professionals dedicated to ensuring quality educational/training experiences that provide established, recognized and evolving standards for the profession. Once accreditation is granted, programs must maintain or exceed these standards of accreditation throughout their approved terms of accreditation and review cycles. This is accomplished by continually evaluating themselves in relation to their institution's vision, their program's mission, goals and student learning outcomes.

Upholding these standards of accreditation provides:
- Regulatory bodies certainty that a program's instructional quality, public transparency, and student learning outcomes are consistent with practice requirements across multiple jurisdictions.
- The public assurance that a program is committed to reliable educational standards for the profession that meet the expectations of its communities of interest.
- Students receive a sound foundation for their evaluation and selection of educational programs.
- Prospective employers' confidence that graduates are positioned to enter the workforce ready for entry-level professional practice.

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) strives to ensure excellence in educational programs that serve the mental health profession of Marriage and Family Therapy (MFT) through four ongoing commitments:
- Competency-based educational standards endorsed by the Marriage and Family Therapy (MFT) profession developed with the involvement of multiple communities of interest.
- External review of individual educational programs to assure substantial compliance with program quality, content, and student learning outcomes as defined in COAMFTE Standards.
- Public access to programs' data on graduate achievement.
- Promotion of best practices and program-level innovation for effective graduate and post-graduate professional education.

The Commission on Accreditation for Marriage and Family Therapy Education is recognized by the Council on Higher Education Accreditation (CHEA) and is a member of the Association of Specialized and Professional Accreditors (ASPA). COAMFTE is a standing committee of the American Association for Marriage and Family Therapy (AAMFT) and as such has autonomous decision-making authority in all accreditation decisions.

## Priorities Continuing from COAMFTE Standards Version 12

These following priorities and concerns from Version 12 remain relevant and their contributions continue in Version 12.5:

1. MFTs must have a relational/systemic philosophy and endorse relational/systemic ethics;
2. Programs must have an outcome-based educational framework that allows them to assess competency levels of students prior to and for a time after graduation.
3. Programs must strive for an inclusive and diverse learning environment.
4. Growth of the profession that accommodates the diversity of Marriage and Family Therapy programs within a variety of different educational contexts.
5. Programs have a responsibility to adequately prepare students for licensure under current applicable regulation.

The titles of Marriage and Family Therapy (MFT) and Marriage and Family Therapist originated during the early stages of the profession's development and remain existing legal designations for the profession today. Based on the importance of these terms in the regulatory environment, COAMFTE Standards Version 12.5 continues to use these formal titles. However, COAMFTE recognizes these terms are commonly altered by professionals and programs who self-reference as Couple/Marriage and Family Therapists, Couple and Family Therapists or Relational/Systemic Therapists in order to acknowledge diverse relationship commitments. These efforts align with COAMFTE's commitments to inclusion and diversity.

## Priorities Guiding COAMFTE Standards Version 12.5

***Priority One: Recognition of Key Influences Affecting the MFT Profession***

***MFT Relational/Systemic Supervision*** *– Standards Version 12.5 provides a definition and qualifications for meeting this definition as a program clinical supervisor.*

***COAMFTE Developmental Competency Components*** *– Standards Version 12.5 identifies five COAMFTE Developmental Competency Components:*

- Knowledge of the MFT profession
- Practice of relational/systemic therapy as a qualified behavioral/mental health provider
- Commitment to ethical practice through ethical codes of the MFT profession and pertinent regulatory bodies
- Awareness, knowledge and skill to responsibly serve diverse communities
- Development and application of research to further the knowledge and practice of the MFT profession.

***Teletherapy*** *– Standards Version 12.5 sets parameters for inclusion of entry-level training and experience in teletherapy practice appropriate to the contexts of accredited educational programs and the profession's qualifying graduate degree.*

### *Priority Two: Advancement in Use of Input- and Outcome-Based Standards*

*Refinement of Outcome-Based Education constructs that include:*
- Outcomes – specific student competencies needed to enter the MFT profession and postgraduate supervised practice.
- Achievement – measures of learning that the program uses to assess the development of outcomes.
- Competency Measurement - evaluation, rubric and feedback data consistently reviewed to improve student readiness and program effectiveness (*closing the loop*).

Within this framework, educational outcomes and their measures are commonly organized in two categories that must be evidenced:
- Student achievement – student learning outcomes accomplished during the student's required plan of study.
- Graduate achievement – postgraduate accomplishments in the graduate's entry into professional practice, including graduation, exam pass rate, and job placement.

At the program level, formative assessment data are typically used to monitor student progress, while summative assessment data is typically used to measure student learning outcomes.
- Formative – addressing learning contexts in which specific competencies are introduced and initially practiced (e.g. early-scheduled courses and pre-practicum experiences).
- Summative – addressing learning contexts in which advanced competency development is expected (e.g. capstone course, integrative projects, and final supervisory evaluations).

*Clarification of Eligibility Review as a process completed by programs seeking initial accreditation only, for the following purposes:*
- Demonstration of input-based criteria necessary to support successful implementation of COAMFTE's outcome-based education framework.
- Engagement of COAMFTE's accreditation processes and program resources prior to the significant effort of completing a program Self-Study for Initial Accreditation.

*Clarification of Process-Focused Standards that define the program's:*
- Framework for outcome-based education
- Curricular design and implementation
- Systems for assessment and review of resources, curriculum, and faculty effectiveness
- Collection and utilization of achievement data for program improvement

### *Priority Three: Support for Accredited Program Success*

Standards Version 12.5 includes the following efforts to further implement COAMFTE's long-standing commitment to be responsive to COAMFTE's communities of interest and support accredited programs in implementing their unique missions and giving public recognition of identified and achieved outcomes. The changes are intended to accomplish the following:
- *Reduction of redundancy in key element requirements*
- *Transparency in minimum threshold for substantial compliance*
- *Clarification of terms through glossary revisions*

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

COAMFTE accredits three categories of MFT education: master's degree, doctoral degree, 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. Programs are exempt from those standards that would conflict with state, provincial, and national laws.

Each type of MFT educational program aspires to the following:

- Master's degree programs are committed to providing students with:
  - Foundational Practice Component preparation for varying community settings such as mental health agencies, schools, health care, and independent practice.
  - Workplace Competency for graduates across varying populations from a MFT relational/systemic philosophy that is multiculturally-informed and uses relational/systemic ethics.
  - Curriculum Design and Instruction within the master's degree program 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.
  - Transparency about differences in state or provincial educational requirements for post program practice. Encouraging students to educate themselves regarding the requirements in the state(s), province(s), or location(s) in which they intend to practice.
  - Preparing students for further education in doctoral degree and post-degree programs.

- Doctoral degree programs are committed to providing students with:
  - Advanced Practical Experience Component and professional competencies to advance the profession in roles such as researchers, educators, program clinical supervisors, policy makers, administrators, clinical innovators, and/or theoreticians.
  - Multiculturally-Informed best practices demonstrated through a MFT relational/systemic philosophy.
  - Contributing to scholarship by encouraging the production of original research and promoting advanced knowledge beyond that covered within master's degree programs.

- Post-degree programs are committed to providing:
  - Completion of the Foundational Practice Component to ensure graduates meet educational and practice regulatory requirements for entry-level practice in the state, province, or location in which the program resides or in which students intend to practice.
  - Advanced Clinical Practice/Innovation for MFTs with a mental health degree other than a Marriage and Family Therapy degree.
  - Competency in a Specialized Area of Advanced Practice to practice with varying populations from a MFT relational/systemic philosophy that is multiculturally-informed, uses relational/systemic ethics, and protocols and perspectives valuable to multiple communities of interest.

## Orientation to the Structure and Use of the Standards Document

Thank you for your involvement in the COAMFTE accreditation community. This brief orientation describes how to navigate the document's four components and the Self-Study process. COAMFTE staff are always available to assist with specific questions related to accreditation and the accreditation process. Further explanation and clarification are provided for each key element within its' associated interpretation guide section including a rubric that is embedded within the Standards document.

Accreditation systems needed for reliable educational outcomes and quality typically have threads that touch multiple components and key elements across standards. Treating any single requirement in isolation is both inefficient and ineffective for achieving the program benefits supported through accredited education. From time to time, the Commission offers resources and trainings to assist program leaders in becoming more familiar with these connections. However, the essential beginning point for developing this knowledge and accreditation competency is simply reading the full document with curiosity and interest.

**Component One: Introduction to COAMFTE Standards Version 12.5**
The introduction to Standards Version 12.5 begins with a discussion of the role of accreditation in higher education and COAMFTE communities of interest. The introduction also identifies the priorities continuing from Version 12 and an accounting of issues/contexts instrumental in shaping Version 12.5.

**Component Two: Eligibility for Accreditation**
Eligibility criteria are input-based expectations that ensure the foundational aspects of accreditation are in place. Programs applying for *initial accreditation* must meet all Eligibility Criteria before proceeding further in the accreditation process and demonstrating compliance with Standards I through IV. After Eligibility Criteria materials have been submitted and reviewed, programs seeking initial accreditation must be invited by the Commission to submit their Self-Study. Programs seeking *renewal of accreditation* are no longer required to undergo Eligibility Review due to having completed at least one full accreditation process and continuing to demonstrate Maintenance of Accreditation on an annual basis.

**Component Three: Accreditation Standards**
Accreditation Standards present the essential systems and elements necessary for assuring program quality and reliability to COAMFTE communities of interest. Standards Version 12.5 articulates the current expectations regarding the competencies and preparation required of entry-level MFT professionals. The four standards are outlined below. In addition, there are 19 corresponding key elements across the standards that provide more specificity on the focus for each standard. Each key element is presented with additional direction in the Commission's Interpretation Guide, which is embedded within the standards document, and in the Tables for Response, that are located on the COAMFTE website on the forms page.
- *Standard I: Outcome-Based Education Framework and Environmental Support.* This standard focuses on the description of the program's outcome-based education framework and the program's environmental supports, as well as assessment plans for both areas.

- *Standard II: Program Leadership, Program Faculty, and Program Clinical Supervisors.* This standard focuses on the demonstration of the program's evaluation of program leadership, faculty, and supervisor qualifications and effectiveness.
- *Standard III: Curriculum.* This standard focuses on the description of how the program's curriculum trains students to accomplish COAMFTE developmental competency components and the program's student learning outcomes.
- *Standard IV: Program Achievement and Improvement.* This standard focuses on the analysis and discussion of the program's assessment data according to the plan indicated in Standard I.

Accreditation Standards serve as the heart of the COAMFTE accredited program's commitment to ongoing self-review for improvement and accountability.

## Component Four: Maintenance of Accreditation

Once a program implements COAMFTE Standards and meets all compliance thresholds, the program is awarded COAMFTE accreditation for a specific number of years. During this term,the program is responsible for maintaining ongoing compliance with all key elements as approved in the accreditation review process. Additionally, COAMFTE identifies a limited number of specific compliance concerns that programs must continue to address annually, called Maintenance Criteria. COAMFTE Standards Version 12.5 addresses the following three Maintenance Criteria:
- Maintenance Criterion A: Ongoing Fiscal Viability
- Maintenance Criterion B: Ongoing Evidence of Graduate Achievements
- Maintenance Criterion C: Substantive Changes

## Component Five: Glossary

Throughout the COAMFTE Standards Version 12.5 document, glossary terms appear as **boldface.** In some cases, glossary definitions provide expanded details describing limitations,qualifications, or parameters. Such information serves to both clarify minimum thresholds of compliance and guide program innovation. Hover the mouse over the boldface glossary terms to view the glossary definition. Also, clicking on the boldface glossary term links directly to the glossary.

# Eligibility for Accreditation Process

Initial COAMFTE accreditation is a process that occurs once a program has implemented a program design consistent with all elements of COAMFTE Accreditation Standards Version 12.5. Eligibility review is the first step of this process allowing a program to demonstrate that specific foundational components are in place before providing a response to Standards I-IV in the program's Self-Study. Several eligibility criteria directly support specific program standards while others are more connected to institutional concerns. Of particular importance is Eligibility Criterion A that serves as the program's first submission of the **outcome-based education** framework fully evaluated later under Key Element I-A. Programs are expected to have carefully studied Standards I-IV and their **key elements** before beginning eligibility review.

## Eligibility Criteria

Programs seeking initial accreditation provide evidence of each of the following prerequisites in order to be eligible for accreditation.

## Eligibility Criterion A: Outcome-Based Framework with Systemic Focus

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

- Specific program **goals** with measurable **student learning outcomes** that are clearly derived from the program's **mission** and that promote the development of Marriage and Family Therapists.
- Alignment of the program's mission, goals, student learning outcomes and published materials with **COAMFTE Developmental Competency Components**. (See glossary)

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**Rubric for Response**
- Completed Table for Eligibility Criterion A to map the program's mission, goals, and student learning outcomes to COAMFTE Developmental Competency Components.
- In addition to other program specific goals and student learning outcomes, the COAMFTE Developmental Competency Components must be addressed by either the program goals or student learning outcomes.
- Student learning outcomes (SLOs) should only be used for one program goal, although programs can have multiple SLOs to support the same program goal.
- Provide the required links to program materials.

**Required Evidence/Documents:**
- Completed Table for Eligibility Criterion A: Outcome-Based Education Framework with Systemic Focus.
- Specific links, or page numbers when relevant, to program materials.

**See Table for Eligibility Criterion A: Outcome-Based Education Framework with Systemic Focus**

# Eligibility Criterion B: Institutional Accreditation and Oversight

**Master's degree programs** and **doctoral degree programs** reside in educational institutions that have legal authority to confer higher education degrees (i.e., regional/national institutional accreditation, **Association of Universities and Colleges of Canada** [AUCC] approval, other[1]). **Post-degree programs** are chartered or otherwise state authorized to offer educational certificate programs and have a governance board that ensures the integrity of the program.

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**Required Evidence/Documents:**
- o   Completed Table for Eligibility Criterion B: Institutional Accreditation and Oversight.
- o   Verification of institutional accreditation for master's and doctoral degree programs.
- o   Charter or state license for degree or certificate authority (post-degree programs only).
- o   Documentation of governance board (post-degree programs only).

**See Table for Eligibility Criterion B: Institutional Accreditation and Oversight**

# Eligibility Criterion C: Financial Viability

The program must be financially viable to enable the program to support the achievement of its' program goals and student learning outcomes.

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**Required Evidence/Documents:**
- o   Completed Table for Eligibility Criterion C: Financial Viability.
- o   Statement of Support from institutional administrator: The letter must be signed, dated, on institutional letterhead, AND from an administrator who has oversight of the program and does not serve as the program director.

**See Table for Eligibility Criterion C: Financial Viability**

# Eligibility Criterion D: Diversity and Inclusivity Policies

COAMFTE acknowledges the importance of programs recognizing human dignity and defines **diversity** as being inclusive of race, age, gender, ethnicity, sexual orientation, relationship status, gender identity, socioeconomic status, disability, health status, religious or spiritual belief, religious or spiritual affiliation and national origin.
- ●   The program strives for a diverse student body and faculty including instructors, supervisors, other relevant educators and professional staff.
- ●   The program documents its diversity and **inclusion** policies.

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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.

- The program publishes material regarding the diversity composition of its' students, faculty, and supervisors, unless doing so would be prohibited by law.
- The program does not discriminate on the basis of race, age, gender, ethnicity, sexual orientation, relationship status, gender identity, socioeconomic status, disability, health status, religious or spiritual belief, religious or spiritual affiliation or national origin in any of its activities or policies relating to students, faculty, including instructors, supervisors, other relevant educators and professional staff.

Programs with a religious mission, purpose or affiliation with policies that are directly related to their religious mission, purpose or affiliation that are in conflict with the aforementioned COAMFTE diversity definition, must have published policies that are accessible, publicly available and disclosed to all individuals seeking to have an affiliation with the program.

In all instances, the program must comply with applicable state, provincial and federal nondiscrimination laws and regulations.

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**Rubric for Response**
- Provide web links and/or handbook/catalog page numbers for diversity/inclusion/anti-discrimination policies.
- Provide a published link accessible to the public, with information about the diversity composition of the student body, program faculty, and program clinical supervisors.

**Required Evidence/Documents:**
- Complete Table for Eligibility Criterion D: Diversity and Inclusivity Policies.
- Web links and/or handbook/catalog page numbers for published materials related to diversity, inclusion and non-discrimination policies.
- A web link to the program's demographic composition information.

**See Table for Eligibility Criterion D: Diversity and Inclusivity Policies**

## Eligibility Criterion E: Accuracy and Program Transparency in Policies and Publications

Published and/or promotional materials accurately describe the program to students and the public. The program has accessible published policies that are readily available to applicants, students, faculty, and the public.
- Published materials include but are not limited to:
  - Descriptions of the program's guidelines, mission, goals, and student learning outcomes
  - **Graduate achievement** data
  - Academic calendar
  - Tuition and fees
  - Degree completion requirements
  - Degree completion timeframes including percentage of students graduating within advertised timelines

- Accessible published policies include but are not limited to policies concerning:
  - Student **complaints and grievances**
  - Grading and assessment
  - Remediation and dismissal
  - Student technology requirements
  - Authenticity of student work
  - Informed acknowledgement of potential differences in MFT licensure requirements across state/provincial regulatory bodies

The program provides evidence that *before* students begin their program of study, students acknowledge in writing they have been informed and are aware that licensing regulations may differ across states and provinces.

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**Rubric for Response**
- Complete Table for the Eligibility Criterion E with location of policies and information described in publications.
- Provide web links and/or handbook/catalog page numbers for:
  - Program mission
  - Program goals
  - Student learning outcomes
  - Graduate Achievement Data Table
  - Academic calendar
  - Tuition and fees
  - Degree completion requirements
  - Degree completion timelines
- Policies on:
  - Complaints and grievances
  - Grading and assessment
  - Remediation and dismissal
  - Student technology requirements
  - Authenticity of student work
  - Informed acknowledgement of potential differences in MFT licensure requirements across state/provincial regulatory bodies
- Provide evidence that before a student begins the program of study, that the student acknowledges, in writing, that they were provided information that licensing regulations may differ across states and provinces.

**Required Evidence/Documents:**
- Complete Table for Eligibility Criterion E: Accuracy and Program Transparency in Policies and Publications by providing links and/or page numbers to program policies and publications.
- Provide the student acknowledgment policy and form demonstrating students received information about portability of the degree.

**See Table for Eligibility Criterion E: Accuracy and Program Transparency in Policies and Publications**

# Eligibility Criterion F: Graduate Achievement or Student Program Status Data

Master's degree programs or post-degree programs applying for initial accreditation must have graduate data for the program for which they are seeking accreditation.

Doctoral degree programs applying for initial accreditation must have achievement data for students who have completed the **advanced curriculum** and one of the **advanced practical experience components**. Doctoral programs may apply for initial accreditation prior to having a graduate as long as all of the following conditions have been met:
- Students have completed the advanced curriculum.
- Students have completed one of the two areas of the required advanced practical experience component.
- Students are in the process of satisfying the second required area of advanced practical experience.

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**Rubric for Response**
- Master's degree and post-degree programs must provide a list of graduates from the most recent graduating cohort.
- Doctoral degree programs must provide a list of students in the program who have completed required curriculum and experience components.
- Programs must identify current students and present graduate achievement data as appropriate for the degree earned by each individual graduate.

**Required Evidence/Documents:**
- o Completed Table for Eligibility Criterion F: Graduate Achievement or Student Program Status Data.
- o Graduate data for each graduate of the master's or post-degree program.
- o Current student program status information for each student enrolled in the doctoral program.

**See Table for Eligibility Criterion F: Graduate Achievement or Student Program Status Data**

# Accreditation Standards

Programs must demonstrate compliance key element by key element with each of the Accreditation Standards.

## Standard I: Outcome-Based Education Framework and Environmental Support

Programs use an **outcome-based education** philosophy where the focus is on advancing program quality through ongoing assessment of **graduate achievement**, student achievement, and environmental supports. Student achievement is learning and the development of specific competencies measured against program **goals**. Programs assess the effectiveness of key environmental supports for students, including how it successfully maintains an **inclusive and diverse learning environment**, and responsiveness for all learners. **Communities of interest**, identified by the program, provide input into review processes and **student learning outcomes** and are informed about key changes based on the review process.

Please Note:  Assessment data for the key elements in Standard I are presented in Standard IV.

## Key Element I-A: Outcome-Based Education Framework

The program has an overall outcome-based education framework that includes the following:
- A program **mission** generally consistent with the program's larger institutional setting.
- Specific program goals that implement the program's mission and promote the **COAMFTE Developmental Competency Components**.
- Student learning outcomes (SLOs) that set clearly defined **targets** for measuring specific student **competencies** and achievement of program goals. Note: Please refer to the glossary definition of **assessment measure.**
- Annual collection and publishing of **graduate achievement** required by type of program (masters, doctoral, post-degree).
- Selected **communities of interest** (COI's) who are direct stakeholders in the program's outcomes, effectiveness, and improvement.
- Availability of the program's outcome-based education framework to communities of interest and others selected by the program.

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**Rubric for Response**
- Identify program mission consistent with institutional mission.
- State program goals that implement the program mission and promote COAMFTE Developmental Competency Components.
- Identify measurable student learning outcomes and link the SLOs to the appropriate program goal (each SLO should be used for one only program goal).
- Identify assessment measures for each SLO and identify the program targets for each measure (implement glossary definition of assessment measure and target).
- Confirm that Graduate Achievement Data (GAD) are collected and published.
- Identify communities of interest and their relevance to program improvement.

**See Table for Key Element I-A: Outcome-Based Education Framework**

# Key Element I-B: Plan for Assessing Outcome-Based Educational Achievement

The program has an overall **assessment plan** for collecting, reviewing, and acting on the achievement data identified in Key Element I-A for the purpose of program improvement. Data-informed review actions may address improvements to program mission, goals, student learning outcomes measures and **targets**, communities of interest inclusion, and review processes/policies.

The outcome-based education assessment plan includes the following:
- A description of how and by whom assessment data for student learning outcomes and graduate achievement are collected, reviewed, and acted on as needed.
- Mechanisms for assuring that selected communities of interest input are included in the review process.
- An **assessment timeline** that identifies expected completion of assessment review cycles.
- A description of how and by whom the program's outcome-based education framework and its assessment plan are reviewed for improvement actions as needed.

Please note: Graduate achievement data are presented and discussed in Key Element IV-A. Student learning outcome data are presented and discussed in Key Element IV-B.

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**Rubric for Response**
- Describe the process and assessment timeline for collecting, aggregating, and preparing each program's student learning outcome and required graduate achievement data for review.
- Describe the process for incorporating identified communities of interest input into review of achievement data (required table) and communication about outcomes.
- Describe how the program reviews and revises the program's outcome-based education framework and assessment plan.

**See Table for Key Element I-B: Plan for Assessing Outcome-Based Educational Achievement**

# Key Element I-C: Plan for Assessing Environmental Supports

Environmental supports are institutional and program resources that contribute to successful student achievement, program quality and an inclusive and diverse learning environment. The program has a plan for maintaining effective environmental supports through a process of review that includes collection of feedback from identified communities of interest, program review, focused corrective action/advocacy where needed, and input to and from institutional leaders.

The plan for reviewing environmental supports includes the following areas:
- How the program promotes an **inclusive and diverse learning environment**.
- How the program follows **published policies** for receiving, reviewing, and responding to **complaints and grievances**, and student concerns.

- How the program monitors other environmental supports including:
  - fiscal and **physical resources**
  - **technological resources**
  - **instructional and clinical resources**
  - **academic resources and student support services**
- How the program complies with institutional policies and procedures concerning the use or technology, including policies on disaster planning and recovery of information, and responses to illegal or inappropriate uses of technology systems and resources.
- How the program ensures the reliability of technology systems, the integrity and security of data, and safeguards student and client information in accordance with applicable regulations and guidelines.

Please note: Results of this review process are reported and discussed in Key Element IV-C.

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**Rubric for Response**
- Identify environmental resources and supports in the program.
- Describe the process of assessing, reviewing, and responding to feedback about the program's inclusive and diverse learning environment, to student concerns and for monitoring environmental supports.
- Describe how the program receives, reviews, and responds to formal complaints and grievances and program experiences noted within in the past 5 years.
- Include links for policies that ensure technological resources are secure and confidential, according to state, provincial and federal guidelines.

**See Table for Key Element I-C: Plan for Assessing Environmental Supports**


# Standard II – Program Leadership, Program Faculty, and Program Clinical Supervisors

**Program faculty** are identified as **core faculty** and **non-core faculty**. Program faculty and **program clinical supervisors** are qualified to provide the education and **MFT relational/systemic supervision** needed for the program to meet its commitments, including those for student learning outcomes and graduate achievement data defined in Standard I. The roles of the **program director,** program faculty, program clinical supervisors and others in program leadership positions are clearly defined and align with the program's goals. The program demonstrates that it monitors and reviews program faculty and program clinical supervisor effectiveness as a means of ensuring that students are able to meet student learning outcomes and the program can meet its goals.

# Key Element II-A: Program Leadership Qualifications and Effectiveness

Direction and oversight of the program occurs continuously throughout the year (12 months). Program leadership is qualified, assigned ultimate responsibility for the administration of the program, and meets the following criteria:

- Is a core faculty member who demonstrates **professional identity as a Marriage and Family Therapist.**
- Is responsible for oversight of the outcome-based education framework, assessment activities, curriculum, clinical training program, facilities, services, and the maintenance and enhancement of the program's quality.
- In master's degree programs, has or shares leadership responsibilities for the **foundational curriculum** and **foundational practice component** and is an **AAMFT Approved Supervisor** or **AAMFT Supervisor Candidate** (Supervisor Candidate who assumes this role must become an AAMFT Approved Supervisor within three years.).
- In post-degree programs offering the foundational curriculum or any specialized clinical curriculum, is an AAMFT Approved Supervisor or Supervisor Candidate. (Supervisor Candidate who assumes this role must become an AAMFT Approved Supervisor within three years.).
- In doctoral degree programs offering the advanced curriculum, is an AAMFT Approved Supervisor unless the program has an AAMFT Approved Supervisor or Supervisor Candidate on the core faculty.
- Participates in an established effectiveness review that includes input from communities of interest and as needed, plans to support further leadership development and enhanced effectiveness.

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**Rubric for Response**
- Demonstrate that the program leader is a core faculty member who demonstrates professional identity as a Marriage and Family Therapist.
- Describe the role of program leader(s) who are responsible for program administration.
- Describe oversight responsibilities for curriculum, clinical training, facilities, services, and maintenance and enhancement of program's quality.
- Describe the evaluative process and measures used to determine the effectiveness of program leadership.
- Provide aggregated data that demonstrates the effectiveness of program leadership.

**See Table for Key Element II-A: Program Leadership Qualifications and Effectiveness**

# Key Element II-B: Qualifications of Program Faculty and Program Clinical Supervisors

**Program faculty** and **program clinical supervisors** who contribute to the program's curriculum and application components are qualified to fulfill their specific roles. Qualifications and roles are identified in the context of the program's institution and congruent with the program's goals.

- All program faculty members and program clinical supervisors are academically, professionally, and experientially qualified to fulfill their specific program responsibilities.
- Program faculty and program clinical supervisors have expertise in their area(s) of teaching and/or supervisory responsibility and knowledge of their instructional modality (e.g., distancelearning) or method of **MFT relational/systemic supervision** (e.g., teletherapy, live observation).
- Program clinical supervisor roles are distinguished from instructional faculty roles and consistent with the program's application component.
- All program faculty receive position descriptions describing their responsibilities, required qualifications and institutional and program expectations for scholarship, teaching, research, MFT relational/systemic supervision, practice, and/or service.
- Fifty percent or more of core faculty, including the program leader(s) are qualified to provide MFT relational/systemic supervision as a program clinical supervisor.

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**Rubric for Response**
- Credentials and experience that qualify program faculty to train MFT students.
- Program faculty contributions to the MFT Profession.
- Credentials that qualify core faculty to provide MFT relational/systemic supervision.
- Describe how the MFT program core faculty are clearly identified to communities of interest.

**See Table for Key Element II-B: Qualifications of Program Faculty and Program Clinical Supervisors**

# Key Element II-C: Core Faculty and Program Clinical Supervisor Sufficiency

The core faculty and program clinical supervisors must be sufficient to implement the program's outcome-based education framework (Standard I), curriculum instruction, and application component.

- **Core faculty** sufficiency is demonstrated by
  o a core faculty-to-student FTE ratio of 1:15, OR
  o as an alternative, the program may designate and meet a core faculty-to-student FTE ratio that the program demonstrates to be sufficient to support core faculty responsibilities and institutional and program expectations as reported in Key Element II-B. The program must define sufficiency criteria that support the alternative ratio and demonstrate how these criteria are evaluated, reviewed, and revised as needed. Non-core faculty may be included in this alternative ratio if the program demonstrates defined and ongoing non-core faculty contributions that support core faculty areas of responsibility beyond course instruction and/or clinical supervision.
- The program must have a sufficient number of **program clinical supervisors** to support the program's application component in Key Element III-C, as demonstrated by a ratio the program determines to be sufficient to meet program responsibilities and expectations for program clinical supervisors.

**Rubric for Response**
- Identify core faculty-student ratio (according to IPEDS).
- If core faculty-student ratio exceeds 1:15, describe how the program defines program faculty sufficiency and how faculty sufficiency criteria are reviewed and revised.
- Describe how the program uses a supervisor-student ratio as a factor in determining a sufficient number of program clinical supervisors, as well as how these are reviewed and revised.

**See Table for Key Element II-C: Core Faculty and Program Clinical Supervisor Sufficiency**

# Key Element II-D: Program Faculty Evaluation and Effectiveness

Program faculty which includes core faculty and non-core faculty members, meet the expectations of their institutional and program roles. The program reviews program faculty effectiveness and contributions to program quality.
- The program must have an established process for evaluation of the contributions and effectiveness of program faculty as appropriate to each individual faculty member's role.
- The evaluation process must identify who directs the process, the evaluation methods and data used, timeline, and as needed, include a plan to support further development and enhanced effectiveness.
- The program must demonstrate that it completes its program faculty evaluation and effectiveness review process and assures that the results of the evaluation are provided to each program faculty member.

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**Rubric for Response**
- Describe the ongoing evaluation process and measures used to determine the effectiveness of faculty contributions to the program.
- Present aggregated data of program faculty effectiveness.

**See Table for Key Element II-D: Program Faculty Evaluation and Effectiveness**

# Key Element II-E: Program Clinical Supervisor Evaluation and Effectiveness

**Program clinical supervisors** meet the expectations of their program and professional roles. The program reviews clinical supervisor effectiveness and contributions to program quality.
- The program must have a stated process for evaluation of the program clinical supervisor's contribution and effectiveness appropriate to the supervisor's role.
- The evaluation process must identify who directs the process, the evaluation methods and data used, timeline, and as needed, include a plan to support further development and enhanced effectiveness.
- The program must demonstrate that it completes its program clinical supervisor evaluation and effectiveness review process and assures that the results of the evaluation are provided to each program clinical supervisor.

**Rubric for Response**
- Describe the ongoing evaluative process and measures used to determine the effectiveness of program clinical supervisor's contributions to the program (See glossary for MFT relational/systemic supervision definition).
- Present aggregated data of program clinical supervisor effectiveness.

**See Table: Key Element II-E: Program Clinical Supervisor Evaluation and Effectiveness**

# Standard III: Curriculum

All accredited programs will have a curriculum and an **application component** consistent with the program's mission, goals, and student learning outcomes that substantially reflect the **COAMFTE Developmental Competency Components**. 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 student learning outcomes determine specific requirements regarding implementation of the curriculum and the application component.

## Key Element III-A: Curriculum Alignment and Monitoring

The program must provide descriptions of:
- How the curriculum and practice components support the program attainment of student learning outcomes and aligns with the **COAMFTE Developmental Competency Components**.
- Logical sequencing of the curriculum and practice components.
- Processes and procedures used to monitor and ensure student progress and completion of requirements in the curriculum and practice components.
- **Governance** processes and procedures for designing, approving, implementing, reviewing, and changing the curriculum.

**Rubric for Response**
- Provide a curriculum map that aligns required program courses with COAMFTE Developmental Competency Components and student learning outcomes.
- Explain how the curriculum and the practice component are logically sequenced.
- Describe the processes and procedures the program uses to monitor student progress across the curriculum and practice components.
- Provide documentation that outlines the process and procedure for designing, approving, implementing, reviewing, and changing the curriculum.

**See Table for Key Element III-A: Curriculum Alignment and Monitoring**

# Key Element III-B: Foundational and Advanced Curricula

## *Foundational Curriculum*
The **foundational curriculum areas** (FCAs) below cover the knowledge and skill required to practice as a Marriage and Family Therapist (MFT):

- Master's degree programs must demonstrate they offer course work that covers all the foundational curriculum areas that make up the foundational curriculum.
- Post-degree programs must demonstrate they offer coursework and assess competency in all foundational curriculum areas or that students have previously completed coursework and demonstrate competence in all foundational curriculum 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 student learning 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 student learning 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 MFT relational/systemic philosophy in the majority of the program.
- 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 student learning outcomes. Examples include: requiring students to complete 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 the development of competencies in the foundations and critical epistemological issues of MFT. It includes the historical development of the **MFT relational /systemic philosoph**y and contemporary conceptual foundations of MFT, and early and contemporary models of MFT, including evidence-based practice and the biopsychosocial framework.

### *FCA 2: Clinical Treatment with Individuals, Couples and Families (Minimum of 6 Credits/8 quarter credits/90 clock hours)*
This area facilitates the development of 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 crises intervention.

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

This area facilitates the development of 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 identities 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 the development of 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 student learning 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 the development of 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 the development of 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 **MFT 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 the development of competencies in emerging and evolving contemporary challenges, problems, and/or recent developments at the interface of 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 student learning outcomes. Programs are encouraged to innovate in this FCA.

### FCA 9: Community Intersections & Collaboration

This area facilitates the development of 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 student learning outcomes (e.g., community advocacy, psycho-educational groups). It also addresses developing competency in **multidisciplinary collaboration**.

### FCA 10: Preparation for Teletherapy Practice

This area facilitates the development of competencies in **teletherapy**. This may include such issues as emerging legal and ethical requirements, documentation, response to crises, awareness of the therapeutic space, joining, appropriate individual and systemic interventions (e.g., couples, play therapy), or other topics of importance to the context of the program and with diverse populations. Programs are encouraged to innovate in this FCA.

## Advanced Curriculum

The **advanced curricula areas (ACAs)** advances knowledge and skill by addressing the curricular areas below.

- Doctoral degree programs must describe how students demonstrate competence in the COAMFTE Developmental Competency Components.
- Doctoral degree programs must provide evidence of coursework in all the **advanced curricular areas** (ACA). Programs may emphasize some of the ACAs, more than others, and include other areas that are consistent with the program's mission, goals, and student learning outcomes.
- Post-degree programs may offer components of the **advanced curriculum**.
- Programs may emphasize some of the areas more than others and include other areas that are consistent with their program's mission, goals, and student learning outcomes.

### ACA 1: Advanced Research

This area facilitates the development of 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 relational research;
b) methodologies and analysis techniques outside of their proficiency area (e.g., if a student decides to become proficient in quantitative methods, they will have a working knowledge of qualitative methods as well);
c) understanding the theoretical complexity of change within relationships and how this complexity informs research;
d) understanding and demonstrating sensitivity to and awareness of how issues of diversity in terms of culture, gender, sexual orientation, age, socio-economic status, etc. play a role in their choice of research topics and their conduct of research activities; and
e) preparing and disseminating research through a variety of activities (e.g., grants and grant writing, program evaluation, professional publications and presentations).

### ACA 2: Advanced Relational/Systemic Clinical Theory

This area facilitates the development of advanced clinical competencies including:

a) 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 MFT relational/systemic supervision of the therapy of others;

c) 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 are competent in relational/systemic innovations. This includes application to controversial moral and advanced ethical dilemmas, international, cross-cultural, and multicultural issues in 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, MFT Relational/Systemic Supervision, Consultation, and/or Leadership

This area facilitates the development of competencies in relational/systemic teaching, MFT relational/systemic 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 MFT relational/systemic 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.

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**Rubric for Response**

- Identify where and/or how the foundational curriculum areas or advanced curriculum areas are addressed in the curriculum.
- For post-degree programs, demonstrate that course work 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 doctoral degree programs, describe how students demonstrate competence in the COAMFTE Developmental Competency Components.
- For programs offering the foundational curriculum, provide a description of and rationale for the program's required integrative/capstone experience.

**See Tables for Key Element III-B: Foundational and Advanced Curricula**

# Key Element III-C: Foundational and Advanced Application Components

The program must demonstrate it offers an application component with appropriate placement in the curriculum, duration, focus, and intensity consistent with the program's mission, goals, and student learning outcomes.

## *Foundational Practice Component*

Master's degree programs and post-degree programs that teach the foundational curriculum must offer the **foundational practice component** (practicum and/or internship) with the following requirements:

- **Direct clinical contact hours:** Students must acquire a minimum of 300 direct clinical contact hours with individuals, couples, families, or other systems, at least 100 of which must be **relational hours** that occur over a minimum of twelve months of clinical practice.
  - Programs including **teletherapy** for required direct clinical contact hours must have policies and procedures in place to support student teletherapy practice and its MFT relational/systemic supervision by program clinical supervisors including attention to applicable legal and ethical requirements and current/emerging professional guidelines.
- **MFT relational/systemic supervision:** Students must receive at least 100 hours of MFT relational/systemic supervision from a program clinical supervisor on a regular and consistent basis while seeing clients. When the supervision schedule is interrupted for any reason, the program must have a plan to assure student access to supervisory support. MFT relational/systemic supervision can be **individual MFT relational/systemic supervision** (one supervisor with one or two supervisees) or **group MFT relational/systemic supervision** (one supervisor and eight or fewer students) and must include a minimum of 50 hours of MFT relational/systemic supervision utilizing **observable data**.
- Published procedures and agreements with practice sites: Programs must have formal agreements in place that outline the responsibilities of the institution, practice sites and students, and policy in place for managing any difficulties with sites, program clinical supervisors, or students.

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**Rubric for Response**
- For master's degree programs and post-degree programs that teach the foundational curriculum, demonstrate the program's requirements for meeting the foundational practice component (FPC) for direct 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 student learning outcomes.
- For master's degree programs and post-degree programs that teach the foundational curriculum, demonstrate the program's commitment to MFT relational/systemic-oriented supervision and how the standard's minimum supervisory requirements are accomplished, including a specific description of the use of digital technology, if relevant.
- If any of the direct clinical contact hours are acquired through teletherapy, present any policies and procedures pertaining to legal and ethical requirements and current/emerging professional guidelines.
- If MFT relational/systemic supervision provided by program clinical supervisors is mediated by technology, present any policies and procedures pertaining to legal and ethical requirements and current/emerging professional guidelines.

- Provide examples of the program's agreements with practice sites that outline the responsibilities of the institution, practice sites and students, and policy in place for managing any difficulties with sites, program clinical supervisors, or students.

**See Table for Key Element III-C: Foundational Application Component**

### *The Advanced Practical Experience Component*

Programs that teach the advanced curriculum must offer the **advanced practical experience component** that includes:

- Selected experiences consistent with the program's mission, goals, and student learning outcomes in any of the following areas: advanced research, grant-writing, teaching, MFT relational/systemic supervision, consultation, advanced clinical theory, clinical practice/innovation, program development, leadership, or policy. In addition, programs may offer experiences in presenting and professional writing.
- Appropriate and adequate **mentoring** of students during the experience.
- For doctoral programs, a minimum of two of the areas noted above can be combined over a minimum of 9 months.
- For post-degree programs, a minimum of one area over a minimum of 6 months is required.

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**Rubric for Response**
- For programs that teach the advanced curriculum, map the advanced practice experience component (APEC) areas utilized by the program to the student learning outcomes.
- Provide evidence that students must complete an advanced practice experience that includes:
  - for doctoral programs:  at least two required areas for a duration of at least nine months.
  - for post-degree programs: at least one required area for a duration of at least six months.
- For programs that teach the advanced curriculum, demonstrate how students receive mentoring during the APEC.

**See Table for Key Element III-C: Advanced Application Component**

## Key Element III-D: Experience with Diverse, Marginalized, and/or Underserved Communities

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

- Professional activities (such as therapy, research, MFT relational/systemic supervision, consultation, teaching, etc.) with diverse, marginalized, and/or underserved communities; and/or
- 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.

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**Rubric for Response**
- Describe how the program facilitates student experience with diverse, marginalized, and/or underserved communities.

**See Table for Key Element III-D: Experience with Diverse, Marginalized, and/or Underserved Communities**

# Key Element III-E: Program Transparency and Informed Acknowledgement

The program demonstrates that the curriculum aligns with the educational and clinical practice requirements (e.g., coursework, clinical experience, and supervision) that satisfy the regulatory requirements for entry-level practice either in the state/province/location in which the program physically resides or in which the student intends to practice.

Programs must provide prospective and entering students information regarding the MFT profession's licensure and regulatory requirements as follows:
- The program demonstrates use of a policy and process to ensure that all students are informed of the MFT profession's general regulatory structure and that practice/licensure requirements, including qualifying degree requirements, may vary across state/provincial jurisdictions.
- This information, along with resources for contacting state/provincial regulatory bodies, must be provided to students and acknowledged in writing, prior to beginning the program's course of study.
- Programs that include **teletherapy** and/or **virtual supervision** as part of the clinical practice experience must have a policy on how the program ensures that such practices are compliant with relevant federal, state, or provincial **regulatory requirements**.

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**Rubric for Response**
- Provide the student acknowledgment policy of regulatory variance.
- Provide program policies of regulatory compliance.
- Describe how students are informed of the regulatory requirements in the state, province or location they plan to practice.
- If applicable, provide policies that ensure teletherapy and/or virtual supervision are practices are compliant with relevant federal, state, or provincial regulatory requirements.

**See Table for Key Element III-E: Program Transparency and Informed Acknowledgement**

# Key Element III-F: 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.

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**Rubric for Response**
- Identify communities of interest (COI) relevant to curriculum and practice.
- Describe how the needs and expectations of these COI's are considered in curriculum/practice revision.
- Provide examples of how the review process has led to curriculum/practice improvement.

**See Table for Key Element III-F: Curriculum/Practice Alignment with Communities of Interest**

# Standard IV: Program Achievement and Improvement

Programs report the results of their outcome-based education framework based on their assessment plan activities as detailed in Standard I. Programs present and discuss assessment data and review actions for program improvement as needed in the key elements below. Each key element should demonstrate completion of the assessment process, review decisions, and program action. Finally, the program should demonstrate how results from assessment data and program responses are communicated to relevant communities of interest.

## Key Element IV-A: Demonstrated Graduate Achievement and Improvement

The program demonstrates that aggregated data on graduate achievement is collected and reviewed as specified in Key Element I-B. Graduate achievement data and analysis demonstrate that the program is meeting established **benchmarks** or is using the data to make improvements.

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**Rubric for Response**
- Identify the areas of graduate achievement, as defined in the glossary of COAMFTE Standards, and selected by the program for data collection.
- Analyze and present aggregated data for graduate achievement collected in Key Element I-B.
- Provide examples to demonstrate how the aggregated data is used to meet graduate achievement and/or for program improvement.

**See Table for Key Element IV-A: Demonstrated Graduate Achievement and Improvement**

## Key Element IV-B: Demonstrated Achievement of Program Goals and Improvement

The program demonstrates that aggregated data on student achievement is collected and reviewed as specified in Key Element I-B. Student learning outcome data and analysis demonstrate that the program is meeting program goals or is using the data to make improvements.

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**Rubric for Response**
- Present aggregated data produced by the outcome-based education framework and assessment measures described in Standard I with clear targets for each student learning outcome.
- Provide evidence that data related to SLOs is used to inform program improvements when necessary.
- Describe program improvements implemented as needed, based on results from the review of data from SLOs.

**See Table for Key Element IV-B: Demonstrated Achievement of Program Goals and Improvement**

# Key Element IV-C: Review and Improvement of Environmental Supports

The program demonstrates that aggregated data on environmental supports are collected and reviewed as specified in Key Element I-C.  Data and analysis from program review demonstrate that the program is maintaining its environmental supports or making improvements where needed.

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**Rubric for Response**
- Present aggregated data collected as specified in Key Element I-C.
- Provide evidence that data related to environmental supports/resources, including technology and teletherapy (if relevant) is used to inform program improvements when necessary.
- Describe program improvements implemented as needed, based on review of the environmental supports/resource data.

**See Table for Key Element IV-C: Review and Improvement of Environmental Supports**

# Key Element IV-D: Communication with Communities of Interest

The program demonstrates that it communicates results of assessment data compiled according to the program's assessment plan (outlined in Standard I) and any resulting program changes to relevant communities of interest.

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**Rubric for Response**
- Provide evidence of communications provided to communities of interest regarding changes made to the program or its resources based on assessment data provided in Standard IV.

**See Table for Key Element IV-D: Communication with Communities of Interest**

# Maintenance of Accreditation

All accredited programs must demonstrate ongoing compliance with accreditation standards. A limited number of specific requirements are identified as Maintenance Criteria due to their high public importance. Each maintenance criterion describes a key element requirement that accredited programs must meet to demonstrate ongoing compliance with accreditation on an annual basis.

## Maintenance Criteria

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

## Maintenance Criterion A: Ongoing Financial Viability

The program provides evidence annually of **financial viability.**

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**Rubric for Response**
- Provide evidence of financial viability. Minimal evidence of financial viability includes a statement from an institutional leader affirming the program's financial viability. The letter must:
- Be dated
- Be on the institution's letterhead
- 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 Graduate Achievements

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

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**Rubric for Response**
- Provide updated data for Graduate Achievement for each cohort of the program.
- Complete all sections of the Graduate Achievement Data (GAD) 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 (i.e., part or full time).
- Provide the URL link to the program's landing/homepage which must clearly display the COAMFTE Graduate Achievement Data 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 GAD table. The URL link must be a working link.
- Update the data on the COAMFTE Graduated Achievement Data Disclosure Table that is published on the website annually so that the data is consistent with the Graduate Achievement Criteria Data that is reported in the program's Annual Report.

# Maintenance Criterion C: Substantive Changes

The program must notify COAMFTE for any **substantive change**.

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**Rubric for Response**
- See the COAMFTE 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

*Glossary definitions will appear in **boldface** to help with clarification in the standards document. Once published, the Glossary is considered to be a component of Standards Version 12.5 and will be altered only through a formal standards revision process.*

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

**Advanced Practical 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, MFT relational/systemic 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.

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

**AAMFT Supervisor 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.

**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, and an appreciation of the discrimination that those from non-white and/or minority groups experience as a result of living in a racist society.[2]

**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 practical experience component.

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[2] Consistent with two decades of research highlighting the overall lack of training that students in accredited programs received related to working with racially diverse clients (Hardy & Lazloffy, 1994; Inman, Meza, Brown, & Hargrove, 2004; Lawless, Brooks, & Julye, 2006; McDowell, 2004) the standards include a specific focus on teaching students anti-racism practices. 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 and Prieto (2011).

**Assessment Measure**, as used to determine student achievement of professional competencies, is an evaluative tool for determining student progress toward and attainment of a specific outcome such as an identified knowledge, skill, or disposition. Assessment measures typically are embedded in assessment mechanisms such as examinations, written or oral presentations, skill-based demonstrations, or direct observation of student functioning. An assessment measure includes identification of the competency being evaluated and descriptions of achievement that describe progress and final outcome. The structure of an assessment measure must make the expected learning clear to the student being assessed, the evaluator completing the assessment, and reviewers making use of the assessment data. Examples include scores on specific examination topics (MFT theories section on Comprehensive Exam), project rubrics (specific rubrics scoring identified competencies in a Capstone project), and behavior-based observational scales (supervision evaluation).

**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 includes operationalized program goals, assessment methods and processes (how data will be gathered and aggregated), expected student learning outcomes with threshold targets 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 quality in higher education and university research and participates in the development of public policy to find solutions to economic and social challenges faced in Canada.

**Benchmarks** refer to a level of achievement determined by a source external to the accredited program such as COAMFTE, which sets specific thresholds expected at specific times. For Example: COAMFTE may set a benchmark that master's programs must demonstrate a XX% pass rate on the MFT licensure exam for each cohort.

**COAMFTE Developmental Competency Components** refer to the primary areas of professional learning and skill-development central to the effective and ethical practice of a future Marriage and Family Therapy professional including:
- knowledge of the profession;
- practice of therapy;
- human diversity and social structures;
- professional identity, ethics, and law; and
- research and evidence-based practice.

This framework is intended to encompass historical, current, and future elements of MFT professional identity and practice, and to organize student learning outcomes expected of a graduate of the COAMFTE Accredited program.

**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, program core and non-core faculty, program clinical supervisors, consumers, graduates, germane regulatory bodies, and diverse/marginalized/underserved groups within these communities.

**Complaints and 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. 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. 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.

**Core Faculty Members** hold an annual contracted position with the University or organization in which the program resides, AND 50% or more of their assigned role is specific to the MFT program. Along with the **program director**, core faculty members share responsibility for the creation, evaluation, revision, and maintenance of the program's outcome-based education framework, curriculum, policies, and procedures. Core faculty demonstrate professional identity as a marriage and family therapist and contribute to the MFT profession in various ways such as scholarship, research, teaching, MFT relational/systemic supervision, practice, and/or service. The MFT program core faculty are clearly identified to students, communities of interest, and the public. (See also Non-core Faculty Members)

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

**Direct Clinical Contact Hours** are defined as a therapeutic meeting of a therapist and client (individual, relational, or group) occurring in-person synchronously, either physically in the same location or mediated by technology. Assessments may be counted if they are in-person processes that are more than clerical in nature and focus. Also, therapy services delivered through interactive team modalities may provide direct client contact for specific team members who have in-person interaction with the client/system during the session. Therapy team members who engage the therapeutic process only behind the mirror may not count the experience as direct client contact. Activities such as telephone contact, case planning, observation of therapy, record keeping, trainings, role-playing, travel, administrative activities, consultation with community members or professionals, and/or MFT relational/systemic supervision are not considered direct client contact.

**Diverse, Marginalized, and/or Underserved Communities** refers to groups from non-majority populations currently discriminated against and underrepresented with regard 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.

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

**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.

**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.

**Financial viability** refers to a program's ongoing access to institutional funding necessary to achieve its mission, goals, and outcomes and serve its students.

**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.

**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, MFT relational/systemic supervision to therapy hours completed.

**Goals** (Program Goal) describe broad learning outcomes and concepts (what students need to acquire in terms of knowledge and skills) expressed in general terms.

**Governance** refers to the transparent structures and processes through which decision-making occurs related to specified program functions which involves multiple levels of influence such as institutional, departmental, and programmatic. Program core and non-core 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

**Graduate Achievements** are statements that articulate the professional accomplishments of a program's graduates, aligned with the program's mission, beginning with completion of the educational program. Accomplishments include indicators such as graduation rates, licensure

examination pass rates, job placement rates, employment in clinical, academic, MFT relational/systemic supervision, training and/or research settings, and licensure as a Marriage and Family Therapist.

**Group MFT relational/systemic supervision** consists of one supervisor and eight or fewer students. Regardless of the number of program clinical supervisors present, a group cannot exceed eight students to qualify for group relational/systemic supervision. For example, ten students and two program clinical supervisors are not appropriate because the number of students exceeds eight.

**Inclusion** refers to a commitment by programs to incorporate diverse 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, MFT relational/systemic supervision, research, clinical, 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 diverse views and opinions.

**Individual MFT relational/systemic 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 program faculty in successfully teaching the curriculum and practice component. Clinical Resources are tools or services, which assist program faculty or program clinical 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 program 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.

**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 core or non-core 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.

**MFT 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. Relational systems comprised of individuals are seen as self-organizing, dynamic entities embedded in contexts of larger systems and function both as subsystems and suprasystems with biopsychosocial influence. Recognizing and respecting the relational field of interconnection and influence serves as the foundation for professional efforts to engage others, make meaning, and participate in change.

**MFT Relational/Systemic Supervision** is the practice of developing the clinical competencies and professional growth of the student as a supervisee, consistent with the MFT relational/systemic philosophy, ethics, and practices of the marriage and family therapy profession. Supervision is distinguishable from psychotherapy or teaching. MFT Relational/Systemic Supervision may be provided though virtual supervision.

**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 an educational approach that: a) 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; and c) endorses the ethical responsibility/role of MFTs in addressing and intervening in these systems when working with diverse and marginalized communities. Its commitment to being multiculturally-informed is found throughout all programmatic aspects including its mission, goals, student learning outcomes, curriculum, 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-core Faculty Members** either hold: a) a short-term position with the university or organization in which the program resides, with a primary assignment to the MFT program and provide instruction within the MFT program, OR b) a permanent position in the University or organization with a primary assignment in another program but teach specific courses in the MFT curriculum for which they are professionally, educationally and experientially prepared. Non-core faculty members teach courses within the MFT curriculum, or fulfill specific role assigned by the program (e.g., accreditation specialist, field placement coordinator). This designation does not include program clinical supervisors, please see Program Clinical Supervisor definition.

**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 students/graduates to need to know), behavioral (what students/ graduates need to be able to do), affective (what students/graduates need 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.

**Physical Resources** comprise the space needed to operate and implement the program, including 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.

**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 Identity as a Marriage and Family Therapist** is demonstrated by publicly displayed and accessible indicators of commitment to the marriage and family therapy profession such as a graduate degree from a COAMFTE accredited program, marriage and family therapist licensure/registration, membership in a relationally-focused professional association dedicated to promoting the marriage and family therapy profession, advanced credentials in a practice area specific to the marriage and family therapy profession, or contributions specific to the marriage and family therapy profession such as leadership, training, or scholarly activities.

**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.

**Program Clinical Supervisors** provide MFT relational/systemic supervision within a COAMFTE accredited program.  Program Clinical Supervisor qualifications include the following:
  a) demonstration of professional identity as a marriage and family therapist, and
  b) demonstration of training in MFT relational/systemic supervision by one of the following:
  ● A graduate course in MFT relational/systemic supervision equivalent to three semester-credit hours
  ● Postgraduate professional education in MFT relational/systemic supervision of at least 30 clock hours
  ● A state established MFT supervisor designation that includes relational/systemic supervision training
  ● Designation as an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate

**Program Faculty** are defined as **core faculty** and **non-core faculty**.

**Published Policies** are written, accessible documents in print or electronic format, which describe an institution or program requirements and procedures and are readily available to applicants, students, program faculty, program clinical 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 https://amftrb.org/ and the Registry for Canadian Marriage and Family Therapy (RMFT) website at https://camft.ca/ .

**Relational Hours** is a category of direct clinical contact hours in which a clinician delivers therapeutic services with two or more individuals conjointly, who share an ongoing relationship beyond that which occurs in the therapeutic experience itself. Examples include family subsystems, intimate couple subsystems, enduring friendship/community support subsystems, and residential, treatment, or situationally connected subsystems.
- Relational hours also may be counted with relational subsystems that include a person whose only available means to participate in the in-person therapeutic meeting is telephonic or electronic (e.g., incarcerated, deployed or out-of-town subsystem members.)
- 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. Conversely, group therapy sessions of otherwise non-related individuals are not considered as relational hours.

**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 MFTs organized for some other related purpose.

**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.[3]

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[3] 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).

**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 program 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 Learning Outcomes** are statements that clearly articulate what students should be able to achieve, demonstrate, or know, as a result of attending the educational program. Each Student Learning Outcome is competency based, measurable, and aligned with a specific program goal used to implement the program's mission. Programs aggregate data on Student Learning Outcomes at the program level to demonstrate attainment of program goals and to inform program improvements.

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

**Supervisors** (See Program Clinical Supervisors)

**Targets** are levels of achievement determined by the accredited program core faculty that sets a specific threshold of student learning expected at a specific time as assessed by a specific measure in order to demonstrate student learning outcome achievement. Programs may select multiple assessment measures with unique targets for demonstrating student learning outcome achievement.
> Examples: Student Learning Outcome 1 achievement target – 85% of learners will score proficient or distinguished on the final clinical competency evaluation completed by clinical supervisors; Student Learning Outcome 2 – 80% of learners will score 3 or higher on the Cultural Competency rubric completed during the Capstone's Final Case Review project.

**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.

**Teletherapy** is the process of delivering synchronous therapeutic services using a secure video platform according to relevant state, federal, and provincial regulatory requirements or guidelines. The online therapeutic interaction is consistent with state or provincial regulations for the location in which the clinical student therapist and participant(s) are physically located.

**Transparency** 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.

**Virtual Supervision** is the process of delivering synchronous MFT relational/systemic supervision using a secure video platform.  The online supervisory interaction is compliant with relevant state, federal, and provincial regulations for the location in which the clinical student therapist and supervisor are physically located.

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