



# **Master of Arts in Marriage and Family Therapy**



# **Program Handbook 2024-2025**

*Curriculum, admission and degree requirements, tuition and fees, or other policies subject to change.*

# Table of Contents

<b>MFT Program Handbook Acknowledgment.....</b>	<b>3</b>
<b>MFT Profession's Licensure and Regulatory Requirements (and Portability) and Acknowledgement of Choice of Internship Hours.....</b>	<b>4</b>
<b>MFT Program Information.....</b>	<b>6</b>
History of the Marriage and Family Therapy Program.....	6
<b>Kairos University Mission and Values.....</b>	<b>6</b>
Organizational Values & Practices.....	6
Theological Hospitality.....	8
<b>MFT Program Mission, Purpose and Philosophy.....</b>	<b>8</b>
MFT Program Mission Statement.....	8
Program Purpose.....	8
Program Philosophy.....	8
<b>Program Goals and Student Learning Outcomes.....</b>	<b>9</b>
<b>Roles of Faculty and Students in Governance.....</b>	<b>12</b>
MFT Student Advisory Committee Guidelines (MFT SAC).....	12
<b>MFT Curriculum.....</b>	<b>12</b>
Time Limit.....	13
<b>Meet the Faculty and Supervisors.....</b>	<b>13</b>
Core Faculty.....	13
Non-Core (Adjunct) Faculty.....	14
Program Clinical Supervisors.....	14
<b>Who Should I Contact?.....</b>	<b>16</b>
<b>MFT Curriculum.....</b>	<b>17</b>
<b>Part Time Schedule.....</b>	<b>18</b>
<b>Accelerated Schedule.....</b>	<b>19</b>
<b>What to Know About the Program.....</b>	<b>20</b>
Core Courses.....	20
Internship Admission and Process.....	20
What to Expect in the Internship Experience.....	21
PRE-INTERNSHIP TIMELINE.....	22
INTERNSHIP REQUIREMENTS.....	22
SUPERVISION.....	25
INTERNSHIP PAPERWORK.....	26
PAID INTERNSHIPS.....	26
INTERNSHIP COMPLETION.....	27
ACCELERATED INTERNSHIP EXPERIENCE.....	27
ORAL/WRITTEN CLINICAL CASE PRESENTATION.....	27
Program Completion.....	30
<b>Program-Related Policies, Definitions, and Practices.....</b>	<b>31</b>
Compliance.....	32

Teletherapy Practice & Ethics Training.....	32
Policy for In-Person vs Virtual (online) Client Hours.....	32
Definition of Diversity.....	32
Professional Ethics.....	32
Serious Responsibility of the MFT Faculty.....	33
Advisor Role.....	34
Cohort Support.....	34
Student Safety and Protection of Private Information.....	34
Technology Training for Students/Faculty/Supervisors.....	35
Attendance and Assignments.....	35
Zoom Classroom.....	35
Academic Integrity.....	35
APA Format.....	35
Grades.....	36
Using Pathwright.....	36
Accessing the Student Portal.....	36
<b>University-Wide Policies and Procedures.....</b>	<b>36</b>
Kairos University Student Handbook.....	36
• Disability Policy.....	36
• Grievance Policies.....	36
• Probation, Dismissal, and Reinstatement.....	37
• General Policies and Procedures, Federal Aid/Benefits, and Business Office.....	37
<b>Forms and Evaluation Documents.....</b>	<b>37</b>
<b>Proposal for Internship Site Form.....</b>	<b>38</b>
<b>MFT Student Evaluation for Entrance to Begin Internship.....</b>	<b>39</b>
<b>MID-TERM EVALUATION 2.....</b>	<b>41</b>
<b>Intern Self-Evaluation of Clinical Experience.....</b>	<b>43</b>
<b>Evaluation of Supervisor by Intern Therapist.....</b>	<b>51</b>
<b>Supervisor’s Evaluation of Intern’s Clinical Experience.....</b>	<b>54</b>
<b>Course Descriptions.....</b>	<b>60</b>
<b>Annual Plan for Assessment, Review, and Revision.....</b>	<b>65</b>
<b>Timeline for Assessment, Review, and Revision.....</b>	<b>68</b>
<b>Calendar for Annual Assessment.....</b>	<b>72</b>
<b>Annual Assessment Plan Design.....</b>	<b>73</b>

## MFT Program Handbook Acknowledgment

I, \_\_\_\_\_, hereby acknowledge the receipt of the 2024-2025 Master of Arts in Marriage and Family Therapy Program Handbook. I realize that I am responsible for reading and understanding this Handbook, which contains many of the policies, procedures, rules and regulations to which I will be subject. I further acknowledge that this Handbook supersedes and replaces any and all prior MAMFT Program Handbooks. I also understand that it is the intent of the MAMFT Program Handbook to give me some idea as to the policies to which I will be subject and that it is not a complete manual. Except as provided in this acknowledgment, I realize the policies may change from time to time and will be posted on Pathwright under “MFT Program Information” when the policies do change.

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

---

Student’s Signature

---

Student’s Name (please print)

***NOTE: This form is for your reference. It will be completed through the MFT Program Orientation Path when you begin the program. Thank you.***

## **MFT Profession's Licensure and Regulatory Requirements (and Portability) and Acknowledgement of Choice of Internship Hours**

The Federal government has designated marriage and family therapy as a core mental health profession along with psychiatry, psychology, social work and psychiatric nursing. Currently, all 50 states in the USA support and regulate the profession by licensing marriage and family therapists. In Canada, only two (2) provinces (Ontario and Quebec) regulate the profession of Marriage and Family Therapy. However, each state and province have its own laws and regulations about what is needed to become licensed as an MFT in that state/province.

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

**The practice/licensure requirements vary across state and provincial jurisdictions.** Included in these licensure requirements are the educational requirements, which include: • How many credits a master's program must have, as well as the number of credits needed for licensure; • Specific coursework needed; • The length and/or the number of credits of the internship, as well as • The number of direct client hours needed, along with the number of relational hours (couples, families, or other relational subsystems) needed within the total number of hours; • The number of supervision hours needed.

**Portability:** Once a person is licensed in one state, it does not mean that that license will be accepted unconditionally by another state. There are "portability" issues (educational requirements differ) when it comes to getting licensed in another state. Please consider any planned relocations in your decision about how many hours of internship you will do as part of your MFT program.

Use the link provided to look at the internship hour educational requirement for licensure in that state. Go to [kairos.edu/disclosures](http://kairos.edu/disclosures) to find out the states in which the Kairos University MAMFT program meets the current educational requirements. Please note that Kairos University only accepts students residing in states where the program meets current educational requirements.

If you need assistance finding information about a particular state or province's licensure laws and regulations, visit [AAMFT.org](http://AAMFT.org) for MFT state and provincial resources or talk with your advisor.

### ***Choice of Internship Hours***

**Prior to beginning Internship, each student must indicate their choice of internship hours (300 or more hours as required by their state licensure plans).** A COAMFTE accredited program requires at least 300 hours of internship experience. However, there are states that require more clinical contact hours for their educational requirements in the state licensing process. It is

important to understand at the beginning of the program how many hours you will need in internship to meet the educational requirements where you plan to be licensed.

The COAMFTE Accreditation Standards Version 12.5 (effective 1/1/2022) states that the Internship be “a minimum of 300 direct clinical contact hours with individuals, couples, families, or other systems and that at least 100 of those clinical hours be **relational hours** that occur over a minimum of twelve months of clinical practice.”

*12.5 Glossary definition:*

*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.*

**Acknowledgements**

**I declare that I chose \_\_\_\_\_ number of hours for my internship experience based on my understanding of the requirements in \_\_\_\_\_ (state or province) for licensure. By signing below, I acknowledge that I have received information about licensure portability from one state or province to another.**

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Date**

***NOTE: This form is for your reference. It will be completed through the MFT Program Orientation Path when you begin the program. Thank you.***

## **MFT Program Information**

**WELCOME** to the Master of Arts in Marriage and Family Therapy Program at Kairos University! You will be spending the next several years with faculty who, first of all, are committed to Jesus Christ, and then to helping equip you to become competent marriage and family therapists within a caring and collaborative online educational environment. The work entrusted to mental health professionals is that of working with and caring for relationships, and we believe this work begins among ourselves. Among the greatest gifts your professors have to share with you are their collegial spirit of working together and their respect for one another. We anticipate your contact with faculty, staff and students at Kairos will be positive and respectful as well, for these relationships will become the foundation upon which you build new and ever more nurturing ways of being with others.

The faculty respects the diversity that each of you brings to the program. You will be encouraged and supported in your sharing of the journey which has brought you to this place. It will be in the intimate associations of graduate education that you will come to understand yourself more fully and the experiences which may, at this time, be foreign, not understood, or unknown to you. It is with great pleasure, responsibility and trust in God's grace through relationship that the faculty teaches, mentors, supervises and serves you, knowing that we influence one another in immeasurable ways. Respect and professionalism are expected in all interactions. It is through these relationships with faculty, your classmates, and clients that you will grow personally and professionally, and ultimately be presented to the professional community upon graduation. Welcome!

### **History of the Marriage and Family Therapy Program**

The Master of Arts in Marriage and Family Therapy program was initially established at Evangelical Theological Seminary in Fall 2002. Accreditation with The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) was attained May 1, 2013. On July 1, 2022, the MFT program at Evangelical Seminary moved to Kairos University. The program continues to maintain its COAMFTE accreditation under the university. Kairos University is also accredited by the Association of Theological Schools and the Higher Learning Commission.

## **Kairos University Mission and Values**

Mission Statement: Kairos University nurtures followers of Jesus who flourish in their vocations for the life of the world.

### **Organizational Values & Practices**

Kairos recognizes that faithful practices must mirror faithful values and is committed to living out our values in a dynamic way under the leading of God's Spirit in fulfilling our mission while actively balancing values that may compete at times.

***Presence:** People and relationships are at the core of everything we do as an organization. In order to serve people well, we must first be present with them.*

**Faithfulness:** All programs, services, and employees must place trust in God, be rooted in prayer, participate in the kingdom mission, and remain faithful to biblical teaching, the long wisdom of orthodox Christian faith, and our rich institutional heritage.

**Affordability:** Curriculum and counseling services development and operational planning, processes, and structures are considered alongside their impact on the overall cost to educate a student or provide services to a client, in order to pass cost savings onto students and clients.

**Accessibility:** Extending programs and services to those God entrusts in our care, regardless of where God has placed them or called them to serve, enables us to meet people where they are. We value a range of offerings, including high-level academic study or long-term therapy to certificate-level education or one-time conversations that bring hope.

**Partnership and Collaboration:** There is much we can learn and more we can do when we learn from and collaborate with others. Partnership and collaboration take place with other kingdom-minded ministries, networks, denominations, counseling practices, and seminaries to help enhance access to theological education and integrated counseling and to better and more efficiently serve those God has placed in our care.

**Outcome-Based Education:** Placing our focus on outcomes and assessment at the outcome level creates more naturally-integrative and experiential learning experiences for students. This allows us to focus on curating resources, facilitating learning, and becoming experts at assessment of outcomes.

**Technology:** Efficient and reliable technology enables us to serve people well and be present with those we serve. Our technical infrastructure (e-learning platforms, computer-based data management systems, etc.) must be dependable, flexible, easy to use, and capable of supporting multiple modes of engagement simultaneously (e.g., live video conference, asynchronous, and in-classroom learning all at the same time).

**Cross-Knowledgeability and Collaboration:** Collaboration at all levels and broad knowledge of the entire institution and its various initiatives. Cross-knowledgeable staff, faculty, board members, and therapists help us best steward our mission. Staff roles are intentionally cross-functional, and faculty members are cross-disciplinary in their knowledge and mindset. Everyone possesses general knowledge of our distinctives and offerings.

**Ongoing Change:** Exceptional ability to encourage change and manage the process of change enhances our ability to adapt to the needs of students and clients, changes in our culture, and the ever-changing landscape of theological education.

**Innovation:** Innovation and the desire to experiment are encouraged. By focusing continually on innovation and experimentation, we can be nimble and more easily find new ways to serve students and clients well within our kingdom calling.

**Relevance:** The context of the student and/or the client is valued immensely. We recognize the impact these contexts have on how we structure pathways of development for students and clients.

**Inclusion:** Having diversity that matches the diversity of those we are called to serve enhances our ability to serve in a variety of ways.



## **Theological Hospitality**

[Theological Hospitality](#) is one of the defining practices of Kairos University and is essential to do the work God has called us to do. Theological hospitality is not theological neutrality. We don't expect anyone in the Kairos community to take a neutral stance on anything that is important to them or their tradition. We don't ask participants to check their commitments at the door so that they can participate in a learning journey with us. Instead, we strive to welcome, appreciate, and desire the contributions of different Christian theological traditions. In this way, we encourage people to develop, understand, and share their convictions. We value differences. We believe those who are different from us have something to contribute to us. We need each other to challenge each other, to hold each other accountable, to learn to see what we can't see without those who see differently than we do. It is in communities of difference that we more deeply learn what is most determinative about who we are.

## **MFT Program Mission, Purpose and Philosophy**

### **MFT Program Mission Statement**

Congruent with the University's mission statement to steward followers of Jesus who flourish in their vocations for the sake of the world, the MFT program provides quality education and training in a committed Christian context to develop competent professionals as beginning marriage and family therapists.

### **Program Purpose**

The Master of Arts in Marriage and Family Therapy is designed to prepare men and women to minister in a variety of contexts as entry-level MFTs, committed to restoring lives, building marriages and relationships, and strengthening families. Based upon the relational/systemic theoretical orientation of family systems thinking, the program integrates biblical truth and Christian faith with these understandings. This program meets the academic requirements for state licensure as marriage and family therapists in many states and District of Columbia. For details, please visit [kairos.edu/disclosures](http://kairos.edu/disclosures) for details to determine if the program meets educational requirements for licensure in your state. Kairos University will only enroll students from states in which it meets educational requirements.

### **Program Philosophy**

Our philosophy is a blended model of Christian faith and MFT principles and beliefs that reflect Kairos University's mission statement, values, and practices that reflect the guidelines of our accreditors and regulators. The program training is guided by a philosophy that incorporates the following values, beliefs and objectives:

- a) that God's Word is applicable to the modern world, its people and its cultures;
- b) that humans are created in the image of a relational God, and therefore relationships are of utmost importance;
- c) that personal and spiritual growth come from understanding the moral-spiritual and psycho-social-cultural dimensions of their lives;
- d) that being aware of and sensitive to issues of diversity and multiculturalism are key to living and working in today's complex world;
- e) that we can offer healing and wholeness to those who are wounded and broken;

- f) that marriage and family therapy and relational/systems theoretical orientations are foundational to understanding individuals and all relationships (couples, families, groups, cultures, societies, etc);
- g) that a relational/multisystem framework that encourages mental, physical, social, relational, emotional and spiritual wholeness and growth is important/optimal;
- h) that we are preparing women and men as leaders to minister in a variety of contexts in a broken and complex multicultural world; and
- i) that we endeavor to maintain at least the county's diversity percentage in which the seminary is located.

## **Program Goals and Student Learning Outcomes**

### **Program Goal 1: Students will develop competent professional skills (including and related to knowledge, practice, research and ethics) as beginning marriage and family therapists**

#### **SLO 1: Students will demonstrate comprehension and application of the relational/ systemic marriage and family therapeutic models.**

1.1 Students will demonstrate comprehension of the MFT models by at least 80% of students receiving a grade of 83% or higher:

1.1.1 On the Theories Paper in CC527 Theories I of MFT and

1.1.2 On the Personal Models Paper in CC528 Theories II of MFT.

1.2 Students will demonstrate comprehension, application and competency of the MFT models by:

1.2.1 at least 80% of the students attaining the program-level competency score in this area, by the end of their internship, as evidenced on the final supervisor's evaluation of intern; and

1.2.2 at least 80% of the students receiving a score of 3.0 or higher for this SLO, on both mid-term evaluations.

#### **SLO 2: Students will be able to articulate what marriage and family theory/theories inform their clinical work and its application to multicultural contexts.**

2.1 Students will demonstrate use of theory by at least 80% of students receiving a grade of 83% or higher on the theoretical paper in CC528 Theories II of MFT.

2.2 Students will demonstrate use of theory and its application to multicultural contexts by at least 80% of students receiving a grade of 83% or higher on the theoretical paper in CC826 Advanced MFT Seminar.

2.3 At least 80% of students will demonstrate use of theory by receiving a score of 3.0 or higher for this SLO, on the mid-term 2 evaluation

#### **SLO 3: Students will demonstrate knowledge and competency in assessment, diagnosis, treatment planning, and therapeutic interventions with individuals, couples and families seeking treatment, from a relational/systemic framework that is multiculturally-informed.**

3.1 Students will demonstrate knowledge of assessment, diagnosis, treatment planning, and therapeutic interventions with individuals, couples and families seeking treatment, from a relational/systemic framework that is multi-culturally-informed by:

3.1.1 at least 80% of students receiving a grade of 83% or higher on the Take Home Exam in CC729 Abusive & Addictive Family Systems;

3.1.2 at least 80% of students pass the Oral Case Presentation (typically in CC847) demonstrating competency in assessment and treatment plan implementation.

3.2 Students will demonstrate competency of assessment, diagnosis, treatment planning, and therapeutic interventions with individuals, couples and families seeking treatment

3.2.1 by at least 80% of the students attaining the program level competency score in this area, by end of their internship, as evidenced on the final supervisor's evaluation of intern.

**SLO 4: Students will demonstrate knowledge and basic application of research to marriage and family therapy.**

4.1 At least 80% of the students will receive a grade of 83% or higher on the Task Analysis Assessment and Report in CC627 Research in MFT.

4.2 At least 80% of the students will receive a grade of 83% or higher on the CC627 Research in MFT Outcome Analysis for Effectiveness Based Practice paper.

**SLO 5: Students will demonstrate knowledge and competency of MFT ethical, legal and professional issues**

5.1 Students will demonstrate knowledge of MFT ethical, legal and professional issues by at least 80% of students receiving a grade of 83% or higher on the Case Studies presentation & /paper in CC728 Ethical, Legal and Professional Issues in MFT.

5.2 Students will demonstrate competency of MFT ethical, legal and professional issues by:

5.2.1 at least 80% of the students attaining the program level competency score in this area, by the end of their internship, as evidenced on the final supervisor's evaluation of intern.

5.3 At least 80% of students will receive a grade of 83% or higher on the CC647 Teletherapy Skills paper.

**Program Goal 2: Deepen student self-awareness, understanding and growth personally, relationally, and spiritually.**

**SLO 6: Students will demonstrate awareness of and address “self of the therapist” issues that impact the capacity for practice/service and ministry.**

6.1 At least 80% of students will receive a score of 83% or higher on the Personal Addictions Paper in CC729 Abusive & Addictive Family Systems.

6.2 At least 80% of students will receive a score of Pass on the Personal Sexual Journey Narrative in CC837 Sexual Function & Systemic Sex Therapy.

6.3 At least 80% of the students will receive a score of 3.0 or higher for this SLO, on the mid-term 1 & 2 evaluations.

6.4 At least 80% of the students will attain the program level competency score in this area, by the end of their internship, as evidenced on the final supervisor's evaluation of intern.

**Program Goal 3: Engage students with issues of diversity and multi-culturalism.**

**SLO 7: Students will demonstrate awareness and comprehension of and sensitivity to issues of diversity and multiculturalism in the therapeutic process.**

7.1 At least 80% of the students will receive a score of 83% or higher on the Cultural Genogram Paper in CC827 Diversity & Cultural Attunement (formerly named as Gender & Ethnicity)

7.2 At least 80% of the students will receive a grade of 83% or higher on the Posts of Theological positions statements on 7 issues of Diversity in CC648 History and Theology of Marriage & Family.

7.3 At least 80% of the students will attain the program level competency score in this area by the end of their internship, as evidenced on the final supervisor's evaluation of intern.

7.4 100% of students pass Experience with Diverse, Marginalized, and/or Underserved Communities in CC827.

**Program Goal 4: Involve students in Christian faith and spiritual formation.**

**SLO 8: Students will demonstrate comprehension and the ability to address faith perspectives and experiences of clients with marriage and family theory and praxis.**

8.1 At least 80% of students will receive a score of 83% or higher on the Theology of Sexuality Paper in CC837 Sexual Function & Systemic Sex Therapy.

8.2 At least 80% of students will receive a score of 83% or higher on the Posts of Theological positions statements on 7 issues of Diversity in CC648 History and Theology of Marriage & Family.

8.3 At least 80% of the students will attain the program level competency score in this area by the end of their internship, as evidenced on the final supervisor's evaluation of intern.

**Student/Graduate Achievements:** accomplishments of graduates as a result of finishing the program.

1. Master's programs must demonstrate 70% of graduates for each cohort that achieve *any* level of MFT licensure

2. Program will report graduation rates for length of time for each cohort.
3. Graduates of the program will report job placement rates for each cohort.

The Program Outcomes established by the MFT faculty/personnel will be assessed, reviewed and revised as necessary, on a regular basis. A plan has been made for the Plan for the Assessment, Review and Revision of the MAMFT Program's Outcomes) that will be followed, based upon the Assessment Plan Design and Annual Assessment Timeline.

Being accredited by COAMFTE, under the new Standards 12.5 (beginning January 2022), we collect data for the student/graduate achievement criteria that includes indicators such as licensure examination pass rates, graduation and retention rates, and employment or job placement. The following are what is currently required: 1) graduation rates for minimum, advertised, and maximum length of time for each cohort; 2) job placement rates for each cohort; and 3) a 70% of graduates from each cohort will achieve any level of MFT licensure.

### **Roles of Faculty and Students in Governance**

It is important that faculty and especially students know and understand their roles in the governance of the MFT program. The roles are simple, as follows:

- The roles of the faculty are to *educate, train, advise, model, mentor, supervise, lead, serve, and learn* as well as *design, approve, implement, review, and change* the curriculum alongside the program director and in accordance with section 4.4 on shared governance in the university's articles on incorporation, while
- The role of the student is primarily to *learn* (which includes questioning, observing, reading, practicing etc.), *but also to evaluate and provide feedback*. (There will be both formal and informal ways to evaluate the program and to provide feedback, including but not limited to the following: learning outcomes questionnaire, course evaluations, supervisor evaluations, exit interview [upon graduation], and ad hoc surveys).

The MFT personnel participate in regular department meetings, during which many MFT issues are discussed and decisions made.

### **MFT Student Advisory Committee Guidelines (MFT SAC)**

The MFT Student Advisory Committee (MFT SAC) was to serve as a bridge between the MFT students and MFT faculty. During the fall semester, each cohort will select one (1) student, as their representative, to attend a specified program department meeting during which the program and student learning outcomes (SLOs), etc. will be evaluated.

### **MFT Curriculum**

Sixty-five credits are required for this degree. These are distributed in nine areas of concentration, thus meeting the educational requirements for The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), and for the Higher Learning Commission (HLC) and the Association of Theological Schools (ATS). These areas are: Faith Foundations, Spiritual Formation, Human Development, Marriage & Family Studies, Marriage & Family Therapy, Professional Studies, Research, Personal Enrichment, and a 300 or more hours supervised internship as required by your state licensure plans. The program assists students to work from a multi-systemic

framework that encourages mental, physical, social, relational, emotional, and spiritual wholeness and growth for individuals of all ages, couples, and families.

Courses are typically held live online via Zoom during the afternoon and evening on Tuesday and Thursday. Part time students should expect to attend class on either Tuesday or Thursday - accelerated students attend on both days.

It is possible for students who enter part time, to change and become accelerated part-time. Likewise, those who enter as accelerated part-time students may change to part time. Those students who change their status during the program end up being referred to as “hybrid students.” This means that they must work closely with their advisor, since it will not be likely for them to strictly follow the planned curriculum.

### **Time Limit**

The Master of Arts in Marriage and Family Therapy degree may be completed in 2½-3 years of accelerated part-time study, or 3½-4 years of part-time study. When exceptional circumstances arise, a student may have up to 6 years to complete the program. Please notice that admissions for new students is limited to the fall semester **only**.

## **Meet the Faculty and Supervisors**

### **Core Faculty**

*Core faculty for the MFT program identify as marriage and family therapists and typically teach at least four credits per academic year; provide some amount of supervision to interns; and contribute to program administration and leadership, curriculum development, and evaluation protocols in some way.*

**Janet R. Stauffer**, Ph.D. Union Institute & University

Ph: 605-274-2730

Professor of Marriage & Family Therapy

MFT Program Director

AAMFT Approved Supervisor

[jstauffer@kairos.edu](mailto:jstauffer@kairos.edu)

**Jen Ransil**, PhD (ABD) Eastern University;

Ph: 610-513-7895

MAMFT Evangelical Seminary

Assistant Professor of Marriage and Family Therapy

Clinical Director

AAMFT Approved Supervisor

[jen.ransil@evangelical.edu](mailto:jen.ransil@evangelical.edu)

**Susan Stewart**, MAMFT Evangelical Theological Seminary

Ph: 717-217-9380

Instructor in Marriage & Family Therapy

AAMFT Approved Supervisor

[sstewart@kairos.edu](mailto:sstewart@kairos.edu)

**Tesia Wells**, PhD Texas Woman's University  
Assistant Professor of Marriage & Family Therapy  
AAMFT Approved Supervisor  
[twells@evangelical.edu](mailto:twells@evangelical.edu)

Ph: 713-594-5494

### **Non-Core (Adjunct) Faculty**

*Non-Core faculty for the MFT program, in most cases, serve the department as qualified adjunct faculty members who are contracted to teach a course(s), and/or provide instruction within the program on a case-by-case basis as needs arise. Others eligible for consideration as non-core faculty members in the Kairos MAMFT program include individuals on the Kairos University payroll who teach courses in the MAMFT curriculum but whose primary position is outside the MFT program.*

**Hilary Chiu**, PhD (ABD) Fuller Seminary; MAMFT  
Nyack College  
Instructor in Marriage & Family Therapy  
AAMFT Approved Supervisor  
[hilary.chiu@evangelical.edu](mailto:hilary.chiu@evangelical.edu)

Ph: 973-946-8798

**Elizabeth Santos Fisher**, DMFT Fuller Seminary  
Instructor in Marriage & Family Therapy  
[esfisher70@gmail.com](mailto:esfisher70@gmail.com)

Ph: 570-385-3941, Ext. 5

**Kristi Dumas**, PhD Argosy University Orange  
Instructor in Marriage & Family Therapy  
[drdumas.dpc@gmail.com](mailto:drdumas.dpc@gmail.com)

Ph: 310-242-1447

**Alison McGregor**, MA University of Phoenix  
Instructor in Marriage & Family Therapy  
[alisonmcgregor180@gmail.com](mailto:alisonmcgregor180@gmail.com)

Ph: 209-625-7451

### **Program Clinical Supervisors**

*Program Clinical Supervisors are individuals who are qualified to provide MFT relational/systemic supervision within a COAMFTE accredited MFT program.*

**Janet R. Stauffer**, Ph.D. Union Institute & University  
Core Faculty Member  
Professor of Marriage & Family Therapy  
MFT Program Director  
AAMFT Approved Supervisor  
[jstauffer@kairos.edu](mailto:jstauffer@kairos.edu)

Ph: 605-274-2730

- Jen Ransil**, PhD (ABD) Eastern University; MAMFT Evangelical Seminary  
Core Faculty Member  
Assistant Professor of Marriage and Family Therapy  
Clinical Director  
AAMFT Approved Supervisor  
[jen.ransil@evangelical.edu](mailto:jen.ransil@evangelical.edu) Ph: 610-513-7895
- Susan Stewart**, MAMFT Evangelical Theological Seminary  
Core Faculty Member  
Instructor in Marriage & Family Therapy  
AAMFT Approved Supervisor  
[sstewart@kairos.edu](mailto:sstewart@kairos.edu) Ph: 717-217-9380
- Tesia Wells**, PhD Texas Woman's University  
Core Faculty Member  
Assistant Professor of Marriage & Family Therapy  
AAMFT Approved Supervisor  
[twells@evangelical.edu](mailto:twells@evangelical.edu) Ph: 713-594-5494
- Hilary Chiu**, PhD (ABD) Fuller Seminary; MAMFT  
Nyack College  
Non-Core Faculty Member  
Instructor in Marriage & Family Therapy  
AAMFT Approved Supervisor  
[hilary.chiu@evangelical.edu](mailto:hilary.chiu@evangelical.edu) Ph: 973-946-8798
- Wendy Hill**, MA Evangelical Theological Seminary  
Kairos Program Clinical Supervisor  
AAMFT Approved Supervisor  
[wendy.hill@evangelical.edu](mailto:wendy.hill@evangelical.edu) Ph: 404-500-6380
- Shane Landherr**, MA Evangelical Theological Seminary  
Kairos Program Clinical Supervisor  
AAMFT Approved Supervisor  
[shane.landherr@evangelical.edu](mailto:shane.landherr@evangelical.edu) Ph: 484-516-4178
- Morgan Richard**, MA Evangelical Theological Seminary  
Kairos Program Clinical Supervisor  
AAMFT Supervisor  
[morgan.richard@evangelical.edu](mailto:morgan.richard@evangelical.edu) Ph: 570-765-3233
- Doug Richard**, MA Evangelical Theological Seminary  
Kairos Program Clinical Supervisor  
AAMFT Approved Supervisor  
[douglas.richard@evangelical.edu](mailto:douglas.richard@evangelical.edu) Ph: 570-884-4662, Ext. 2



**Ellie Larsen**, MA North American Baptist Seminary  
Kairos Program Clinical Supervisor  
AAMFT Supervisor Candidate  
[ellie.larsen@evangelical.edu](mailto:ellie.larsen@evangelical.edu)

Ph: 605-321-6529

**John Perez**, MA Evangelical Theological Seminary  
Kairos Program Clinical Supervisor  
[john.perez@evangelical.edu](mailto:john.perez@evangelical.edu)

Ph: 484-560-3727

**Vivian Kannemeyer**, MAMFT Nyack College  
Kairos Program Clinical Supervisor  
[vivian.kannemeyer@evangelical.edu](mailto:vivian.kannemeyer@evangelical.edu)

Ph: 240-388-5838

*The number of active program Clinical Supervisors each semester fluctuates with the number of interns. In some cases, qualified site supervisors may also be approved to serve in this capacity.*

### **Who Should I Contact?**

If you have a question or need some assistance, please check out the contact information below to help get you started. If what you are looking for isn't covered here, please email [info@kairos.edu](mailto:info@kairos.edu), and we will get you connected with the Kairos team member who can serve you best.

- Program questions – Your advisor
- Internship questions – Jen Ransil, Clinical Director ([jen.ransil@evangelical.edu](mailto:jen.ransil@evangelical.edu))
- Enrollment questions (i.e., change/drop course, leave, withdrawal) – Your advisor
- Student record questions – Brandi Pohlmeier, Registrar ([bpohlmeier@kairos.edu](mailto:bpohlmeier@kairos.edu))
- Financial aid and VA benefits – Linda Long, Financial Aid Director ([llong@kairos.edu](mailto:llong@kairos.edu))
- Billing and student accounts – Angie Moland, Student Accounts ([amoland@kairos.edu](mailto:amoland@kairos.edu))
- Course of study (course sequence, prerequisites, etc.) questions - See next pages./Your advisor
- Program progress (i.e., informal degree audit) – Your advisor
- Transfer of courses from other institutions – Jen Ransil ([jen.ransil@evangelical.edu](mailto:jen.ransil@evangelical.edu))

# MFT Curriculum - 65 Credits

## Suggested PROGRAM PREREQUISITES

- 1) Bachelor's degree in psychology, social work, sociology, human services, family studies, nursing or equivalent *is suggested*.

---

---

### A. FAITH FOUNDATIONS

- 1) CC648 History & Theology of Marriage & Family.....3 cr. **Total**

### B. SPIRITUAL FORMATION

- 1) SF511 Spiritual Formation in Ministry (or an equivalent) .....3 cr. **Total**

### C. HUMAN DEVELOPMENT

- 1) CC633 Dynamics of Bio-Psychosocial-Spiritual Development and Health across the Life Span..3cr.
- 2) CC827 Diversity & Cultural Attunement (formerly named as Gender & Ethnicity) .....3 cr.
- 2) CC646 Psychological Tests, Measurements & Statistics.....1 cr.
- 3) CC625 Assessment in MFT .....3 cr.
- 3) CC713 Children & Adolescents in Family Therapy.....3 cr.

**TOTAL - 13 credits**

### C. MARRIAGE & FAMILY STUDIES

- 1) CC527 Theories of Marriage & Family Therapy I .....3 cr.
- 2) CC528 Theories of Marriage & Family Therapy II .....3 cr.
- 3) CC525 Foundations for Marriage and Family Therapy.....3 cr.

**TOTAL - 9 credits**

### D. MARRIAGE & FAMILY THERAPY

- 1) CC637 Family Therapy - Skills and Practice.....3 cr.
- 2) CC729 Abusive & Addictive Family Systems.....3 cr.
- 3) CC726 Marital Therapy - Theory and Practice.....3 cr.
- 4) CC837 Sexual Function & Dysfunction.....3 cr.
- 5) CC857 Trauma, Resilience, & Resistance .....3 cr.
- 6) CC826 Advanced MFT Seminar .....1 cr.
- 7) CC748 Relevant Issues in the Practice of MFT .....1 cr.

**TOTAL - 14 credits**

### E. PROFESSIONAL STUDIES

- 1) CC728 Ethical, Legal & Professional Issues in Family Therapy.....3 cr.
- 2) CC546 Teletherapy Practice & Ethics.....1 cr.

**TOTAL - 4 credits**

### F. RESEARCH

- 1) CC627 Research in Marriage & Family Therapy.....3 cr.

### G. PERSONAL ENRICHMENT

- 1) CC617 Personal Growth Plan.....0 cr.

### H. INTERNSHIP (21-24 mo.: 300 or more client contact hrs. as required by your state licensure plans/ 100 hrs. of MFT program approved supervision.)

- CC845 Counseling Internship I.....3 cr.
- CC846 Counseling internship II.....3 cr.
- CC847 Counseling internship III.....3 cr.
- CC848 Counseling internship VI.....4 cr.

**PROGRAM REQUIREMENTS 65 Credits**

**TOTAL - 13 credits**

## Part Time Schedule

### **Fall - YR 1**

CC527 Theories 1  
CC525 Foundations for Family Therapy

### **Spring (January) - YR 1**

CC646 Tests & Measurements

### **Spring (February) - YR 1**

CC625 Assessment in Family Therapy  
CC 538 Theories 2

### **Spring (May) - YR 1**

CC 728 Ethical & Professional Issues

### **Fall - YR 2**

CC637 Family Therapy Skills & Practice  
CC633 Dynamics of Bio-Psychosocial-Spiritual  
Development  
CC845 Internship 1

### **Spring (January) - YR 2**

CC647 Teletherapy Practice & Ethics

### **Spring (February) - YR 2**

CC726 Marital Therapy  
CC729 Abusive & Addictive Family Systems

### **Spring (May) - YR 2**

CC713 Child & Adolescent Development

### **Fall - YR 3**

CC837 Sexual Function & Systemic Sex Therapy  
CC827 Diversity & Cultural Attunement  
(formerly named as Gender & Ethnicity)  
CC846 Internship 2

### **Spring (January) - YR 3**

CC748 Relevant Issues

### **Spring (February) - YR 3**

CC627 Research  
CC857 Trauma, Resilience & Resistance (new  
course replacing CC 543 Survey of Theology)  
CC847 Internship 3

### **Spring (May) - YR 3**

CC648 History & Theology of Marriage and  
Family (offered May-June)

### **Fall YR 4**

SF511 Spiritual Disciplines and Practices  
(asynchronous)  
CC 848 Internship 4

### **Spring (January) - YR 4**

CC826 Marriage & Family Advanced Seminar  
Graduate when complete internship hours - as  
early as January 2027

## Accelerated Schedule

### Fall - YR 1

CC527 Theories 1  
CC525 Foundations for Family Therapy  
CC637 Family Therapy Skills & Practice  
CC633 Dynamics of Bio-Psychosocial-Spiritual Development

### Spring (January) - YR 1

CC646 Tests & Measurements \*\*\* May postpone this course to another year  
CC647 Teletherapy Practice & Ethics (new course) \*\*\*MUST TAKE FOR INTERNSHIP PREPARATION

### Spring (February) - YR 1

CC625 Assessment in Family Therapy  
CC538 Theories 2  
CC726 Marital Therapy  
CC729 Abusive & Addictive Family Systems

### Spring (May) - YR 1

CC728 Ethical & Professional Issues  
CC713 Child & Adolescent Development  
CC845 Internship I (*typically begins August 1 for interns who have passed Ethics*)

### Fall - YR 2

CC837 Sexual Function & Systemic Sex Therapy  
CC827 Diversity & Cultural Attunement (formerly named as Gender & Ethnicity)  
CC846 Internship 2  
SF511 Spiritual Disciplines and Practices (asynchronous)

### Spring (January) - YR 2

CC748 Relevant Issues

### Spring (February) - YR 2

CC627 Research  
CC857 Trauma, Resilience & Resistance (new course)  
CC847 Internship 3

### Spring (May) - YR 3

CC648 History & Theology of Marriage and Family(offered May-June)  
CC826 Marriage & Family Advanced Seminar (offered July-August)  
\*\*\*Graduate when complete internship hours - as early as August (2.5 years)

## What to Know About the Program

When students are admitted to the program as an incoming class, they form a cohort that will progress through the program together, offering encouragement and stability to one another. This cohort-centered approach is a major strength of the program that is an intense and sustained experience, described as a transformative journey that unfolds over the length of the program. Another strength of the program is the intentionally sequenced curriculum with purposeful self of the therapist development, while bringing cultural and theological sensitivity into the practice of marriage and family therapy.

Throughout the duration of the program, there will be ongoing assessment and evaluation of individual students, collective student growth, and overall program effectiveness. The MFT Program Outcomes (Program Goals and Student Learning Outcomes) state what is used to assess each goal/outcome, and the Assessment Plan Design and Annual Assessment Timeline/Calendar provide information as to when each assessment is done. Nevertheless, the following things will be used as evaluative tools with each intern at the end of the second (2<sup>nd</sup>) and fourth (4<sup>th</sup>) supervision rotations:

- A summary of supervision experience (to include things such as: awareness of new self-of-the-therapist issues, diversity, theories/models, the supervision process itself [the dynamic with supervisor, etc], goals met, etc)
- A summary of clinical learning
- A description of client contact experience

Information about the above three (3) items is located on Pathwright under MFT Program Information, and will be attached to the internship evaluations.

### Core Courses

The courses that comprise what are referred to as *core courses* include: CC525 Foundations for Family Therapy, CC527 Theories I of MFT, CC528 Theories II of MFT, CC625 Assessment in MFT, CC637 Family Therapy Skills & Practice, CC726 Marital Therapy Theory & Practice, and CC728 Ethical, Legal & Professional Issues in MFT.

### Internship Admission and Process

Before any student in the MAMFT program can begin their clinical portion of the program, the internship, certain criteria must be met. (Most students are expected to be ready at the prescribed time – depending on whether they are part time, accelerated part-time or “hybrids,” but some may not be ready to make this step.) The following criteria must be met in order to proceed into the clinical internship:

1. A minimum 3.0 grade point average in all *core* MFT courses completed, *with no grade lower than a C in any MFT course*. [For those entering *part-time*, the following courses must have been successfully completed: CC525, CC527, CC528, CC625, CC637, & CC633 & CC728 For those entering *accelerated part-time*, the following courses must have been successfully completed: CC525, CC527, CC637, & CC633; and then the students **must** be enrolled in CC528, CC625, CC726 and CC729 & in the Spring semester.]
2. A student must complete [CC617 Personal Growth Plan](#) & submit reflection paper for pass/fail grade in CC728 Ethics courses.
3. MFT faculty will determine student readiness to begin the internship by conducting an evaluation of each student 2-3 months prior to the anticipated internship start (Accelerated students - August 1st; Part-Time Students - February 1st)

As a result of this evaluation, the student may receive one of the following outcomes:

- 1) Admittance to the internship with No Restrictions: the student will begin the internship during the appointed semester. **These documents will be collected during CC 637 Family Therapy Skills & Practice.**
  - a) The Proposal for Internship Site form
  - b) The signed “internship Agreement”
  - c) Submitted (and received approval for) a proposal for your Personal Growth Plan (PGP) in your Google Drive folder
  - d) A copy of his/her Student Membership in AAMFT.
  - e) The three “Clearances” needed to practice in your state or providence (*to be paid by each student*):

For example, in Pennsylvania you would need:

- 1) PA Child Abuse History;
- 2) PA State Police Criminal Record Check; and
- 3) FBI Criminal History Check.

- 2) Admittance to the internship with Restrictions: the student will develop and write a plan that addresses the identified concerns in consultation with an MFT faculty member.
- 3) Admittance withheld so that concerns may be dealt with first: the student will develop and write a plan that addresses the identified concerns, in consultation with an MFT faculty member, and then submit this to the Clinical Director. Regular reports of progress will be expected. An evaluation by the MFT faculty will take place at the end of the specified period of time. The following are the possible outcomes of this evaluation:
  - 1) Begin the internship, with No Restrictions
  - 2) Begin the internship, with Restrictions: the student will develop and write a plan that addresses the identified concerns, in consultation with his/her supervisor, and then submit this to the Program Director.
  - 3) Continue the break for an agreed upon time period: the student will continue to implement the established plan and/or make adjustments to it, with the approval of the Program Director.
  - 4) No Re-entry into the internship: the student no longer qualifies to continue in the MFT Program.

- 4) No Admittance to the internship: the student does not qualify to enter the clinical program. This means that the student no longer qualifies to continue in the MFT program.

### **What to Expect in the Internship Experience**

Note: This outline serves as an overview for the internship experience recommended for most students through the Marriage and Family Therapy program. It should be noted that some students’ plans may differ from this outline depending on the transfer of credits from another graduate degree, when the student wants to begin seeing clients, or taking classes at an accelerated pace. Please talk with your advisor about any questions you might have about your learning experience.

### *PRE-INTERNSHIP TIMELINE*

For both PT/Accelerated students, the preparation for internship formally begins with enrollment in the CC 637 Family Therapy Skills & Practice. While taking this course, you will obtain the required background checks and clearances for your home state, join the American Association of Marriage and Family Therapists as a student member, and confirm your state's required internship hours for licensure.

You will also need to identify a site for your internship experience. Ideal internship sites will serve individuals, couples, and families from a systems lens and provide care for a variety of concerns. To be approved, the site needs to have a licensed mental health provider (LMFT, LPC, or LSW) who will oversee your clinical experience. This includes assigning cases, assuring client and intern safety, and collaborating with the MFT program supervisors as needed.

When you have identified a site that is open to taking you on as an intern, the Proposal for Internship Site form will need to be filled out and submitted to the Clinical Director who will contact the site, answer any questions, and have them complete an Agreement Form as an internship site.

In addition to the forms and clearances needed to begin internship, students are also required to complete [CC 617: Personal Growth Plan \(0 credits\)](#). This is a two-fold opportunity: a chance to sit on the other side of therapy as the client and to address any issue that might come up personally as you engage with clients as the therapist intern. Your therapy experience needs to be with a licensed mental health provider, preferably a LMFT. A licensed professional counselor or social worker is also acceptable if they are addressing the presenting issues from a systems perspective. This is also an opportunity to address areas that need growth or healing in order to be a better therapist.

The final item that needs to be in place to begin an internship is the Pre-internship Evaluation (Midterm 1) conducted by faculty. Based on our observations of your academic performance and course interactions with peers and faculty, faculty will make a recommendation about your readiness to begin to see clients.

### *INTERNSHIP REQUIREMENTS*

The following are the internship requirements for MFT intern therapists:

1. The internship's duration is usually for 21-24 months (customarily serving a minimum of 18 months).
2. During the 21-24 months, the intern therapist is to complete a total of 300 or more hours (the amount required by the state you plan to obtain licensure) face-to-face client contact hours, of which 100 hours **must** be "relational" hours. 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. 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. The intern must meet with the relational grouping in the therapy room for at least 30 minutes. The remaining time may be with one or another member of the group individually to fulfill the hour. 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.

3. Internship may consist of both in person (same physical location) and teletherapy (online) face-to-face hours. Students must have a **minimum of 150 in-person hours** in their internship experience.
4. The intern therapist is expected to work at least one day or partial day per week (depending upon client caseload and agency expectations) at the internship/internship site.
5. The intern therapist **must** participate in weekly supervision (of 1 hr), and is to be supervised by one of the MAMFT program's clinical supervisors, whether educational or site, who are certified as relational/systemic supervisors throughout the duration of the internship.
  - a. Supervision will be broken into 6-month rotations (paralleling the semesters that students register for internship).
  - b. *Group supervision* will take place once per month for two (2) hours *during the first week of every month*, and interns will **not** meet for their individual supervision during that week.
  - c. Each clinical site provides the legal responsibility for the clients being seen during internship. The weekly supervision provided by the MFT program clinical educational supervisors is considered secondary to the supervision received at the agency, as ultimate clinical responsibility resides with the agency. The agency *must* agree to this responsibility for their clients.
6. Complete a *minimum* of 100 hours of supervision with the MAMFT program clinical approved supervisors. ***One half (50 hours) of the total hours of supervision must be "raw data"*** (live and/or recorded). This means that therapy sessions need to be recorded as much as possible. Also note that ***if an intern were to receive no supervision during any calendar month, none of the client contact hours will be permitted to count toward his/her total clinical hours!***
7. The intern is expected to apply what is learned in supervision to her/his client cases. There will be times when a specific directive is given by the supervisor for an intern to do or not do (most likely in cases that tend to be difficult and/or have ethical issues, thus needing more direction); *the intern is expected to follow through and carry out the directive*. **If** the intern, for whatever reason, **decides to not carry out the given directive, this will be considered a breach of ethics, resulting in consequences, including possible dismissal from the program**, depending upon the seriousness of the breach. The supervisor's experience and knowledge must be honored. [If the intern has a question about a given supervisor's directive, the intern may contact the Clinical Director.]
8. In internship rotation I, which is the initial stage of seeing clients, the intern is expected to have a basic understanding of major family systems models, the ability to join with clients, conceptualize, assess (including spirituality and diversity), write a basic clinical note and treatment plan, and identify mandated reporting/warning issues. Interns demonstrate self-awareness of limitations and transference/counter-transference self of the therapist considerations. Benchmarks for rotation I completion are:



- a. Intern competently completes Gehart forms (case conceptualization, assessment, & treatment plans) and client genogram within 4 sessions until supervisor approves; then completion of genogram and tx plan going forward.
  - b. Intern regularly attends monthly group supervision (at least 5 times/6 per rotation) and weekly individual/dyad supervision (at least 15/20 per rotation).
  - c. Intern reviews at least 20 hours of recorded sessions with a supervisor (either group or dyad/individual) per rotation; 10 hours must be the intern's clinical work from that rotation.
  - d. Intern demonstrates competency in writing a clinical note utilizing the ROAP or SOAP method.
  - e. Intern articulates basic knowledge of some systemic theories (major tenants and goals) and can utilize one or two with some clinical skill (interventions or enactments).
  - f. Intern demonstrates recognition and appropriate action in situations that require mandated reporting or seeking assistance from a supervisor.
  - g. Intern maintains a teachable, open relationship with supervisors, accepting feedback and direction.
  - h. Intern addresses self of therapist work in supervision.  
*Courses completed: Family Systems Theories I & 2, Foundations in MFT, Assessment in MFT, Bio-Psychosocial-Spiritual Development, Ethics, Tests & Measurements, and Family Therapy Skills & Practice*
9. In internship rotation II, interns build on a foundation described above with deepening understanding of specific areas of marriage and family therapy and build skills in working with relationship patterns and dynamics. They demonstrate therapeutic inclusion of spirituality in sessions as clinically appropriate. Interns continue to demonstrate self-awareness of limitations and transference/counter-transference. Interns reliably practice addressing diversity within the therapy room and demonstrate culturally attuned therapeutic practice. Benchmarks for rotation II completion (in addition to the benchmarks for rotation I) are:
- a. Intern discerns content and process in client sessions and invites clients into deeper dialog around emotions, patterns, perceptions, and attributions.
  - b. Intern reliably recognizes and addresses diversity and cultural attunement with clients and their communities.
  - c. Intern recognizes ethical and legal dilemmas that arise in the clinical relationship according to the AAMFT Code of Ethics and state regulations.
  - d. Intern maintains appropriate professional boundaries with clients, agency, and program.
  - e. Intern articulates self-of-therapist awareness when personal issues are entering into clinical practice and utilizes supervision to address them appropriately.
  - f. Intern demonstrates growing utilization of interventions/enactments from several theories and is able to articulate a rationale for their use in clinical practice.
  - g. Consistently maintains clinical paperwork, timesheet, supervision summaries, client genogram/tx plan, and recorded sessions.  
*Courses completed: Children/Adolescent therapy, Diversity & Cultural Attunement,*

*Sex Therapy, Marital Therapy, Abusive & Addictive Family Systems*

10. In internship rotation III and IV, interns show proficiency in systemic therapy with clients with capacity to utilize several modalities, maintain clinical records, utilize supervision, incorporate research and evidence-based clinical practices, and collaborate with other agencies. Interns need minimal oversight on case conceptualization, assessment, and treatment planning. Students demonstrate proficiency by presenting an Oral Case Presentation. Interns continue to demonstrate self-awareness of limitations and transference/counter-transference, competent address of spirituality, and practice from a culturally competent engagement with diverse and /or marginalized persons.

Benchmarks for rotation III (in addition to the benchmarks for rotation I and II) are:

- a. Intern is able to present a relational case during group supervision that articulates a primary theory (and potentially a secondary theory), complete with Gehart forms, genogram, 4-6 video clips demonstrating interventions and enactments consistent with the theory of choice, and addresses self-of-therapist, ethical, and diversity considerations. Intern has two attempts to complete this benchmark with a full PASS by group supervisor. This is called the Oral/Written Case Presentation Evaluation. Instructions, requirements, and details are provided on pages 26-28.

*\*This benchmark may be completed in rotation IV with supervisor permission.*

11. Benchmarks for rotation IV (in addition to the benchmarks for rotation I, II, and III) are:

- a. Intern meets Program Competency Level Competency (4s - 5s) or Exceeds PCL in all categories.
- b. Intern documented 300 or 500 client hours with at least 150 hours of “in-person” (client and therapist in the same room) sessions.
- c. Intern documented 100 relational hours (couples, families, or other relational subsystems) out of the 300 required clinical hours.
- d. Intern attended 100 hours of relational supervision.
- e. Intern reviewed at least 50 hours of raw data in supervision (live supervision, video/audio recordings, or transcripts).

***SUPERVISION***

You are required to have weekly supervision during your internship rotation experience. Interns will schedule individual/dyad supervision with their supervisor independently. Group supervision will meet the first full week of each month typically from 11:30 am - 1:30 pm CST on either Tuesdays or Thursdays depending on your course schedule.

**2024-2025 Group Supervision Dates:**

<b>Tuesday</b>	<b>Thursday</b>
Aug 6, 2024	Aug 8, 2024
Sep 3, 2024	Sep 5, 2024
Oct 1, 2024	Oct 3, 2024
Nov 5, 2024	Nov 7, 2024
Dec 3, 2024	Dec 5, 2024
Jan 7, 2025	Jan 9, 2025
Feb 4, 2025	Feb 6, 2025

Mar 4, 2025	Mar 6, 2025
Apr 1, 2025	Apr 3, 2025
May 6, 2025	May 8, 2025
Jun 3, 2025	Jun 5, 2025
Jul 1, 2025	Jul 3, 2025

Please see [Expectations for Supervision](#) for a detailed description of what is expected for supervision each week.

\*Note: Students are able to count hours of supervision from your internship site if there is an AAMFT Approved Supervisor, AAMFT Supervisor Candidate, or other licensed clinician who has *relational/systemic* supervision training (as defined by COAMFTE standards 12.5) who is willing to verify their credentials with the university and then provide weekly supervision and fill out the internship evaluation at the end of the rotation. If you are able to obtain supervision from your site supervisor that can count toward your internship requirements, you will meet 1x/month with a core faculty supervisor instead of additional weekly supervision. All students attend group supervision, regardless of where they receive their weekly supervision.

#### *Supervision Plan/Policy to Assure Uninterrupted Supervision (Key Element III-C)*

COAMFTE regulations require that each intern gets weekly supervision, with a total of 100 hours during their internship. Supervisors are therefore expected to provide **weekly** supervision of one hour, for both dyads and for individuals, except for the week when group supervision is provided. When a supervisor goes on **vacation**, it is the responsibility of that supervisor to make arrangements with another one of the program's supervisors to meet with their interns/supervisees while they are gone. (This principle is also applicable to those who provide monthly group supervision.) An intern cannot go without their weekly supervision when a supervisor goes on vacation. (However, when an intern goes on vacation, they do not have to meet for supervision the week of their vacation.)

#### *INTERNSHIP PAPERWORK*

Interns are expected to fill out the clinical paperwork required by their site. Additionally, in the first internship rotation, interns should fill out MFT Program Case Conceptualization forms (based on Gehart's *Mastering Competencies in Family Therapy*), Clinical Assessment, and Treatment Plan for each client. More details are provided in the internship handbook on timing for these forms. Students need to provide their clinical education supervisor with several session summary notes following the ROPE or SOAP protocol for the supervisor to determine competency. As students move into internship 2 and 3, program clinical educational supervisors will determine the need to continue with the case conceptualization and clinical assessment forms as necessary.

#### *PAID INTERNSHIPS*

If your site offers interns compensation for seeing clients, you are free to enter into contracts for pay. Interns may not see clients independently. You must be directly supervised by a licensed therapist who is overseeing your caseload, ethical/legal responsibilities associated with a therapy practice, and obligation to provide quality care for clients.

## *INTERNSHIP COMPLETION*

Internship standards (COAMFTE 12.5) require 100 hours of supervision during internship (individual, dyad, or group). Supervision hours are in addition to the minimum of 300 client direct contact hours needed for the program requirements to complete internship. The program also stipulates 100 hours be RELATIONAL, either couple, family, or systemic, in the 300 or more client hours. At least 50 hours of your supervision needs to include observable data from clinical work: such as visual/audio recordings of sessions or live supervision. Please count a relational hour if more than one person is in the session for at least half of the session time.

As we look for ways to accommodate the needs and interests of our students, we balance factors like convenience, efficiency, and flexibility with developing competent, well-prepared therapists. Internship experience is not only about the number of hours accrued but demonstrating increased competence in the work of therapy. Moving from one internship rotation to another will be determined by competency, not hours logged. Additionally, supervision needs to be a meaningful experience in growing the therapist. You will need to pace your supervision hours to match how many clients you are seeing in each internship rotation. The current program outlined in the handbook provides 100 hours of supervision by the end of a fourth rotation of internship.

## *ACCELERATED INTERNSHIP EXPERIENCE*

A minimum of 3 rotations lasting six months are typically needed to meet the requirements of the program. In the first and second rotation, you will be assigned a few clients each week and you will meet in a dyad (2 interns) with your supervisor on the weeks that you do not have group supervision. The third rotation builds clinical hours and supervision needs to match the additional hours. Oral case is presented in the 3<sup>rd</sup> rotation. Supervision hours can increase in a couple of ways:

- 1) Weekly supervision can increase to 1.5 hours to match the pace of client hours if you are seeing more than 10 clients each week. This will need to be approved by your individual supervisor. (1:5 ratio of supervision hours to client hrs)
- 2) If your internship site will provide you with a licensed supervisor who meets the COAMFTE Approved Supervisor criteria, those individual, dyad, or group hours may be counted toward your 100 program supervision hours.
- 3) In your second and third internship rotation, you may join an additional group supervision with one of the clinical program supervisors. The day/time for this group will be determined by those who are interested in attending this group. This group will be offered to students with more than 10 clients in their caseload.

## *ORAL/WRITTEN CLINICAL CASE PRESENTATION*

### Guidelines for the Oral/Written Clinical Case Presentation/Evaluation Completed During CC847 MAMFT Counseling internship III

Throughout the internship sequence, students develop clinical competencies. During the third (3<sup>rd</sup>) Counseling internship/supervision rotation (and into the fourth (4<sup>th</sup>) Counseling internship/supervision rotation, as needed), students will present an **Oral/Written Clinical Case Presentation**, during their group supervision time, to show evidence of their professional development as a therapist. The major focus will be to demonstrate their application and evaluation of their own theoretical perspective over the course/duration of one clinical relational

(couple/family/systemic) case, as well as to show progression toward goals. Students will therefore also:

- 1) critique their clinical theory and their use of it with the selected case;
- 2) articulate how personal and professional values fit into the ethical care of their selected clinical case;
- 3) articulate and demonstrate their clinical awareness of and sensitivity to larger contextual/diversity issues within their selected case and how this impacts their ability to provide ethical, clinical care; and
- 4) briefly articulate their development of the self of the therapist in relation to the therapeutic process.

A pass/fail grade will be given, and ***students must pass this evaluation in order to graduate from the MAMFT Program***. If a student fails the first time, they will be allowed to redo this presentation a second time, during the 4th internship (CC847).

### Preparing for the Oral/Written Clinical Case Presentation

Students will complete the three (3) Gehart forms (Case Conceptualization along with the genogram, Clinical Assessment, and Treatment Plan) for the case that they choose and also write a brief summary of their theory of therapy that they are applying to the case they will present. The three forms and summary must be uploaded to their Google drive and shared with their group supervision supervisor and peers two (2) weeks prior to the presentation. Students will then formally present their Oral/Written Clinical Case Presentation during the group supervision time of the third internship (CC847). The format for this 1.5+ hour oral presentation will include (see grading rubrics for this):

- 1) a 10-minute summary of the case;
- 2) 4 to 6 video-taped clips from one relational clinical case (family, couple, systemic), with commentary/explanation and reflection on the video-taped sections (40-50 minutes);
- 3) 30 minutes of questions by faculty/supervisors and answers by the presenting student;
- 4) 15 minutes for an oral self-reflection and internship group reflection on the growth as a therapist of the presenter, over the course of the program until that point.

#### *Persons involved:*

The group supervisor will be present for the Oral Case presentation and will do the interactive discussion/question & answers portion of the presentation and write the initial evaluation. Oral case presentations will be recorded and available for other core faculty and program supervisor review. A student may request for additional evaluation from core faculty and program supervisors.

Criteria and suggested timeline/format for this presentation:

- 1) The case must be relational - a couple, family or system, with the expectation of a minimum of 6 sessions;
- 2) Two weeks prior to the Presentation, students will upload to their Google drive and share the completed three (3) Gehart forms (inclusive of a genogram), and a summary of their theory of therapy that is applied to the case for presentation;
- 3) Provide a hand-out for fellow interns in that group supervision, of:
  - a. the summary of the student's theory of therapy that is applied to the case,
  - b. a copy of the genogram for the case;
- 4) Provide a hand-out summarizing each of the video clips, with the following information:

- a. session date and session number
  - b. a brief description of what you are demonstrating in this video clip; and
  - c. a brief assessment/critique of your work in this video clip;
- 5) The student presenting will give a 10-minute summary of their chosen case;
  - 6) 40-50 minutes of 4-6 video clips, possibly with discussion between clips. You will not be allowed to go over the time. Clips must reflect your work over time and demonstrate at least the following competencies:
    - a. Understanding of your theoretical orientation;
    - b. Clinical understanding of the case [conceptualization, clinical assessment & diagnosis (if applicable), and systemic relationships];
    - c. Progression of therapy toward the goals, with the use of the student's theory;
    - d. Self-of-the-therapist and/or family-of-origin issues showing up during the process;
    - e. An exploration of contextual/diversity issues; and
    - f. An explanation of any ethical and professional issues involved in the case.
  - 7) 30 minutes of questions and feedback from supervisors (and other students if there is time), of the presenter's overall work
  - 8) Closing the presentation with expressions of confirmation, affirmation and blessing by all present.

When writing your theory of therapy, it is not just telling us what the theory is all about; you are to explain the basics of the theory *as it applies to your relational case*. Explain why you chose this theory (theories – no more than one or two supporting theories may be used), based on your case. Then explain how you used the theory/theories to help the client achieve their goals of therapy. You will need to include a written explanation of the contextual/diversity issues, as well as the ethical and professional issues, and the self-of-the-therapist issues involved in the case.

#### Catalog Course Description for the Oral Case Presentation

##### CC847 MAMFT Counseling Internship III

(See the course description for CC845.) During this internship, students will focus on preparing and presenting, during group supervision, a competent application of their theory of therapy to one of their relational clinical cases (family, couple, or other system), to show evidence of their professional development and competency, as well as to show progression toward their goals while using their theory. [A competent application of a theory of therapy will include the following aspects: contextual/diversity issues, ethical and professional issues, and self-of-the-therapist issues.] A pass/fail grade will be given, and students must pass this evaluation in order to graduate from the MAMFT Program. If a student fails the first time, they will be allowed to redo this presentation a second time, during the 4th internship (CC848).

***In preparation for the Oral Presentation***, Group Supervision during the first year of internship will be used to help student interns prepare for their Orals. The following are the guidelines for group supervision (year 1):

All interns are expected to present a client case during group supervision on a rotation basis. The rotation will consist of three (3) interns presenting their client cases during each monthly group supervision. This means that at each monthly supervision, volunteers/selected interns will agree to present during the next group supervision time, so that all interns will present on a rotation basis.

The presentation will include: the choice of at least one recording clip of a client case (preferably a relational case); the submission of documents (see below), as well as emailing certain documents to the other group supervision participants; a summary/explanation of the chosen case; and showing

the recording clip. The supervisor will then interact with the intern, asking questions about the case and providing insight, help and suggestions. Following this, the other interns will be given an opportunity to ask questions and make comments.

For the presentation, the intern is to submit the following information/documents (Group Supervision) *by noon the day before group supervision takes place*, and to all intern participants (electronically via email):

1. A three-generation genogram of the client case
2. The Case Conceptualization and Treatment Plan, if they have been done
3. A hand-out summarizing the video clip(s), to include:
  - a. Session date and session number;
  - b. If done in-person or online
  - c. A brief description of what you are demonstrating in the video clip (what theory and its intervention are you attempting to use with the client)
  - d. A brief assessment/critique of your work in this video clip (what did you do well and not so well; suggest what you could have done differently)
4. Any self-of-the-therapist issues or family-of-origin issues showing up during this case.
5. What the intern is looking for from the supervisor/supervision time

At the beginning of the presentation, the intern is to give a brief summary/explanation of their chosen case, to include:

1. the theory (s)he has chosen to apply to this case, and if that hasn't been done yet, then what theory (s)he is thinking about using.
2. What progression of therapy toward the goals has taken place.
3. Any contextual/diversity issues present in the case.
4. Any ethical and professional issues involved in the case.

Before sharing the recording clip, the intern is to briefly state what (s)he is demonstrating in the video clip. After showing the clip, the intern is to give a brief critique of what they did. The supervisor will then ask questions and provide feedback, after which the other interns may ask questions and offer comments.

This process is intended to help prepare interns for their Oral Presentation.

## **Program Completion**

### *PREPARING TO FINISH YOUR PROGRAM*

At completion of the courses and internship requirements of the MFT program, the student will:

- Review the [Blank Program Requirements Checklist](#).
- Contact the Clinical Director via email for an internship hours audit and copy their advisor. The Clinical Director will respond by email to student and advisor certifying the completion or noting deficiencies.
- Students will then share their unofficial transcript (see download directions below) with their advisor, and the advisor will review it to be sure all requirements are completed.
- Advisor will fill out the [Notice of Completion form](#) recommending administrative review for graduation for the student.

***Instructions for students who want to access their unofficial transcript:***

- Students access the Kairos student portal [here](#).
- If you need instructions for signing in to your student portal account, click [here](#). Your portal credentials are not the same as your Pathwright credentials, and you will need your student ID number. If you do not know that number please email [info@kairos.edu](mailto:info@kairos.edu) to request it.
- Once signed in, click on the "Academics" tab at the top of the page.
- On the left side of the screen, click on "Transcripts."

Once the Registrar's Office has confirmed a student is ready for graduation, the student will receive exit items to complete as part of the graduation process. For students who utilized federal loans for their graduate studies, this will include completion of Federal Exit Counseling. In addition, we ask that each graduate to fill out the MFT Program Survey for Graduates. This assessment is **very** important as it helps us assess our program goals.

## Program-Related Policies, Definitions, and Practices

Several policies are in place, according to Standards 12.5. They are:

- The Policy for: Transparency and Informed Acknowledgement of Information Regarding the MFT Profession, and Licensure & Regulatory Requirements
- The Policy On: Compliance of Teletherapy and Virtual/Tele-Supervision with Regulatory Requirements Supervision Plan to Ensure Uninterrupted Supervision
- **Experience/Activity with diverse, marginalized, and/or underserved communities:**  
In order to make sure the program meets the requirement of Standards 12.5 Key Element III-D, (that every student has some kind of experience/activity with diverse, marginalized, and/or underserved communities), **every MFT student is required to engage in either:**  
**1)** a professional activity (such as therapy, research, MFT relational/systemic supervision, consultation, teaching, etc.) with diverse, marginalized, and/or underserved communities;  
**and/or**  
**2)** another type of activity (such as projects, service, interviews, workshops, etc.), as long as the experience is directly related to MFT activities, and the student interacts with members of these communities. This experience is a requirement for CC 827 Diversity & Cultural Attunement (formerly named as Gender & Ethnicity) class.

### **Policy for: Transparency and Informed Acknowledgement of Information Regarding the MFT Profession, and Licensure & Regulatory Requirements**

All prospective students in the application process will be informed whether this MFT Program meets the educational requirements for licensure for the state in which they reside or plan to be licensed. Once an applicant has been accepted as a student in the MAMFT Program, and has confirmed their acceptance, the MAMFT Program Handbook will be sent to them several weeks before the commencement of the fall semester classes.

Please refer to the policy on **Supervision Plan/Policy to Assure Uninterrupted Supervision (Key Element III-C)** on pages 25-26 for important details related to requirements for supervision.



## **Compliance of Teletherapy and Virtual/Tele-Supervision and Regulatory Requirements**

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. (COAMFTE 12.5 Standards)

The MAMFT Program allows the use of virtual supervision with student intern therapists who are engaged in their clinical practice experience (internship/internship). The Program also allows these student intern therapists to engage in teletherapy during their clinical practice experience (internship/internship).

Program **definitions** of teletherapy and tele-supervision:

- **Teletherapy** is the process of delivering synchronous (real-time) therapeutic services using a secure (HIPAA compliant) video platform.
- **Virtual or Tele-Supervision** is the process of delivering synchronous (real-time) MFT relational/systemic supervision using a secure (HIPAA compliant) video platform.

## **Compliance**

The MAMFT Program uses a HIPAA compliant video platform when virtual supervision and teletherapy are used. The program uses Google Meet as the video platform provider for supervision of interns. The intern is required to use their **Google Meet** provided by the university or the HIPAA compliant teletherapy platform provided by the internship agency for recording sessions.

## **Teletherapy Practice & Ethics Training**

Beginning January 2024, students will take a 1 credit training course on utilizing video systems to deliver therapy to clients before starting internship or within the first rotation of internship.

Training will include HIPAA compliance, teletherapy best practices, ethical considerations, and risk management.

## **Policy for In-Person vs Virtual (online) Client Hours**

Students must have a *minimum* of **150 face-to-face** (in the same location) to meet the internship requirements. This means that if the intern needs 300 hours of clinical experience, no more than 150 hours of teletherapy is permitted. For students needing 500 hours of clinical experience, no more than 350 hours of teletherapy is permitted. Exemptions to this policy may be granted for unavoidable or unforeseen circumstances at the discretion of the MFT department. **Choosing an agency that only offers online appointments will not meet the criteria for an exemption to this policy.**

It is the student's responsibility to find a placement that meets the requirements for the program including audio/video recording of client sessions, both individual and relational hours, and at least 150 hours of direct in-person (same physical location) clinical experience.

## **Definition of Diversity**

The program agreed to adopt COAMFTE's definition of diversity during the May 5, 2015 program meeting. The program's definition of diversity is: *Diversity includes (but is not limited to) race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religion, spiritual and/or religious beliefs, nation or origin, or other relevant social categories, immigration or language.*

## **Professional Ethics**

While a student is enrolled in the MAMFT Program, you will be expected to adhere to the

AAMFT Code of Ethics. Violation of the professional standards may result in disciplinary action and possible dismissal from the program.

### **Evaluation, Assessment & Collection of Information**

In order to improve the Program, as well as to meet the requirements for accreditation, assessment and evaluation of students will take place throughout the program, and additionally as a graduate of the program. As a new student, basic information about you will be gathered and reported to the MFT Program Director.

There are two “Mid-term Evaluations” of all MFT students that are done by the MFT faculty. The first evaluation is done 3-4 months prior to beginning the internship. This evaluation determines a student’s preparedness to begin the internship. Once a student has begun the internship, the second evaluation is done 7-10 months later, by the MFT faculty. The intent of this evaluation is to make sure that interns are progressing appropriately both professionally and personally in their internship experience. Each student involved in these evaluations will receive a letter informing him/her of the results of the completed evaluation, along with an electronic copy of the evaluation.

While participating in the internship, at the end of each rotation of supervision (each rotation is 6 months, with the final rotation possibly being either shorter or longer), evaluations will be conducted and uploaded to the student’s Google folder. These evaluations include an intern self-evaluation, the supervisor’s evaluation of the intern, and the intern’s evaluation of the supervisor.

The MFT Program has an Assessment Plan for the Program Outcomes: Program Goals, Student Learning Outcomes, and Faculty Outcomes), which uses the grades of various papers, exams, and evaluation results. According to this Assessment Plan, each Student Learning Outcome (SLO) is clearly labeled in how it applies to the program goals. This information and data collected will remain anonymous and will be used for assessment purposes for the improvement of the Program.

After graduating from the MAMFT Program, you will occasionally receive a survey that will ask different kinds of questions that will help us collect information for the purpose of submitting the COAMFTE Annual Report and for providing evidence of the program attaining its Program Outcomes in order to maintain COAMFTE accreditation. We will greatly appreciate your participation in these.

### **Serious Responsibility of the MFT Faculty**

We are committed to helping you thrive in developing your gifting and calling to its fullest. That is the reason we are here. Nevertheless, because marriage and family therapists intervene in the lives of other people, their clients, it is of utmost importance that only competent beginning-level clinicians be allowed to graduate. In cases where a student is severely lacking in clinical skill and/or who is severely hindered by personal difficulties, it is the serious responsibility of the MFT faculty to identify the student and his/her difficulties and to advise that student in another, different direction, out of the program.

Advising a student out of the program is a sad and difficult situation for both student and faculty. Because of this, faculty will attempt to work with any student who exhibits such deficiencies. Advising a student out of the program is very rare and steps are taken to discern with the student in the process. Deficiencies include, but are not limited to the following:

1. inability to appropriately apply theoretical material in a clinical setting. This includes being unable to engage clients in therapy, to adequately conceptualize cases, to diagnose existing problems, and to design and implement treatment plans and strategies.
2. consistent failure to work with supervisors, faculty and/or students.
3. manifestation of either a serious enough emotional problem or personal issue that negatively impacts clients, and either make no effort to resolve these problems or, after engaging in therapy, have made insufficient gains to continue in the practice of marriage and family therapy.

The explanation and possible outcomes of the student evaluation prior to beginning internship and of the intern evaluation 7-10 months after beginning internship are in place to serve as guidelines to respond to a student who may be struggling with deficiencies.

### **Advisor Role**

At the start of the program, students will be assigned a faculty advisor. In keeping with the Kairos model of mentorship and mutual discernment, students are encouraged to connect with their advisors to process challenges in academic and personal challenges. While advisors do not provide therapy for their advisees, they are equipped to observe the student's circumstance and aid in the discernment process.

### **Cohort Support**

Since this program is structured and sequential, classes of students will progress together. This allows for an increased sense of relational connection and support throughout the program. Students are encouraged to connect with their cohort outside of class to form supportive, collaborative relationships. Scheduled class times intend to facilitate mutual learning through dialog, shared experiences, and contrary perspectives. Respectful exchanges of ideas, feelings, and perspective is intended in the program.

### **Student Safety and Protection of Private Information**

Safety is the ability to express oneself without fear of reprisal. MFT program faculty and students commit to not discriminate based on students' race, ethnicity, class, gender, sexuality, religion, or worldview. Safety involves the expression of diverse opinions and disagreement through respectful, open and ongoing dialogue. Safety does not include freedom from discomfort, as students grow through challenging experiences, which may cause discomfort.

Self-awareness and personal growth are important aspects of development as a professional therapist. Courses in the program will have assignments that will invite students to share personal information in small and large groups and in written assignments. The MFT faculty wants you to know that you will never be forced to share information that you are uncomfortable sharing. We seek to protect your privacy, yet stretch you to become transparent while developing appropriate boundaries as a professional. The faculty is committed to creating a safe environment in which you can address personal concerns. We encourage you as a therapist-in-training to stretch and to risk more with us and your student colleagues than you might normally be prepared to do. In general, self-reflection is worth the discomfort in terms of the growth it can produce for you, and what it adds to your ability to be helpful to others.

In the process of becoming a marriage and family therapist, personal issues are often brought up for students. This is normal and to be expected. When painful experiences from a student's past come up and even get in the way of the clinical work, we expect you to address clinical impairment in

supervision or even with MFT faculty. We will be happy to discuss these issues as they pertain to clinical work, but will make referrals for therapy when the issue needs to be addressed more thoroughly by the student.

Faculty members share student clinical and academic information and progress with each other when evaluating student progress. Personal information directly and specifically related to academic performance and clinical practice may be discussed during these evaluation sessions. Otherwise, faculty will not share personal confidences or struggles of students with one another.

### **Technology Training for Students/Faculty/Supervisors**

New students, faculty and supervisors will receive training via emails, instructions and videos. Students are responsible for the information they receive. If you have technology questions, please contact your advisor and they will put you in touch with the assistance you need. Please make sure that you check your email frequently and/or set up email alerts to a regularly checked email.

### **Attendance and Assignments**

Students are expected to attend all classes and to come prepared by reading what has been assigned. Unless instructed otherwise, submission of assignments should be completed before the class begins to be considered “on time”. Students are also expected to be punctual to the online class! Please treat attending online classes with the same courtesy and decorum as if you were in person in a classroom. Students should be seated in a well-lit environment conducive to academic learning. Cameras should remain on video transmission mode except for extenuating circumstances. Driving during class, talking to others in your environment (even while muted), or other distracting behaviors should be avoided.

### **Zoom Classroom**

Students are expected to attend virtual Zoom class and virtual Google Meets supervision by being in a closed secure room with no one else present or able to see the screen or hear the audio. If on a rare occasion, a student needs to be in class while in a shared space, they need to notify the professor beforehand, need to use headphones, and need to be sure their screen is not accessible for others to see.

### **Academic Integrity**

Academic honesty in your work is expected and required. All work must be your own. Violations of academic integrity/honesty include, but are not limited to: plagiarism (substituting as one’s own work part or all of any assignment, oral or written, that is copied, paraphrased or purchased from another source, including on-line sources, without proper acknowledgement of that source); cheating; and facilitating academic dishonesty (helping another student violate this policy). Academic dishonesty is a serious infraction and will not be tolerated. Any student found guilty of plagiarism risks failure of the assignment, and possibly the course. Located on Pathwright, under the MFT Program Information, is a document entitled *APA Guidelines and Plagiarism*. Please refer to this. Also please see the Kairos Student Handbook policy concerning academic honesty.

### **APA Format**

All papers submitted during your tenure in the MFT Program will be written in APA format. Located on Pathwright, under the MFT Program Information, is a document entitled *APA Guidelines and Plagiarism*. **Please** refer to this to make sure you write your papers according to APA style.

## Grades

An MFT student is expected to maintain a minimum 3.0 grade point average in all **core** MFT courses, with no grade lower than a C in **any** MFT course. If a student receives a C- or lower in any marriage and family therapy course, that course **must** be repeated. MFT faculty uses grade equivalents that are established and stated in the seminary catalog.

## Using Pathwright

Kairos University uses Pathwright to aid in course organization. Syllabi and information will be located on Pathwright under each class. Each student is responsible for the information the professor places there and is expected to be able to utilize the system to submit assignments and forms, access rubrics and course materials, register for the next courses needed in the program, and communicate with professors.

MFT Program Information can be found on Pathwright as well. You will find your cohort (year you entered the program) MFT handbook, Internship Handbook, interactive forms for internship, and much more!

## Accessing the Student Portal

Students can access the Kairos student portal [here](#). If you need instructions for signing in to your student portal account, click [here](#). Your portal credentials are not the same as your Pathwright credentials, and you will need your student ID number. If you do not know that number please email [info@kairos.edu](mailto:info@kairos.edu) to request it.

## University-Wide Policies and Procedures

### Kairos University Student Handbook

While review and acknowledgement of the Kairos University Student Handbook is part of the university's application process, all students are advised to reference the handbook throughout their academic journey. The Kairos University Student Handbook contains general, campus, and business office information as well as detailed information on policies and procedures. The handbook is accessible online directly at [kairos.edu/studenthandbook](http://kairos.edu/studenthandbook) or via Pathwright under Student and Mentor Resources, which can be accessed by clicking on the Menu in the top left corner and then looking for the link about halfway down the menu. A few of the many items addressed in the Kairos Student Handbook are noted below. Please reference the Student Handbook for complete details.

- **Disability Policy**

Students with disabilities seeking reasonable accommodations must identify their needs to the Registrar Brandi Pohlmeier, Phone: 605-336-6588, Email: [bpohlmeier@kairos.edu](mailto:bpohlmeier@kairos.edu). To fully evaluate requests for accommodations, the Office of Enrollment Management requests documentation to verify a student's disability.

- **Grievance Policies**

Please check the Kairos University Student Handbook for academic and other grievances policies. Such policies include community dialogue and conflict resolution, formal grievance processes, and the process for resolving complaints related to state authorization. Additional grievance policies are noted throughout the university's student handbook and cover sexual harassment, accommodation for disabilities, and those related to various

government regulations and policies.

- **Probation, Dismissal, and Reinstatement**

The Probation, Dismissal, and Reinstatement section of the handbook covers academic and non-academic probation, ground for dismissal, dismissal and complaint process, reinstatement procedure, and administrative leave of absence.

- **General Policies and Procedures, Federal Aid/Benefits, and Business Office**

Remaining sections of the Kairos University Student Handbook cover a number of policies and procedures including academic-related policies and procedures as well as details on Financial Aid, benefits, and business office related matters including tuition and fees and student billing and accounts.

### **Forms and Evaluation Documents**

The remainder of the program handbook contains copies of the forms completed by Kairos MFT students at various points throughout the program as well as evaluations that either students, faculty, or supervisors fill out. Some forms are also used as rubrics to assess capacity to continue in internship including Midterm I and II evaluations.

## Proposal for Internship Site Form

Name of site (agency/church) \_\_\_\_\_

Address of site: \_\_\_\_\_

Name of *contact* at site: \_\_\_\_\_

*Position* of this contact person: \_\_\_\_\_

*Phone number and* email of contact: \_\_\_\_\_

**Does this site provide and expect you to do supervision at the site that would meet COAMFTE described criteria to count for your degree program?**

**If yes, what is the name of the supervisor and what license does the supervisor hold?**

\_\_\_\_\_

Please indicate if the site supervisor is:

AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate

other (please have the supervisor list the credentials that allow them to provide RELATIONAL supervision)

**Describe the type(s) of counseling services (individual, couple, family, premarital) that you expect to provide at this site and whether it will be primarily in person, teletherapy, or both:**

**How many *weekly* client hours do you expect to provide at this site?**

***When* do you hope to *begin* to see clients at this site?**

***When* do you plan to *stop* seeing clients at this site?**

### DIRECTIONS FOR FORM SUBMISSION:

Please fill out this form and submit it to the site coordinator for APPROVAL. If the site meets the criteria for an internship placement, the site will complete the agreement form. BOTH forms are placed in the student Google folder prior to the start of internship.

# MFT Student Evaluation for Entrance to Begin Internship

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

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

## Interpersonal Skills:

How have we seen this student interact with other students?

1  Not very well at all      2  Not so well      3  Well      4  Very well      5  Extremely well

Comments (strengths and growth areas?): \_\_\_\_\_

## Teachability & Learning:

How well have we seen this student exhibit an attitude of openness & teachability?

1  Not very well at all      2  Not so well      3  Well      4  Very well      5  Extremely well

How have we seen this student demonstrate his/her attitude toward learning?  
Comments: \_\_\_\_\_

Do the student's grades reflect understanding of material (theories, etc.)

1  Not very well at all      2  Not so well      3  Well      4  Very well      5  Extremely well

Comments: \_\_\_\_\_

## Self-of-the-therapist:

How well is the student addressing personal & self-of-the-therapist issues?

1  Not very well at all      2  Not so well      3  Well      4  Very well      5  Extremely well

Comments: \_\_\_\_\_

## Diversity:

How well does the student demonstrate awareness of issues of diversity and culture?

1  Not very well at all      2  Not so well      3  Well      4  Very well      5  Extremely well

Comments: \_\_\_\_\_

## Spirituality:

How well does the student demonstrate his/her spirituality?

1  Not very well at all      2  Not so well      3  Well      4  Very well      5  Extremely well

Comments: \_\_\_\_\_

How well does the student do in integrating faith with theory & praxis?

1  Not very well at all      2  Not so well      3  Well      4  Very well      5  Extremely well

Comments: \_\_\_\_\_



**Theoretical Knowledge**

How well does the student conceptualize theory at this point?

- 1   
Not very well at all
- 2   
Not so well
- 3   
Well
- 4   
Very well
- 5   
Extremely well

Comments: \_\_\_\_\_

**Therapeutic/Clinical Skill:**

How well does the student demonstrate therapeutic skills to this point?

- 1   
Not very well at all
- 2   
Not so well
- 3   
Well
- 4   
Very well
- 5   
Extremely well

Comments: \_\_\_\_\_

How well does the student demonstrate case conceptualization, assessment and treatment planning skills to this point?

- 1   
Not very well at all
- 2   
Not so well
- 3   
Well
- 4   
Very well
- 5   
Extremely well

Comments: \_\_\_\_\_

**Readiness & Fit:**

How well do we see this student “fit” with becoming an MFT?

- 1   
Not very well at all
- 2   
Not so well
- 3   
Well
- 4   
Very well
- 5   
Extremely well

Comments: \_\_\_\_\_

**Areas of Concern:** (Are there any areas of concern?)

**Do we recommend that this student continue in the program?** Yes  No

**Do we see that this student is ready to begin internship?**

- With NO restrictions Yes
- With Restrictions Yes
- Hold off internship to address restrictions Yes
- No Admittance to the internship Yes

**Suggested actions to be taken (if applicable):**

\_\_\_\_\_  
Signature of Reviewer/Faculty Member

\_\_\_\_\_  
Date

## MID-TERM EVALUATION 2 For Interns 7-10 Months into Internship

Intern \_\_\_\_\_

Date \_\_\_\_\_

Please mark your score for the two (2) areas below.

	1	2	3	4	5	
STUDENT LEARNING OUTCOMES	NEI	Deficient	Below Expectation	Meets Expectation	Exceeds Expectation	Exceptional Skills
Demonstrates comprehension and application of the relational/systemic marriage and family therapeutic models.						
Able to articulate what marriage and family theory/theories inform their clinical work and its application to multicultural contexts.						
Demonstrates knowledge and competency in assessment, diagnosis, treatment planning, and therapeutic interventions with individuals, couples and families seeking treatment, from a relational/systemic framework that is multi-culturally-informed.						
Demonstrates knowledge and basic application of research to marriage and family therapy.						
Demonstrates knowledge and competency of MFT ethical, legal and professional issues.						
Demonstrates awareness of and ability to address "self of the therapist" issues that impact the capacity for practice/service and ministry.						
Demonstrates awareness and comprehension of and sensitivity to issues of diversity and multiculturalism in the therapeutic process.						
Demonstrates comprehension and the ability to integrate Christian faith with marriage and family theory and praxis.						
Demonstrates competency as a person of faith to address other faith communities and client's perspectives.						
Consistently attends and participates well in supervision, is prepared, completes appropriate paperwork in a timely fashion.						

### OTHER AREAS OF EVALUATION

#### Interpersonal Skills:

How well have I/we seen this student interact with other students?

1

2

3

4

5

Not very well at all

Not so well

Well

Very well

Extremely well

#### Comments:

**Teachability & Learning:**

**How well have I/we seen this student exhibit an attitude of openness & teachability?**

1

Not very well at all

2

Not so well

3

Well

4

Very well

5

Extremely well

**Comments:**

**How well do I/we believe the student's grades reflect understanding the material (theories, etc.)?**

1

Not very well at all

2

Not so well

3

Well

4

Very well

5

Extremely well

**Comments:**

**Spirituality:**

**How well do I/we believe the student has demonstrated his/her spirituality?**

1

Not very well at all

2

Not so well

3

Well

4

Very well

5

Extremely well

Have I/we seen growth in this person personally and professionally? **Yes**  **No**

**How?** Comments:

**Please describe the intern's strengths (both personally and professionally):**

**Please describe the intern's growth areas (any areas of skill development that ought to be a focus, or areas of concern):**

**Do I/we recommend that this student continue in the practicum?**

**With NO restrictions**

**Yes**

**With restrictions**

**Yes**

**Take a 6 month break to work on specific issues**

**Yes**

**Actions to be taken:**

---

Signature of MFT Faculty Member

---

Date

## Intern Self-Evaluation of Clinical Experience

Intern Therapist: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Supervision: \_\_\_\_\_ Rotation: **1**      **2**      **3**      **4**

Based on the rating scale, rate the level of competency that this intern has attained in each skill area listed below during this rotation period. Provide comments that highlight key issues for this intern.

<b>I. CONCEPTUAL &amp; PERCEPTUAL SKILLS (Theoretical Competency)</b>	<b>1 Deficient / Limited</b>	<b>2 Beginning</b>	<b>3 Advancing</b>	<b>4 Meets Program- Level Competencies (PLCs) (expectations)</b>	<b>5 Exceptional Skills</b>
<b>Definitions &amp; PLCs</b>	Student has difficulty engaging this area, which may jeopardize future skill development	Student displays <i>beginning recognition</i> of PLCs, with early skill development	Student displays <i>progression in advancing</i> skills in multiple areas of PLCs	Student displays program level competency skills in these areas	Student displays exceptional skills in these areas.
<p><b>1. Knowledge Base:</b> The intern: understands family &amp; basic systems concepts; is able to articulate principles of human development &amp; FLC issues pertaining to the case; communicates an understanding of human interaction &amp; normal family processes; can articulate how gender roles &amp; sexuality impact the client and therapeutic process; &amp; links hypotheses, goals, plans and interventions to an articulated therapeutic model(s).</p> <p><b>Comments:</b></p>					
<p><b>2. Familiarity with Therapy Models:</b> Intern has basic knowledge &amp; accurate grasp of family therapy theories/ models &amp; their techniques, and the integration of the models; and is able to think systemically.</p> <p><b>Comments:</b></p>					
<p><b>3. Awareness of Diversity Issues:</b> Intern: can articulate how gender, race, ethnicity, culture, class, religion/spirituality, faith, &amp; sexual orientation impact the client and therapeutic process; recognizes contextual factors/issues of client difference from self; responds with sensitivity &amp; positive professional regard to client diversity; &amp; is able to work with the client's world view.</p> <p><b>Comments:</b></p>					
<p><b>4. Recognition of Relational Patterns:</b> Intern: recognizes &amp; engages client hierarchies, triangles, boundaries, intergenerational patterns &amp; legacies, attachment styles, interaction patterns (described in terms of cognitive, behavioral &amp; affective sequences), clients' coping skills &amp; strengths; assesses impact of stressors; <i>differentiates content from process</i>; &amp; is able to articulate his/her impact on the therapy process, all to help facilitate client change.</p> <p><b>Comments:</b></p>					

<b>Overall Rating</b>					
<b>II. EXECUTIVE SKILLS (Clinical Competency)</b>	<b>1 Deficient / Limited</b>	<b>2 Beginning</b>	<b>3 Advancing</b>	<b>4 Meets PLCs</b>	<b>5 Exceptional Skills</b>
<b>Definitions &amp; PLCs</b>	Student has <i>difficulty engaging</i> this area, which may jeopardize future skill development	Student displays <i>beginning recognition</i> of PLCs, with early skill development	Student displays <i>progression</i> in advancing skills in multiple areas of PLCs	Student displays program level competency skills in these areas	Student displays exceptional skills in these areas.
<p><b>1. Joining:</b> Intern: engages clients; establishes &amp; maintains therapeutic relationship by establishing &amp; maintaining rapport through clear communication that conveys a sense of competency, authority &amp; trustworthiness, while simultaneously demonstrating empathy, warmth, care and respect; gathers information without making client feel interrogated; inspires hope &amp; trust; conveys confidence; paces therapy appropriately; adjusts language to that of clients; observes &amp; manages self in interaction with client; and notes &amp; addresses relationship breeches with effective repair.</p> <p><b>Comments:</b></p>					
<p><b>2. Basic Therapeutic Skills:</b> Intern: actively listens &amp; empathically attunes; elicits client sharing; reflects accurately; asks open ended questions; guides the communication process; explores clients' expectations, frame of reference, point of view &amp; preparedness to make changes; clarifies goals; establishes boundaries; uses influence to promote client strengths; explores history of PP; provides focus; identifies core themes; balances effective listening &amp; leading by talking; uses humor appropriately; &amp; promotes a therapeutic process responsive to client need.</p> <p><b>Comments:</b></p>					
<p><b>3. Case Conceptualization:</b> Intern understands the PP by: eliciting important/relevant background information and Hx of the PP; assessing the family structure &amp; interaction patterns as well as the intergenerational patterns; identifying client strengths/resources and obstacles; completing a genogram; assessing significance of diversity issues: gender roles, ethnicity, culture, SES, etc; assessing significance of: biological basis of behavior, employment, school &amp; developmental issues, all through using the lenses of the theories; exploring previous solutions &amp; prior Tx; and choosing a theory/theories that will best explain what is going on &amp; effectively treat the PP. Intern can appropriately conceptualize the PP and complete the Case Conceptualization Form for each client case in a timely manner</p> <p><b>Comments:</b></p>					

<b>II. EXECUTIVE SKILLS (cont'd) (Clinical Competency)</b>	<b>1 Deficient / Limited</b>	<b>2 Beginning</b>	<b>3 Advancing</b>	<b>4 Meets PLCs</b>	<b>5 Exceptional Skills</b>
<b>Definitions &amp; PLCs</b>	Student has <i>difficulty engaging</i> this area, which may jeopardize future skill development	Student displays <i>beginning recognition</i> of PLCs, with early skill development	Student displays <i>progression</i> in advancing skills in multiple areas of PLCs	Student displays program level competency skills in these areas	Student displays exceptional skills in these areas.
<p><b>4. Clinical Assessment &amp; Diagnosis:</b> Intern: uses Mental Status Exam (MSE) and DSM for appropriate assessment &amp; Dx; assesses family Hx &amp; dynamics using genogram &amp; other assessment instruments appropriate to the case; clarifies the PP by gathering its history &amp; context , &amp; explores previous solutions &amp; prior Tx; assesses strengths; uses assessment strategies sensitive to diversity issues; notes medications used by client; does a risk assessment; develops safety plans as needed; acknowledges contextual factors relevant to the case; makes appropriate referrals (psychiatric, medical, etc.); explores resources; consults other professionals associated with the case with appropriate releases signed; indicate client's sense of hope, prognosis, modalities to be used, and expected length of Tx; &amp; competently completes Clinical Assessment Form for each client case in a timely manner.</p> <p><b>Comments:</b></p>					
<p><b>5. Hypothesizing:</b> Intern can: conceptualize &amp; formulate a systemic hypothesis of the PP; form hypotheses based on clients' frame of reference &amp; assessment info; frame PP in systemic terms; form hypotheses based on theories of change.</p> <p><b>Comments:</b></p>					
<p><b>6. Treatment Planning:</b> Intern: develops treatment plans based upon case conceptualization, assessment &amp; hypotheses that are theory-specific; collaboratively determines clear, measured, reachable Tx goals with clients; establishes short and long term goals; modifies Tx plan as needed; plans for termination; transfers cases when appropriate; seeks to coordinate Tx when necessary; &amp; competently completes the Treatment Plan Form for each client case in a timely manner.</p> <p><b>Comments:</b></p>					
<p><b>7. Intervention Strategies:</b> Intern: uses interventions that are: based on case conceptualization, assessment, hypotheses &amp; Tx plan, &amp; are theory-specific; invites other family members into Tx; guides dynamics; interrupts negative communication cycles; deflects blaming &amp; scapegoating; facilitates expression of emotions &amp; behavior change; reframes; facilitates enactments; promotes engagement &amp; experiential shifts; challenges clients appropriately; assigns homework; uses appropriate techniques; &amp; guides interventions with clinical skills promoting change.</p>					

<b>Comments:</b>					
<b>II. EXECUTIVE SKILLS (cont'd) (Clinical Competency)</b>	<b>1 Deficient / Limited</b>	<b>2 Beginning</b>	<b>3 Advancing</b>	<b>4 Meets PLCs</b>	<b>5 Exceptional Skills</b>
<b>Definitions &amp; PLCs</b>	Student has <i>difficulty engaging</i> this area, which may jeopardize future skill development	Student displays <i>beginning recognition</i> of PLCs, with early skill development	Student displays <i>progression</i> in advancing skills in multiple areas of PLCs	Student displays program level competency skills in these areas	Student displays exceptional skills in these areas.
<b>8. Integration of Models/Concepts:</b> Intern: is able to operationalize theories; incorporates appropriate models for PPs; integrates concepts/ models into a clear working model of therapy; articulates theory as it's applied in practice, utilizing concepts appropriately, & describing interventions that fit with the theory & hypothesis. <b>Comments:</b>					
<b>Overall Rating</b>					
<b>III. PROFESSIONAL SKILLS</b>					
<b>1. Session Management:</b> Intern: effectively introduces clients to therapy; explains policies & procedures of the center, especially consent for video taping; effectively engages clients in therapeutic conversation, yet controls the flow of communication; manages intense interactions appropriately, demonstrating skill at both escalating and de-escalating intensity at appropriate times; manages time & finishes sessions within the time limits; manages scheduling smoothly; is flexible & links what the client brings to a session to the plan for the session; & follows policies regarding collection of fees. <b>Comments:</b>					
<b>2. Supervision Responsibilities:</b> Intern: attends supervision regularly and is punctual; comes prepared; brings videos for review; is respectful of other supervisees; accepts & uses supervisory feedback effectively. <b>Comments:</b>					
<b>3. Ethical Issues:</b> Intern: knows & observes the AAMFT Code of Ethics; knows state laws concerning privileged communication, mandatory reporting & duty-to-warn issues; seeks supervisory input & backup for emergency situations and adequately documents the events; follows supervisor's directives in specific cases; avoids potentially exploitive and/or dual role relationships with clients; deals appropriately with					

his/her own issues as they affect therapy; & is willing to take responsibility for her/his own actions in therapy. <b>Comments:</b>					
<b>III. PROFESSIONAL SKILLS (cont'd)</b>	<b>1 Deficient / Limited</b>	<b>2 Beginning</b>	<b>3 Advancing</b>	<b>4 Meets PLCs</b>	<b>5 Exceptional Skills</b>
<b>Definitions &amp; PLCs</b>	Student has <i>difficulty engaging</i> this area, which may jeopardize future skill development	Student displays <i>beginning recognition</i> of PLCs, with early skill development	Student displays <i>progression</i> in advancing skills in multiple areas of PLCs	Student displays program level competency skills in these areas	Student displays exceptional skills in these areas.
<b>4. Paperwork:</b> Intern: maintains case files appropriately; keeps up-to-date with paperwork; completes session summaries in a timely manner; & follows center procedures. <b>Comments:</b>					
<b>5. Professional Behaviors:</b> Intern: presents as confident, yet without arrogance; acts in a professional manner; dresses professionally; treats staff & clients with respect; can handle unexpected & crisis situations with poise & skill, using consultation when appropriate; is punctual for sessions & supervision; appropriately consults with other professionals involved with cases; & uses signed releases when necessary. <b>Comments:</b>					
<b>Overall Rating</b>					
<b>IV. EVALUATION SKILLS</b>					
<b>1.Evaluation of Therapeutic Progress:</b> Intern is able to evaluate: the link between theory, assessment, hypotheses, Tx plans & interventions; the effectiveness of interventions; how well the objectives of therapy have been met in terms of client goals & the intern's perspective & analysis; and uses client feedback. <b>Comments:</b>					
<b>2. Evaluation of Self-as-Therapist:</b> Intern: articulates awareness of personal issues and how they impact therapy; realistically evaluates self in terms of skill areas & effectiveness; recognizes how use of self contributes to an enhanced understanding of the case; works with supervisor to improve therapeutic effectiveness & to expand skills; & articulates strengths & growth areas as a therapist. <b>Comments:</b>					
<b>3. Evaluate Progress &amp; Terminate Treatment:</b> Intern: evaluates the progress of sessions toward goals by conducting periodic evaluations with clients (every 6/7 sessions); recognize when Tx goal(s) and plan require					



modification; effectively plans & carries out termination; & completes the Evaluation of Treatment Forms for both client & intern. <b>Comments:</b>					
<b>Overall Rating</b>					
<b>V. PERSONAL SKILLS</b>	<b>1 Deficient / Limited</b>	<b>2 Beginning</b>	<b>3 Advancing</b>	<b>4 Meets PLCs</b>	<b>5 Exceptional Skills</b>
<b>Definitions &amp; PLCs</b>	<b>1</b> Student has <i>difficulty engaging</i> this area, which may jeopardize future skill development	<b>2</b> Student displays <i>beginning recognition</i> of PLCs, with early skill development	<b>3</b> Student displays <i>progression</i> in advancing skills in multiple areas of PLCs	<b>4</b> Student displays program level competency skills in these areas	<b>5</b> Student displays exceptional skills in these areas.
<b>1. Personal Qualities of the Therapist:</b> Intern: shares personal info appropriately; is authentic, patient, caring, empathic, sensitive, flexible, accepting of others, warm, introspective, curious; has a non-defensive attitude; takes responsibility for mistakes; manages anxiety; uses humor appropriately; thinks critically & analytically; demonstrates emotional maturity & ability to be self-reflective; accepts feedback; uses boundaries. <b>Comments:</b>					
<b>2. Integration of Faith Principles:</b> Intern demonstrates comprehension and the ability to address faith perspectives and experiences of clients with marriage and family theory and praxis. <b>Comments:</b>					
<b>Overall Rating</b>					

**Total Overall Rating:** \_\_\_\_\_

**Please describe intern’s strengths.**

**Please describe “growth areas” that you suggest this intern focus on improving/strengthening.**

Please describe areas of skill development that you believe should be a focus in the next supervision.

Comments:

Date of Review/Evaluation \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisee/Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

*At the end of the 2<sup>nd</sup> and 4<sup>th</sup> rotations of supervision, the intern is to also include the following items in his/her self-evaluation.*

**Intern Therapist:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

Dates of Supervision: \_\_\_\_\_ Rotation: 1  2  3  4

1. Reflect upon how you have used the supervisory process, then write a summary of your supervision experience to date, including the dynamics you've experienced in supervision. Include how supervision has influenced you in the following areas: 1) awareness of new self-of-the-therapist and diversity issues; 2) your growth in understanding theories/models; 3) the supervision process itself – meaning the dynamics with supervisors; goals met, growth, etc.



## Evaluation of Supervisor by Intern Therapist

Supervisor: \_\_\_\_\_ Intern Therapist: \_\_\_\_\_  
 Period of Supervision: \_\_\_\_\_ Rotation: **1**    **2**    **3**    **4**

Base the following questions on the following scale:

1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent

1. Overall, how would you rate the quality of supervision given to you by your supervisor?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Poor	Fair	Good	Very Good	Excellent

2. How would you rate the quality of the supervisory relationship?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Poor	Fair	Good	Very Good	Excellent

3. How would you rate your supervisor's knowledge of family therapy?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Poor	Fair	Good	Very Good	Excellent

4. How would you rate your supervisor's ability to express that knowledge with you?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Poor	Fair	Good	Very Good	Excellent

5. How would you rate your supervisor's ability to relate to where you are in the learning process?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Poor	Fair	Good	Very Good	Excellent

6. How would you rate the learning environment created by your supervisor?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Poor	Fair	Good	Very Good	Excellent

7. How would you rate your supervisor's ability to encourage your personal & professional growth?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Poor	Fair	Good	Very Good	Excellent

8. How would you rate your supervisor's ability to respect your therapeutic style?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Poor	Fair	Good	Very Good	Excellent

9. How would you rate your supervisor's ability to expand your repertoire of therapeutic style?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Poor	Fair	Good	Very Good	Excellent

10. How would you rate your supervisor's ability to excite and motivate you to continually challenge yourself?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Poor	Fair	Good	Very Good	Excellent

11. How would you rate your supervisor's availability to you?
- |             |             |             |                  |                  |
|-------------|-------------|-------------|------------------|------------------|
| <b>1</b>    | <b>2</b>    | <b>3</b>    | <b>4</b>         | <b>5</b>         |
| <b>Poor</b> | <b>Fair</b> | <b>Good</b> | <b>Very Good</b> | <b>Excellent</b> |
12. How would you rate your supervisor's sensitivity and ability to appropriately address faith issues?
- |             |             |             |                  |                  |
|-------------|-------------|-------------|------------------|------------------|
| <b>1</b>    | <b>2</b>    | <b>3</b>    | <b>4</b>         | <b>5</b>         |
| <b>Poor</b> | <b>Fair</b> | <b>Good</b> | <b>Very Good</b> | <b>Excellent</b> |
13. How would you rate your supervisor's ability to appropriately address issues of diversity?
- |             |             |             |                  |                  |
|-------------|-------------|-------------|------------------|------------------|
| <b>1</b>    | <b>2</b>    | <b>3</b>    | <b>4</b>         | <b>5</b>         |
| <b>Poor</b> | <b>Fair</b> | <b>Good</b> | <b>Very Good</b> | <b>Excellent</b> |
14. How would you rate your supervisor's effectiveness in discussing the integration of theory and practice?
- |             |             |             |                  |                  |
|-------------|-------------|-------------|------------------|------------------|
| <b>1</b>    | <b>2</b>    | <b>3</b>    | <b>4</b>         | <b>5</b>         |
| <b>Poor</b> | <b>Fair</b> | <b>Good</b> | <b>Very Good</b> | <b>Excellent</b> |
15. How would you rate your supervisor's effectiveness in helping you by reviewing videos of your therapy sessions?
- |             |             |             |                  |                  |
|-------------|-------------|-------------|------------------|------------------|
| <b>1</b>    | <b>2</b>    | <b>3</b>    | <b>4</b>         | <b>5</b>         |
| <b>Poor</b> | <b>Fair</b> | <b>Good</b> | <b>Very Good</b> | <b>Excellent</b> |
16. How would you rate your supervisor's helpfulness in reviewing genograms, modalities, and Gehart forms (when applicable) and in giving feedback to you?
- |             |             |             |                  |                  |
|-------------|-------------|-------------|------------------|------------------|
| <b>1</b>    | <b>2</b>    | <b>3</b>    | <b>4</b>         | <b>5</b>         |
| <b>Poor</b> | <b>Fair</b> | <b>Good</b> | <b>Very Good</b> | <b>Excellent</b> |
17. How effective do you think your supervisor is as a clinician?
- |                         |          |          |          |                       |
|-------------------------|----------|----------|----------|-----------------------|
| <b>1</b>                | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b>              |
| <b>Very Ineffective</b> |          |          |          | <b>Very Effective</b> |
18. How effective do you think your supervisor thinks of you as a clinician? (Based on your experience level).
- |                         |          |          |          |                       |
|-------------------------|----------|----------|----------|-----------------------|
| <b>1</b>                | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b>              |
| <b>Very Ineffective</b> |          |          |          | <b>Very Effective</b> |
19. **(For group supervision ONLY)** How effective is your supervisor in encouraging group process?
- |             |             |             |                  |                  |
|-------------|-------------|-------------|------------------|------------------|
| <b>1</b>    | <b>2</b>    | <b>3</b>    | <b>4</b>         | <b>5</b>         |
| <b>Poor</b> | <b>Fair</b> | <b>Good</b> | <b>Very Good</b> | <b>Excellent</b> |

Please describe how your professional development was expanded and/or advanced (while working with your supervisor during this rotation): \_\_\_\_\_

\_\_\_\_\_

---

---

Please provide the key issues that your supervisor discussed with you during this rotation:

---

---

---

Please give us a sense of what you see as the *strengths* of your supervisor: \_\_\_\_\_

---

---

---

Please give us a sense of what you see as any *weaknesses* and/or recommendations for change:

---

---

---

---

Additional comments: \_\_\_\_\_

---

---

---

\_\_\_\_\_  
**Signature of Supervisee/Intern**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**

# Supervisor's Evaluation of Intern's Clinical Experience

Intern Therapist: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Supervision: \_\_\_\_\_ Rotation: 1  2  3  4

## DESCRIPTION OF INTERNSHIP EXPERIENCE

**Rotation 1** - initial stage of seeing clients; Intern is expected to have a basic understanding of major family systems models, the ability to join with clients, conceptualize, assess (including spirituality and diversity), write a basic clinical note and treatment plan, and identify mandated reporting/warning issues. Interns demonstrate self-awareness of limitations and transference/counter-transference self of the therapist considerations.

Courses completed: Family Systems Theories I & 2, Foundations in MFT, Assessment in MFT, Bio-Psychosocial-Spiritual Development, Ethics, Tests & Measurements, and Family Therapy Skills & Practice

### BENCHMARKS for Rotation 1 completion:

\_\_\_ Intern competently completes Gehart forms (case conceptualization, assessment, & treatment plans) and client genogram within 4 sessions until supervisor approves; then completion of genogram and tx plan going forward.

\_\_\_ Intern regularly attends monthly group supervision (at least 5 times/6 per rotation) and weekly individual/dyad supervision (at least 15/20 per rotation).

\_\_\_ Intern reviews at least 20 hours of recorded sessions with a supervisor (either group or dyad/individual) per rotation; 10 hours must be the intern's clinical work from that rotation.

\_\_\_ Intern demonstrates competency in writing a clinical note utilizing the ROAP or SOAP method.

\_\_\_ Intern articulates basic knowledge of some systemic theories (major tenants and goals) and can utilize one or two with some clinical skill (interventions or enactments).

\_\_\_ Intern demonstrates recognition and appropriate action in situations that require mandated reporting or seeking assistance from a supervisor.

\_\_\_ Intern maintains a teachable, open relationship with supervisors, accepting feedback and direction.

\_\_\_ Intern addresses self of therapist work in supervision

**Rotation 2** - Interns build on a foundation described above with deepening understanding of specific areas of marriage and family therapy and build skills in working with relationship patterns and dynamics. They demonstrate therapeutic inclusion of spirituality in sessions as clinically appropriate. Interns continue to demonstrate self-awareness of limitations and transference/counter-transference. Interns reliably practice addressing diversity within the therapy room and demonstrate culturally attuned therapeutic practice.

Courses completed: Children/Adolescent therapy, Diversity & Cultural Attunement, Sex Therapy, Marital Therapy, Abusive & Addictive Family Systems

### BENCHMARKS for Rotation2: (In addition to all of the above...)

\_\_\_ Intern discerns content and process in client sessions and invites clients into deeper dialog around emotions, patterns, perceptions, and attributions.

\_\_\_ Intern reliably recognizes and addresses diversity and cultural attunement with clients and their communities.

\_\_\_ Intern recognizes ethical and legal dilemmas that arise in the clinical relationship according to the AAMFT Code of Ethics and state regulations.

\_\_\_ Intern maintains appropriate professional boundaries with clients, agency, and program.

\_\_\_ Intern articulates self-of-therapist awareness when personal issues are entering into clinical practice and utilizes supervision to address them appropriately.

\_\_\_ Intern demonstrates growing utilization of interventions/enactments from several theories and is able to articulate a rationale for their use in clinical practice.

\_\_\_ Consistently maintains clinical paperwork, timesheet, supervision summaries, client genogram/tx plan, and recorded sessions.

**Rotation 3 & 4** - Interns show proficiency in systemic therapy with clients with capacity to utilize several modalities, maintain clinical records, utilize supervision, incorporate research and evidence-based clinical practices, and collaborate with other agencies. Interns need minimal oversight on case conceptualization, assessment, and treatment planning. Students demonstrate proficiency by presenting an Oral Case Presentation. Interns continue to demonstrate self-awareness of limitations and transference/counter-transference, competent address of spirituality, and practice from a culturally competent engagement with diverse and /or marginalized persons.

#### **BENCHMARK for Rotations 3 & 4:**

ROTATION 3 (In addition to expectations listed above...)

\_\_\_ Intern is able to present a relational case during group supervision that articulates a primary theory (and potentially a secondary theory), complete with Gehart forms, genogram, 4-6 video clips demonstrating interventions and enactments consistent with the theory of choice, and addresses self-of-therapist, ethical, and diversity considerations. Intern has two attempts to complete this benchmark with a full PASS by group supervisor.

\*This benchmark may be completed in rotation 4 with supervisor permission.

ROTATION 4 :

\_\_\_ Intern meets Program Competency Level Competency (4s - 5s) or Exceeds PCL in all categories

\_\_\_ Intern documented 300 or 500 client hours with at least 150 hours of “in-person” (client and therapist in the same room) sessions.

\_\_\_ Intern documented 100 relational hours (couple, family, systemic) out of the 300 required clinical hours

\_\_\_ Intern attended 100 hours of relational supervision.

\_\_\_ Intern reviewed at least 50 hours of raw data in supervision (live supervision, video/audio recordings, or transcripts)

### **PROGRAM LEVEL COMPETENCIES:**

Please use the following rating scale to indicate the progress an intern has made toward Program Level Competence (PLC). Program Level Competence is the level of skills that we would expect from someone who has GRADUATED from the program with a MA in Marriage and Family Therapy and is able to practice with supervision towards licensure. Our expectation is that interns in their first rotation will receive mostly 2s, with an occasional 1 or 3 to indicate areas of growth or strength. Interns in the 2nd and 3rd rotation should have mostly 3s, with an occasional 2 or 4 to indicate areas of growth or strength. Please refer to the benchmarks listed above for more information on what is expected from the intern in each rotation.



	1 Deficient / Limited	2 Beginning-	3 Advancing -	4 Meets Program-Level Competencies (PLCs) (expectations)	5 Exceptional Skills
<b>Program Level Competency Skills</b>	Intern struggles in this area in ways that jeopardize their ability to work with clients	Intern demonstrates a basic skill level - consistent with <i>Rotation 1</i> skills and expectations.	Student displays <i>progression in advancing</i> skills in multiple areas, consistent with <i>Rotations 2 &amp; 3</i>	Student displays program level competency skills in these areas, consistent with benchmarks in <i>Rotations 3 &amp; 4</i>	Student displays exceptional skills in these areas, consistent with post-graduate levels of competence

<b>I. CONCEPTUAL &amp; PERCEPTUAL SKILLS (Theoretical Competency)</b> Program Goals 1,2,3; SLOs 1,2,3,8	1	2	3	4	5
<b>1. Knowledge Base:</b> understands family & basic systems concepts; is able to articulate principles of human development & FLC issues pertaining to the case; communicates an understanding of human interaction & normal family processes; can articulate how gender roles & sexuality impact the client and therapeutic process; & links hypotheses, goals, plans and interventions to an articulated therapeutic model(s). <b>Comments:</b> _____	_____	_____	_____	_____	_____
<b>2. Familiarity with Therapy Models:</b> Intern has basic knowledge & accurate grasp of family therapy theories/ models & their techniques, and the integration of the models; and is able to think systemically. <b>Comments:</b> _____	_____	_____	_____	_____	_____
<b>3. Awareness of Diversity Issues:</b> Intern: can articulate how gender, race, ethnicity, culture, class, religion/spirituality, faith, & sexual orientation impact the client and therapeutic process; recognizes contextual factors/issues of client difference from self; responds with sensitivity & positive professional regard to client diversity; & is able to work with the client's world view. <b>Comments:</b> _____	_____	_____	_____	_____	_____
<b>4. Recognition of Relational Patterns:</b> Intern: recognizes & engages client hierarchies, triangles, boundaries, intergenerational patterns & legacies, attachment styles, interaction patterns (described in terms of cognitive, behavioral & affective sequences), clients' coping skills & strengths; assesses impact of stressors; <i>differentiates content from process</i> ; & is able to articulate his/her impact on the therapy process, all to help facilitate client change. <b>Comments:</b> _____	_____	_____	_____	_____	_____
<b>Overall Rating</b>	_____	_____	_____	_____	_____
<b>II. EXECUTIVE SKILLS (Clinical Competency)</b> Program Goal 1; SLOs 1,2,3					
<b>1. Joining:</b> Intern: engages clients; establishes & maintains therapeutic relationship by establishing & maintaining rapport through clear communication that conveys a sense of competency, authority & trustworthiness, while simultaneously demonstrating empathy, warmth, care and respect; gathers information without making client feel interrogated; inspires hope & trust; conveys confidence; paces therapy appropriately; adjusts language to that of clients; observes & manages self in interaction with client; and notes & addresses relationship breaches with effective repair. <b>Comments:</b> _____	_____	_____	_____	_____	_____
<b>2. Basic Therapeutic Skills:</b> Intern: actively listens & empathically attunes; elicits client sharing; reflects accurately; asks open ended questions; guides the communication process; explores clients'					

<p>expectations, frame of reference, point of view &amp; preparedness to make changes; clarifies goals; establishes boundaries; uses influence to promote client strengths; explores history of PP; provides focus; identifies core themes; balances effective listening &amp; leading by talking; uses humor appropriately; &amp; promotes a therapeutic process responsive to client need.</p> <p><b>Comments:</b> _____</p>	_____	_____	_____	_____	_____
<p><b>3. Case Conceptualization:</b> Intern understands the PP by: eliciting important/relevant background information and Hx of the PP; assessing the family structure &amp; interaction patterns as well as the intergenerational patterns; identifying client strengths/resources and obstacles; completing a genogram; assessing significance of diversity issues: gender roles, ethnicity, culture, SES, etc; assessing significance of: biological basis of behavior, employment, school &amp; developmental issues, all through using the lenses of the theories; exploring previous solutions &amp; prior Tx; and choosing a theory/theories that will best explain what is going on &amp; effectively treat the PP. Intern can appropriately conceptualize the PP and complete the Case Conceptualization Form for each client case in a timely manner</p> <p><b>Comments:</b> _____</p>	_____	_____	_____	_____	_____
<p><b>4. Clinical Assessment &amp; Diagnosis:</b> Intern: uses Mental Status Exam (MSE) and DSM for appropriate assessment &amp; Dx; assesses family Hx &amp; dynamics using genogram &amp; other assessment instruments appropriate to the case; clarifies the PP by gathering its history &amp; context, &amp; explores previous solutions &amp; prior Tx; assesses strengths; uses assessment strategies sensitive to diversity issues; notes medications used by client; does a risk assessment; develops safety plans as needed; acknowledges contextual factors relevant to the case; makes appropriate referrals (psychiatric, medical, etc.); explores resources; consults other professionals associated with the case with appropriate releases signed; indicate client's sense of hope, prognosis, modalities to be used, and expected length of Tx; &amp; competently completes Clinical Assessment Form for each client case in a timely manner.</p> <p><b>Comments:</b> _____</p>	_____	_____	_____	_____	_____
<p><b>5. Hypothesizing:</b> Intern can: conceptualize &amp; formulate a systemic hypothesis of the PP; form hypotheses based on clients' frame of reference &amp; assessment info; frame PP in systemic terms; form hypotheses based on theories of change.</p> <p><b>Comments:</b> _____</p>	_____	_____	_____	_____	_____
<p><b>6. Treatment Planning:</b> Intern: develops treatment plans based upon case conceptualization, assessment &amp; hypotheses that are theory-specific; collaboratively determines clear, measured, reachable Tx goals with clients; establishes short and long term goals; modifies Tx plan as needed; plans for termination; transfers cases when appropriate; seeks to coordinate Tx when necessary; &amp; competently completes the Treatment Plan Form for each client case in a timely manner.</p> <p><b>Comments:</b> _____</p>	_____	_____	_____	_____	_____
<p><b>7. Intervention Strategies:</b> Intern: uses interventions that are: based on case conceptualization, assessment, hypotheses &amp; Tx plan, &amp; are theory-specific; invites other family members into Tx; guides dynamics; interrupts negative communication cycles; deflects blaming &amp; scapegoating; facilitates expression of emotions &amp; behavior change; reframes; facilitates enactments; promotes engagement &amp; experiential shifts; challenges clients appropriately; assigns homework; uses appropriate techniques; &amp; guides interventions with clinical skills promoting change.</p> <p><b>Comments:</b> _____</p>	_____	_____	_____	_____	_____
<p><b>8. Integration of Models/Concepts:</b> Intern: is able to operationalize theories; incorporates appropriates models for PPs; integrates concepts/ models into a clear working model of therapy; articulates theory as it's applied in practice, utilizing concepts appropriately, &amp; describing interventions that fit with the theory &amp; hypothesis.</p> <p><b>Comments:</b> _____</p>	_____	_____	_____	_____	_____
<b>Overall Rating</b>	_____	_____	_____	_____	_____
<b>III. PROFESSIONAL SKILLS</b> <b>Program Goals 1,2; SLOs 1,6,7</b>					
<p><b>1. Session Management:</b> Intern: effectively introduces clients to therapy; explains policies &amp; procedures of the center, especially consent for video taping; effectively engages clients in therapeutic conversation, yet controls the flow of communication; manages intense interactions appropriately, demonstrating skill at both escalating and de-escalating intensity at appropriate times; manages time &amp; finishes sessions within the time limits; manages scheduling smoothly; is flexible &amp; links what the client brings to a session to the plan for the session; &amp; follows policies regarding collection of fees.</p> <p><b>Comments:</b> _____</p>	_____	_____	_____	_____	_____

<p><b>2. Supervision Responsibilities:</b> Intern: attends supervision regularly and is punctual; comes prepared; brings videos for review; is respectful of other supervisees; accepts &amp; uses supervisory feedback effectively.  <b>Comments:</b> _____</p>	_____	_____	_____	_____	_____
<p><b>3. Ethical Issues:</b> Intern: knows &amp; observes the AAMFT Code of Ethics; knows state laws concerning privileged communication, mandatory reporting &amp; duty-to-warn issues; seeks supervisory input &amp; backup for emergency situations and adequately documents the events; follows supervisor's directives in specific cases; avoids potentially exploitive and/or dual role relationships with clients; deals appropriately with his/her own issues as they affect therapy; &amp; is willing to take responsibility for her/his own actions in therapy.  <b>Comments:</b> _____</p>	_____	_____	_____	_____	_____
<p><b>4. Paperwork:</b> Intern: maintains case files appropriately; keeps up-to-date with paperwork; completes session summaries in a timely manner; &amp; follows center procedures.  <b>Comments:</b> _____</p>	_____	_____	_____	_____	_____
<p><b>5. Professional Behaviors:</b> Intern: presents as confident, yet without arrogance; acts in a professional manner; dresses professionally; treats staff &amp; clients with respect; can handle unexpected &amp; crisis situations with poise &amp; skill, using consultation when appropriate; is punctual for sessions &amp; supervision; appropriately consults with other professionals involved with cases; &amp; uses signed releases when necessary.  <b>Comments:</b> _____</p>	_____	_____	_____	_____	_____
<b>Overall Rating</b>	_____	_____	_____	_____	_____
<b>IV. EVALUATION SKILLS Program Goals 1; SLOs 1,3,7</b>					
<p><b>1. Evaluation of Therapeutic Progress:</b> Intern is able to evaluate: the link between theory, assessment, hypotheses, Tx plans &amp; interventions; the effectiveness of interventions; how well the objectives of therapy have been met in terms of client goals &amp; the intern's perspective &amp; analysis; and uses client feedback.  <b>Comments:</b> _____</p>	_____	_____	_____	_____	_____
<p><b>2. Evaluation of Self-as-Therapist:</b> Intern: articulates awareness of personal issues and how they impact therapy; realistically evaluates self in terms of skill areas &amp; effectiveness; recognizes how use of self contributes to an enhanced understanding of the case; works with supervisor to improve therapeutic effectiveness &amp; to expand skills; &amp; articulates strengths &amp; growth areas as a therapist.  <b>Comments:</b> _____</p>	_____	_____	_____	_____	_____
<p><b>3. Evaluate Progress &amp; Terminate Treatment:</b> Intern: evaluates the progress of sessions toward goals by conducting periodic evaluations with clients (every 6/7 sessions); recognize when Tx goal(s) and plan require modification; effectively plans &amp; carries out termination; &amp; completes the Evaluation of Treatment Forms for both client &amp; intern.  <b>Comments:</b> _____</p>	_____	_____	_____	_____	_____
<b>Overall Rating</b>	_____	_____	_____	_____	_____
<b>V. PERSONAL SKILLS Program Goals 2,4; SLOs 7,9</b>					
<p><b>1. Personal Qualities of the Therapist:</b> Intern: shares personal info appropriately; is authentic, patient, caring, empathic, sensitive, flexible, accepting of others, warm, introspective, curious; has a non-defensive attitude; takes responsibility for mistakes; manages anxiety; uses humor appropriately; thinks critically &amp; analytically; demonstrates emotional maturity &amp; ability to be self-reflective; accepts feedback; uses boundaries.  <b>Comments:</b> _____</p>	_____	_____	_____	_____	_____
<p><b>2. Integration of Faith Principles:</b> Intern demonstrates comprehension and the ability to address faith perspectives and experiences of clients with marriage and family theory and praxis  <b>Comments:</b> _____</p>	_____	_____	_____	_____	_____
<b>Overall Rating</b>	_____	_____	_____	_____	_____

**Total Overall Rating:** \_\_\_\_\_

**Please describe intern's strengths.**

**Please describe "growth areas" that you suggest this intern focus on improving/strengthening.**

**Please describe areas of skill development that you believe should be a focus in the next supervision.**

**Do you recommend intern continue to next rotation? (If you do not, please explain)**

**Comments:**

**I have verified that the intern has met the benchmarks for their current rotation - including the required verification of number of supervision hours and clinical hours on the timesheet and required number of reviewed recordings.**

**\_\_\_\_\_ yes \_\_\_\_\_ no**

**Date of Review/Evaluation \_\_\_\_\_**

\_\_\_\_\_  
**Signature of Supervisee/Intern**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**

## Course Descriptions

### **CC525 FOUNDATIONS FOR MARRIAGE AND FAMILY THERAPY**

This course will provide a theoretical foundation of family of origin work and the opportunity to explore and gain an understanding of self-of-therapist. Students will be exposed to basic family systemic constructs such as circular causality, process dynamics, differentiation, family structure, and intergenerational influences on family functioning. Students will complete an in-depth examination of their family history while applying and personalizing core systemic concepts to their respective families of origin by evaluating their self-image, relational skills, and family of origin dynamics through the “Family Voyage” class project. Further, “self-of-therapist” issues will be examined by an assessment of one’s interpersonal skills that may enhance or impede professional effectiveness. In addition, self-exploration will involve a discovery of personality-type theory that will impact both personal and professional life. 3 credits (Fall semester)

### **CC527 THEORIES OF MARRIAGE AND FAMILY THERAPY I**

This course is designed to provide a basic theoretical foundation for the “classic” modern marriage and family therapy theories. The following sub-schools are examined and contrasted: Psychodynamic, Structural, Strategic, Contextual, Experiential, IFS, and EFT. It will include conceptualization of family and couple dynamics, and the theory and application of interventions according to various therapeutic modalities. Cultural attunement within theories will be explored as well as integration with a Christian worldview. Each student will begin to conceptualize his or her own therapeutic framework out of a deepening self awareness. Quizzes and an exam will facilitate preparation for the MFT licensure exam. 3 credits (Fall semester)

### **CC528 THEORIES OF MARRIAGE AND FAMILY THERAPY II**

This course is designed to facilitate a basic introductory understanding of various schools of family system theory. Historical origins of systemic constructs will be explored along with key pioneers in the movements of the following models: Cognitive-Behavioral Family Therapy, Solution-focused, Narrative, Collaborative, Feminist theory, and Circumplex Model. Integrative and Comparative Analysis of family therapy models will be explored. Students will continue the process of developing a systemic theoretical framework for intentional and effective clinical practice, including conceptualization and developing of treatment plans according to these theories. Contrasts between theories will be explored, as well as integration with the Christian worldview. Quizzes, assignments, and exams will facilitate preparation for the MFT licensure exam. Prerequisites: CC525 and CC527. 3 credits (Spring semester)

### **CC617 PERSONAL GROWTH PLAN (PGP)**

Students are required to address an area of personal growth with a licensed therapist for at least six sessions as part of their personal development. Each student will complete their therapy requirement, and then submit a 2-3 page reflection paper during CC728 Ethical, Legal, & Professional Issues in Family Therapy. This is a prerequisite to begin internship. 0 credits

### **CC625 ASSESSMENT IN MARRIAGE AND FAMILY THERAPY**

Provides an overview of the Diagnostic and Statistical Manual (DSM-5) with a family systems perspective, regarding both etiology and treatment of various clinical disorders. Case conceptualization, assessment, diagnostic, and treatment planning skills will be developed in both individual and relational arenas. Various assessment measures will be reviewed and Crisis Intervention will be addressed. Enrollment limited to MAMFT students only. Prerequisites: CC525 and CC527. 3 credits (Spring semester)

### **CC627 RESEARCH IN MARRIAGE AND FAMILY THERAPY**

This course will provide an overview of the purpose, methodology, and process of marital and family therapy research. Specific attention will be given to the scholarly writing of a literature review, to various methods of research design both quantitative and qualitative, to a process for evaluation and critique of research articles, and to becoming meaningful consumers of research through an application of effectiveness-based research and progress research. Ethical issues will be addressed as well as what it means to view research through a theological lens. Prerequisites: CC525, CC527 and CC528. 3 credits (Spring semester)

### **CC633 DYNAMICS OF BIO-PSYCHOSOCIAL-SPIRITUAL DEVELOPMENT AND HEALTH ACROSS THE LIFE SPAN**

This course addresses individual and family development, human sexuality, and the interconnectedness of bio-psychosocial-spiritual health across the lifespan. Practices of “Integrated Care Providers” will also be explored, such as: prevention and engaging the consumer in taking initiative for wellness through motivational interviewing; using screening tools for assessment (protective, as well as risk factors); participating in interdisciplinary health teams; and resilience and recovery models. Health psychology, digital literacy, and telehealth, as well as the impact of technology in a person's life and relationships will be reviewed. The voice of the consumer concerning healthcare will be integrated in various ways throughout the course. 3 credits (Fall semester)

### **CC637 FAMILY THERAPY SKILLS AND PRACTICE**

The course focuses on learning the basic skills that are essential to conducting therapy. Special focus is placed on the skills involved in the initial therapy sessions. Students will learn some basic intervention techniques and begin to implement theoretical concepts with the practice of therapeutic skills and through observations. Throughout the course, attention will be given to the development of the self-of-the-therapist, as students begin to personally apply what they learn to their lives both personally and professionally. Prerequisites: Part-time MFTs: CC525, CC527 and CC528; accelerated part-time MFTs: enrolled in CC525 and CC527. 3 credits (Fall semester)

### **CC646 PSYCHOLOGICAL TESTS AND MEASUREMENTS**

Provides an overview of the procedures and validity of psychological testing. A conceptual understanding of major statistical procedures is noted with practical application to the Myers-Briggs Type Indicator. This course meets the statistical requirements for students to become an MBTI practitioner. This is provided as a hybrid online course: one week in the online classroom and two weeks asynchronously on Pathwright. Prerequisite: CC525/CC527. 1 credit (Spring semester - January)

### **CC647 TELETHERAPY PRACTICE & ETHICS**

Presents therapeutic skills necessary for completing client paperwork, storing/accessing HIPAA related data on online platforms, assessing HIPAA compliance, teletherapy etiquette, and discussion on the suitability of a client to participate in online therapy. The course will cover teletherapy best practices, ethical considerations, and risk management. Required completion before starting internship. 1 credit (Spring semester - January)

### **CC648 HISTORY AND THEOLOGY OF MARRIAGE AND FAMILY**

Addresses the historical treatment (both secular and ecclesiastical) and theological perspectives of gender, singleness, marital covenant and marital responsibilities, divorce and remarriage, sexuality and homosexuality, and children and parenting. This is provided with asynchronous online elements. 3 credits (Spring semester - Summer)

### **CC713 CHILDREN AND ADOLESCENTS IN FAMILY THERAPY**

Focuses on child and adolescent difficulties that are experienced within the family, from a family systems perspective. Child and adolescent development will be covered. How the child and adolescent influence the family, and vice versa, will be discussed. Assessment and treatment skills will be explored and developed for working with children and adolescents alone and within the context of family therapy. Special focus will be given to play therapy. Prerequisites: CC525, CC527, CC528, CC625 and CC637. 3 credits (Spring semester - Summer)

### **CC726 MARRIAGE THERAPY - THEORY AND PRACTICE**

Evaluates theoretical models of marital therapy along with the skills of marital assessment. Students learn basic approaches to marital therapy along with systemic intervention techniques. Presents a variety of marital issues that focus on sharpening skills in formulating theoretical assessment, therapeutic goals, joining techniques and systemic strategies for change. Prerequisites for part time MFTs: CC525, CC527, CC528 and CC637; for accelerated part time MFTs: CC525, CC527, CC637 and enrolled in CC528. 3 credits (Spring semester)

### **CC728 ETHICAL, LEGAL AND PROFESSIONAL ISSUES IN FAMILY THERAPY**

Explores the development of professional attitudes, integrity, and identity of the marriage and family therapist. Issues

including professional socialization, professional organizations, licensure, family law, and confidentiality are noted. The American Association for Marriage and Family Therapy (AAMFT) code of ethics is highlighted along with various legal issues and liabilities related to marriage and family therapy. For part time MFTs, must be taken prior to beginning CC845. Enrollment limited to MAMFT students only. This is provided as a hybrid online course: a few weeks in the online classroom with asynchronous elements on Pathwright. (Spring semester - Summer)

### **CC729 ABUSIVE AND ADDICTIVE FAMILY SYSTEMS**

This course will address the assessment and treatment of physical, emotional, and sexual abuse, including an emphasis on child abuse and domestic violence. Emphasis will also include treatment for adult survivors of childhood abuse. The course will also explore various addictions, including behavioral and chemical addictions. Therapy for abuse and addictions will be embedded within a family systemic perspective. Systemic theories and treatment models for abuse and addiction will be explored. Students will further evaluate their personal and family of origin history and legacies of abuse and addiction that may help or hinder their clinical work in these areas. Prerequisites for part time MFTs: CC525, CC527, CC528, and CC637; for accelerated part time MFTs: CC525, CC527, CC637 and enrolled in CC528. 3 credits (Spring semester)

### **CC748 RELEVANT ISSUES IN THE PRACTICE OF MARRIAGE AND FAMILY THERAPY**

This course will facilitate student's developing competencies in current and emerging contemporary clinical theories/applications, challenges, problems, and/or recent developments at the interface of Marriage and Family Therapy knowledge and practice. Topics may change from year to year in order to address relevant issues. 1 credit (Spring semester - January)

### **CC826 ADVANCED MARRIAGE AND FAMILY THERAPY SEMINAR**

This course will serve as a capstone to the MFT program through a learner centered format. Participants will practice dialogical engagement with one another as well as other persons within their context. This will entail implementation of the principles of self delineation, due consideration, and multilateral ethical imagination as articulated in the integrative model of Contextual Therapy. Each student will also develop his or her advanced personal theory of therapy which will include attention to common factors, diversity, self of the therapist, integration of Christian faith, illustrated with examples from internship experience, and supported with at least one applicable evidence based research article. In addition, each student will develop a plan of ongoing professional development. Enrollment limited to MAMFT students only as the final program course. 1 credit (Spring semester - January with Summer option for early graduation request)

### **CC827 DIVERSITY & CULTURAL ATTUNEMENT (formerly named as GENDER & ETHNICITY)**

This course explores the dynamics of diversity, power, and privilege across multiple dimensions (ie. gender, ethnicity, race, class, sexuality, religion, and intersectionality). It facilitates the development of culturally competent therapeutic skills in attentive address, in assessment (including Cultural Formulation Interview), and in treatment modalities. The work begins with a study of relational theological anthropology seeing the heart of God as steadfast love for every person. Skills for dialogical engagement of both self and other will be practiced. Each student will research their own ethnic and cultural heritage, identifying biases and prejudices along with strengths and resources. Students will engage a diverse, multicultural, marginalized, and/or underserved community, and practice trauma informed ways of being with self and others. Enrollment limited to upper level MAMFT students only (meaning for part-time: all 1st and 2nd year courses have been taken; accelerated part-time all 1st year courses taken). 3 credits (Fall semester)

### **CC837 SEXUAL FUNCTION AND SYSTEMIC SEX THERAPY**

This course will explore biological sexual development and function across the human lifespan. Emphasis will be placed on theological, spiritual, psychological and physiological issues related to human sexuality. This course will also discuss sexual disorders and relational disconnectedness. Appropriate basic clinical interventions from a systemic perspective will be suggested. Prerequisite: CC726 Marital Therapy; 3 credits (Fall semester)

### **CC845 MAMFT COUNSELING Internship I**

Provides direct counseling experience with individuals, couples, and families for MAMFT students. Students will be given the choice of doing either a 300-hour or a 500-hour internship, and must accrue these contact hours, over the four

internships, spanning 21-24 months, in order to complete their degree requirements. These hours for on-campus students are usually, but not necessarily completed in Seminary provided clinical settings. Students need to secure a placement for their internship. Additionally, students register for and receive regular weekly supervision of their cases through review of recorded sessions. Group supervision will occur during the first week of each month, and dyadic/individual supervision will occur each week following the first week. Internship also assists students in the development of their professional skills as marriage and family therapists, including self-of-the-therapist issues, as well as the integration of marriage and family theory and praxis with Christian faith and biblical principles when possible. More specifically, this 21-24 months sequence is designed to progressively build toward each student's development of a competent clinical presentation of the application of his/her stated theoretical orientation/theory during the third internship (CC847), and a written personal theoretical orientation of treatment (completed during the final capstone course CC826).

Internship evaluations will be completed at the end of each supervisory rotation/internship. This internship spans 6 months, usually February through July.

Successful performance will be demonstrated at the end of this internship by having a cumulative score of 2.0 or higher in each of the five "skill areas." The student will receive a grade of "pass/fail" upon completion. Prerequisites: Part-time students - CC525, CC527, CC528, CC545, CC625, CC637, CC633 and CC646, and registered for CC726 and CC729; Accelerated part time students - CC525, CC527, CC545, CC637, CC633, and CC646 and registered for CC528, CC625, CC726, and CC729. 3 credits

#### **CC846 MAMFT COUNSELING internship II**

See the course description for CC845. During this internship, dates for student's Oral/Written Clinical Case Presentations during CC847 will be determined during group supervision, and given to the Program Director, who will make a list available to all to be included. Successful performance will be demonstrated at the end of this internship by showing some progression in theoretical competency and skills development from the previous internship evaluation (ideally demonstrated in most categories), with scores in the 2 to 3 range. The student will receive a grade of "pass/fail" upon successful completion. This internship spans 6 months, usually August through January. Prerequisite: CC845. 3 credits

#### **CC847 MAMFT COUNSELING internship III**

See the course description for CC845. During this internship, students will focus on preparing and presenting, during group supervision, a competent application of their theory of therapy to one of their relational clinical cases (family, couple, systemic), to show evidence of their professional development and competency, as well as to show progression toward their goals while using their theory. [A competent application of a theory of therapy will include the following aspects: contextual/diversity issues, ethical and professional issues, and self-of-the-therapist issues.] A pass/fail grade will be given, and students must pass this evaluation in order to graduate from the MAMFT Program. If a student fails the first time, they will be allowed to redo this presentation a second time, during the 4<sup>th</sup> internship (CC847). 3 credits

Successful performance of this internship will be demonstrated at the end of this internship by showing some progression in theoretical competency and skills development from the previous internship evaluation (with scores in the 3 range), and/or maintaining competency once attained. The student will receive a grade of "pass/fail" upon successful completion. This internship spans 6 months, usually February through July. Prerequisite: CC846. 3 credits

#### **CC848 COUNSELING internship FOR MAMFT STUDENTS IV**

See the course description for CC845. Successful performance of this final internship will be demonstrated by attaining the program level competency score in at least 4 of five "skill areas" of the evaluation. The student will receive a grade of "pass/fail" upon completion of acquiring all of the chosen 300 (or more hours as required by your state licensure plan) for the whole internship, and upon successful performance of the evaluation. This internship spans 6 months, usually August through January. In some cases, the internship will span longer than 6 months if a student has not completed the hours needed per their state licensure plans. In those cases, students will remain in CC848 until all necessary requirements have been fulfilled. Prerequisite: CC847. 4 credits



**CC857 TRAUMA, RESILIENCE, & RESISTANCE**

This course presents neurobiology, trauma protocols, introduction to trauma treatment modalities within the context of clinical work as a marriage and family therapist. The objective of this course is to provide the foundational understanding of trauma-informed care when conducting assessments and treatment plans in clinical practice. Additionally, this class will expose students to the variety of trauma training options post-graduation and to begin the formational journey to embody safety well. Enrollment limited to upper level MAMFT students only. 3 credits (Spring semester)

**SF511 SPIRITUAL FORMATION IN MINISTRY**

This course explores the historical and theological development of spiritual disciplines in the life of the Christian church, and some of the ways in which God uses these practices to increasingly transform disciples into the image of Christ. Significant attention is given to practices from several “streams” of Christian tradition: contemplative, holiness, charismatic, social justice, evangelical, and incarnational. Students will study these disciplines academically, apply them personally for their own Christian formation, and reflect in small groups on their corporate applications in particular contexts of ministry in the body of Christ. *CS510 Spiritual Disciplines & Practices may be taken to fulfill this course requirement.* 3 credits

# Annual Plan for Assessment, Review, and Revision

## Kairos University MAMFT Program Outcomes (PGs and SLOs)

The role of the MFT faculty at Kairos University is to *educate, train, advise, model, mentor, supervise, lead, serve, and learn as well as design, approve, implement, review, and change the curriculum alongside the program director and in accordance with section 4.4 on shared governance in the university's articles on incorporation.*

*Annually, unless noted otherwise, the following design, implementation, assessment, review, and revision of the Kairos University Marriage and Family Therapy program takes place as follows.*

### 1. Identify / Review and/or Revise the Program Mission Statement

- The MFT faculty/personnel will define the program mission, making sure it is aligned with the university's mission.
- The program mission will be informed by, and revised as necessary, the assessment of Program Goals (PGs) and Student Learning Outcomes (SLOs).

### 2. Develop, Review, and/or Revise Program Outcomes (Program Goals - PGs and Student Learning Outcomes - SLOs)

- MFT faculty/personnel will first develop the Program Goals and Student Learning Outcomes, making sure that they are measurable.
- These will be informed by COAMFTE Developmental Competencies, AAMFT Core Competencies, state licensing regulations (Professional Marriage and Family Principles), and Kairos University's Communities of Interest (that may include KU MFT faculty, supervisors, students, administrators, agencies, graduates, and/or accreditors).
- These PGs and SLOs will be reviewed annually, based on the data collected, and/or revised as necessary, according to the assessment plan.

### 3. Check, Review, and /or Revise the Assessment Plan

- MFT faculty/personnel will design an assessment plan that addresses all of the program outcomes, stating what data for what targets and benchmarks will be collected for each SLO, for assessment purposes.
- MFT faculty/personnel will develop and give/send (a) relevant survey(s), based on the program's outcomes, goals, SLOs, and current Standards requirements, to the following Communities of Interest for the purpose of collecting information/data that will help in assessing the POs, PGs, SLOs and current Standards requirements of the program as well as the needs of the communities:
  - Current students - annually;
  - Graduating MFT students - annually upon graduation;

- Graduates of the MFT program (licensure and employment update) - annually;
- Supervisors (program educational and clinical site) - annually;
- MFT faculty (personnel/admin when needed);
- Student feedback (course evaluations) - each semester.

#### **4. Check, Review, Evaluate, and/or Revise Curriculum and Organizational Alignment**

- With the use of the curriculum map matrix for SLOs and courses, MFT faculty/personnel will identify and indicate where Student Learning Outcomes fit within the curriculum.
- With the use of the MFT competencies course matrix, MFT faculty/personnel will identify how the curriculum addresses the Student Learning Outcomes and supports the achievement of the program outcomes (PGs and SLOs).
- The MFT program will evaluate and review the data from student feedback concerning teaching/learning practices, student safety, technological, instructional, and clinical resources, supervisor resources and sufficiency, faculty sufficiency, as well as student support services, and /or revise these areas as needed.
- The MFT program will evaluate and review the data from faculty and supervisor surveys; from graduates; from student course evals and program surveys; and any other COI survey data.
- The MFT Program Director, along with institution administrators, will evaluate, review, and/or revise the policies and procedures in place to determine that faculty, fiscal, physical, technological, and instructional resources are sufficient to meet the program outcomes.
- MFT faculty/personnel, along with academic administrators, will evaluate how the university environment encourages faculty teaching, relational/systemic supervision, scholarship, research, practice, and/or service, and how the environment allows the program to achieve the program outcomes.
- The MFT Program Director, along with academic administrators, will evaluate and/or revise how student support services sufficiently meet the needs of students and the program.
- The MFT Clinical Director will evaluate the program and site supervisors who provide the required 100 hours of program supervision. Evaluation results will be shared with supervisors.

#### **5. Collect, Analyze, and Review Data**

- MFT faculty/personnel will gather the information/data, following the assessment plan, for the purpose of providing evidence of achieving the program's goals, SLOs, and current Standards requirements.
- MFT faculty will review and analyze the data and its results to determine how well the program is meeting its stated program outcomes (PGs, SLOs, etc.). This will occur at minimum annually typically anytime between the end of May through June.

## **6. Take Action: Revision of Program**

- Based upon the results of the data and its analysis, MFT faculty/personnel will determine what about the program is effective and sufficient as well as what about the program needs to be revised.
- MFT faculty/personnel will then revise those aspects of the program indicated by the data review to better achieve its program outcomes (PGs, SLOs, etc.).

## **7. Report to Stakeholders**

- Report relevant data to COAMFTE, as well as to other accreditation bodies (i.e., HLC and ATS) as needed.
- Report relevant data to the COIs including all MFT faculty, program and site supervisors, prospective students via the website, key KU administrators, graduates, and current students.

## Timeline for Assessment, Review, and Revision Kairos University MAMFT Program Outcomes (PGs and SLOs)

### January

- *Early January* - Graduate Licensure Survey *Admin & Jen*
  - Administered to: Alumni / emphasis on graduates in licensure process
    - Open survey; analyze results (Admin) + Post spidertrails (for all grads) + direct emails to those from whom details are needed (Jen)
    - Results: Discussed at Annual Assessment Review
  
- *Mid January* - Course Evaluations *Admin & Faculty*
  - Administered to: Students in winter courses
    - Open survey (Admin) + share link (Faculty) + analyze results (Admin)
    - Results: Each faculty member receives results at end of term + High-level data discussed at Annual Assessment Review
  
- *Mid January* - Faculty/Supervisor to Student Ratio Evaluation *Admin & Faculty*
  - Administered by: Admin + Program and Clinical Director as needed
    - Results: COAMFTE Annual Report + Annual Assessment Review
  
- *Late January* - Winter SLO Data Collection *Admin & Faculty*
  - Administered by: Admin / Faculty whose courses have SLO data points
    - Request/enter data (Admin) + Share data (Faculty)
    - Results: Discussed at Annual Assessment Review
  
- *Late January* - Annual MFT Student Survey *Admin & Faculty*
  - Administered to: All current MFT students
    - Open survey; analyze results (Admin) + Notify students at the beginning of the last week of January; reminder at February class starts (Faculty)
    - Results: Discussed at Annual Assessment Review
  
- *Late January* - Intern Supervisee Evaluation of Supervisor *Clinical Director*
  - Administered to: Current student interns
  - Results: Incorporated into supervisor evaluations
    - *Note: This survey will move to SurveyMonkey in the future.*

### February

- *Entire Month* - Student Intern Folder Audit *Clinical Director*
  - Administered by: Clinical Director (with assistance as needed)
    - Review of internship site reports from students, timesheet verifications, supervisor evaluation of intern, other contents as needed.
    - Site evaluation data collection - How are we doing as a program?; How is communication between the liaison and the agency?
    - *Note: This survey will move to SurveyMonkey in the future.*

### March

- *Date TBD* - Faculty Research Article Review *Program Director*

- Administered by: Program Director in MFT meeting
- *End March - Annual Communities of Interest Survey* *Admin & Faculty*
  - Administered to: KU MFT Communities of Interest
    - Open survey; analyze results (Admin) + Notify COIs (Faculty)
    - Results: Discussed at Annual Assessment Review
- *End March - Evaluation of Supervisors* *Clinical Director*
  - Administered to: Program educational supervisors - end of rotation
    - Completed evaluations reviewed by Clinical Director and core faculty
    - Adjustments made to supervision assignments in next rotation as a result of the review and other data (supervisor's participation in supervisor meetings, interactions with the Clinical Director, etc.)
    - Results: Clinical Director follows up with supervisors; corrective processes are given (in coordination with Program Director) as needed
    - Results: High-level data (supervisor effectiveness) discussed at Annual Assessment Review

## April

- *Mid April - Course Evaluations* *Admin & Faculty*
  - Administered to: Students in spring courses
    - Open survey (Admin) + share link (Faculty) + analyze results (Admin)
    - Results: Each faculty member receives results at end of term + High-level data discussed at Annual Assessment Review
- *Late April - Spring SLO Data Collection* *Admin & Faculty*
  - Administered by: Admin / Faculty whose courses have SLO data points
    - Request/enter data (Admin) + Share data (Faculty)
    - Results: Discussed at Annual Assessment Review
- *Late April - Midterm 2 Evaluations for Outlier Interns* *Faculty*
  - Administered by: Faculty (month 9 - halfway through second rotation)
    - Data points flow into SLO benchmarks
- *Late April - Evaluation of Clinical Director* *Program Director*
  - Administered by: Program Director and based on site report feedback from supervisors and feedback from students, faculty, and Communities of Interest
    - Results: High-level data discussed at Annual Assessment Review

## May

- *Entire Month - Faculty Self-evaluations* *Program Director*
  - Administered to: Core and non-core adjunct faculty
    - Reviewed by Program Director alongside course evaluation data and other relevant data points
    - Faculty members receive feedback from the Program Director with corrective processes given, as needed, if inadequate
    - Results: High-level data discussed at Annual Assessment Review

- *Note: This survey will move to SurveyMonkey in the future.*

- *Entire Month - Program Director Evaluation* *CAO & Dean*
  - Administered via Program Director self-evaluation and survey data related to program director effectiveness
    - Reviewed by Chief Academic Officer and Dean
    - Program Director receives feedback from the CAO & Dean with any corrective processes given, as needed, if inadequate
    - Results: High-level data discussed at Annual Assessment Review
- *Late May-June - Annual Assessment Review Period*

## June

- *Mid June - Course Evaluations* *Admin & Faculty*
  - Administered to: Students in summer courses
    - Open survey (Admin) + share link (Faculty) + analyze results (Admin)
    - Results: Each faculty member receives results at end of term + High-level data discussed at Annual Assessment Review
- *Late June - Summer SLO Data Collection* *Admin & Faculty*
  - Administered by: Admin / Faculty whose courses have SLO data points
    - Request/enter data (Admin) + Share data (Faculty)
    - Results: Discussed at Annual Assessment Review
- *Late June - Faculty/Supervisor to Student Ratio Evaluation* *Admin & Faculty*
  - Administered by: Admin + Program and Clinical Director as needed
    - Qualitative/Quantitative = Core faculty to student & supervisor to intern
    - Results: Discussed at Annual Assessment Review
- *Late May-June - Annual Assessment Review Period*

## July

- *Early July - Annual Assessment Summary* *Clinical Director*
  - Program Director shares assessment findings and actions with COIs
- *Late July - Intern Supervisee Evaluation of Supervisor* *Clinical Director*
  - Administered to: Current student interns
  - Results: Incorporated into supervisor evaluations
    - *Note: This survey will move to SurveyMonkey in the future.*

## August

- *Entire Month - Student Intern Folder Audit* *Clinical Director*
  - Administered by: Clinical Director (with assistance as needed)
    - Review of internship site reports from students, timesheet verifications, supervisor evaluation of intern, other contents as needed.
    - Site evaluation data collection - How are we doing as a program?; How is communication between the liaison and the agency?

## September

- *End September* - Evaluation of Supervisors *Clinical Director*
  - Administered to: Program educational supervisors - end of rotation
    - Completed evaluations reviewed by Clinical Director and core faculty
    - Adjustments made to supervision assignments in next rotation as a result of the review and other data (supervisor's participation in supervisor meetings, interactions with the Clinical Director, etc.)
    - Results: Clinical Director follows up with supervisors; corrective processes are given (in coordination with Program Director) as needed
    - Results: High-level data (supervisor effectiveness) discussed at Annual Assessment Review

## October

- *Date TBD* - Faculty Research Article Review *Program Director*
  - Administered by: Program Director in MFT meeting
- *Mid October* - Midterm 1 (Pre-internship) Evaluation *Faculty*
  - Administered to: Students in CC637 Family Therapy Skills and Practice
    - Data points flow into SLO benchmarks

## November

- *Mid November* - Course Evaluations *Admin & Faculty*
  - Administered to: Students in fall courses
    - Open survey (Admin) + share link (Faculty) + analyze results (Admin)
    - Results: Each faculty member receives results at end of term + High-level data discussed at Annual Assessment Review
- *Mid November* - Midterm 2 Evaluations for February Interns *Faculty*
  - Administered by: Faculty (month 9 - halfway through second rotation)
  - Data points flow into SLO benchmarks
- *Late November* - Fall SLO Data Collection *Admin & Faculty*
  - Administered by: Admin / Faculty whose courses have SLO data points
    - Request/enter data (Admin) + Share data (Faculty)
    - Results: Discussed at Annual Assessment Review

## December

- N/A

## Ongoing

- *Any Month* - MFT Program Exit Survey *Admin & Faculty*
  - Administered to: Graduating MFT students upon graduation
    - Results: Discussed at Annual Assessment Review



## Calendar for Annual Assessment MAMFT Program Outcomes (PGs and SLOs)

January	February	March	April	May	June	July	August	September	October	November	December
---------	----------	-------	-------	-----	------	------	--------	-----------	---------	----------	----------

Graduate Licensure Survey  
 Course Evaluations  
 Faculty/Supervisor to Student Ratio  
 Winter SLO Collection  
 Student Survey  
 Intern Evaluation of Supervisor

Student Intern Folder Audit

Communities of Interest Survey  
 Evaluation of Program Educational Supervisors

Course Evaluations  
 Spring SLO Collection  
 Midterm 2 Evaluations for Outlier Students  
 Evaluation of Clinical Director

Faculty Self-Evaluations and Evaluation of the Program Director

**Annual Assessment Review**

Course Evaluations  
 Summer SLO Data Collection  
 Faculty/Supervisor to Student Ratio

Annual Assessment Summary  
 Intern Evaluation of Supervisor

Student Intern Folder Audit

Evaluation of Supervisors

Midterm 1 Evaluation

Course Evals  
 Midterm 2 Evaluations for February Interns  
 Fall SLO Data Collection

N/A

*Ongoing - Any Month: MFT program exit survey for students upon graduation*

## Annual Assessment Plan Design

	SLO 1	SLO 2	SLO 3	SLO 4	SLO 5	SLO 6	SLO 7	SLO 8
Student Learning Outcome	Students will demonstrate comprehension and application of the relational/systemic marriage and family therapeutic models	Students will be able to articulate what marriage and family theory/theories inform their clinical work and its application to multicultural contexts	Students will demonstrate knowledge and competency in assessment, diagnosis, treatment planning, and therapeutic interventions with individuals, couples and families seeking treatment, from a relational/systemic framework that is multi-culturally-informed.	Students will demonstrate knowledge and basic application of research to marriage and family therapy	Students will demonstrate knowledge and competency of MFT ethical, legal and professional issues	Students will demonstrate awareness of and address "self of the therapist" issues that impact the capacity for practice/service and ministry	Students will demonstrate awareness and comprehension of and sensitivity to issues of diversity and multiculturalism in the therapeutic process	Students will demonstrate comprehension and the ability to address faith perspectives and experiences of clients with marriage and family theory and praxis.
	CC527 & CC528	CC528	CC729	CC627	CC728	CC729	CC827	CC837
Assessment	At least 80% of students receive a grade of 83% or higher in: CC527 (Theories I) Theories Paper + CC528 (Theories II) Personal Models Paper.	At least 80% of students receive grade of 83% or higher in: CC528 Theoretical Paper.	At least 80% of students receive a grade of 83% or higher on CC729 Take Home Final.	At least 80% of students receive grade of 83% or higher in: CC627 (Research) Task Analysis and Assessment Report.	At least 80% of students receive grade of 83% or higher in: CC728 (Ethics) Case Studies Presentation and Paper.	At least 80% of students receive grade of 83% or higher in: CC729 Addictions Paper.	At least 80% of students receive grade of 83% or higher in: CC827 (G&E) Cultural Genogram Paper.	At least 80% of students receive grade of 83% or higher in: CC837 Theology of Sexuality Paper.
Assessment		CC826	Oral Case Presentation	CC627	CC647	CC837	CC648	CC648
		At least 80% of students receive grade of 83% or higher in CC826 Advanced Seminar Paper.	At least 80% of students pass the Oral Case Presentation (typically in CC847) demonstrating competency in assessment and treatment plan implementation.	At least 80% of students receive grade of 83% or higher in CC627 Outcome Analysis for Effectiveness Based Practice paper.	At least 80% of students receive a grade of 83% or higher in CC647 Teletherapy Skills Paper.	At least 80% of students receive grade of 83% or higher in CC837 Personal Sexual Journey Paper.	At least 80% of students receive a grade of 83% or higher in CC648 posts on theological position statements on seven issues of diversity.	At least 80% of students receive a grade of 83% or higher in CC648 posts on theological position statements on seven issues of diversity.

Assessment	Mid-Term Student Evals 1 & 2	Mid-Term Student Eval #2				Mid-Term Student Evals 1 & 2	CC827	
	At least 80% of students receive a 3.0 or higher on this SLO.	All students receive a 3.0 or higher for this SLO.				At least 80% of students receive a 3.0 or higher on this SLO.	100% of students pass Experience with Diverse, Marginalized, and/or Underserved Communities in CC827.	

Assessment	End Internship Evals		End Internship Evals		End Internship Evals	End Internship Evals	End Internship Evals	End Internship Evals
	At least 80% of students attain PLC by end of internship - A) Familiarity of Therapy Models & B) Integration of Models/Concepts.		At least 80% of students attain PLC by end of internship - CC, CA, & Dx, Hypoth, TP Interventions.		At least 80% of students attain PLC by end of internship - Knowledge and Competency of MFT Ethics.	At least 80% of students attain PLC by end of internship - Self of the Therapist.	At least 80% of students attain PLC by end of internship - Diversity & Multiculturalism.	At least 80% of students attain PLC by end of internship - Integration of Faith Principles.

**EOs**

**Used for Assessment**

- SLO 1:** CC527 *Theories Paper* **Grade** & CC528 *Personal Models Paper* **Grade**; Mid-Term 1 & 2 Evaluation **Results**; End of Internship Evaluation **Results**
- SLO 2:** CC826 *Advanced Seminar Paper* **Grade**; Mid-term 2 Evaluation **Results**
- SLO 3:** CC729 Take Home Final **Grade**; Oral Clinical Case Presentation (*assessment plan and treatment plan implementation*) **Grade**; End of Internship Evaluation **Results**
- SLO 4:** CC627 *Task Analysis Assessment and Report* **Grade**; CC627 *Outcome Analysis for Effectiveness Based Paper* **Grade**
- SLO 5:** CC728 *Case Studies (presentation/paper)* **Grade**; CC647 *Teletherapy Skills Paper* **Grade**; End of Internship Evaluation **Results**
- SLO 6:** CC729 *Personal Addictions Paper* **Grade**; CC837 *Personal Sexual Journey Paper* **Grade**; Mid-Term 1 & 2 Evaluation **Results**; End of Internship Evaluation **Results**
- SLO 7:** CC827 *Cultural Genogram Paper* **Grade**; CC648 *Posts of Theological positions statements* **Grades**; CC827 *Experience with Diverse, Marginalized or Underserved Communities* **Grades**; End of Internship Evaluation **Results**
- SLO 8:** CC837 *Theology of Sexuality Paper* **Grade**; CC648 *Posts of Theological positions statements* **Grade**; End of Internship Evaluation **Results**