

POLICY AND PROCEDURE MANUAL

Ph.D. in Couple and Family Therapy Specialization Department of Family Social Science University of Minnesota 2022 – 2023

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Table of Contents

SECTION I: PROGRAM OVERVIEW & OUTCOMES	4
OVERVIEW	5
MISSION, GOALS, AND OUTCOMES	6
STUDENT LEARNING OUTCOME BENCHMARKS	8
RACIAL, CULTURAL, AND EPISTEMOLOGICAL COMPOSITION OF FACULTY, STUDENTS, AND SUPERVISORS	10
DESCRIPTION OF FACULTY AND SUPERVISORS	11
PROGRAM GOVERNANCE	12
SELECTION OF CFT STUDENTS REPRESENTATIVE	12
ROLE OF THE CFT DIRECTOR	12
SECTION II: CFT PROGRAM GENERAL INFORMATION	16
GENERAL PROGRAM INFORMATION	17
ADMISSION TO THE PROGRAM	17
THEORY OF CHANGE PAPER AND PRESENTATION	20
<i>THEORY OF CHANGE PAPER – FACULTY ASSESSMENT</i>	22
SECTION III: PLAN OF STUDY	23
COURSES IN COUPLE & FAMILY THERAPY TRACK	24
COAMFTE STANDARD CURRICULUM COURSES*	25
COURSE DESCRIPTIONS	26
PROGRAM TIMELINE	28
SECTION IV: PRACTICUM	30
PRACTICUM	31
<i>COMPLETION OF PRACTICUM REQUIREMENT REQUEST & VERIFICATION</i>	33
SECTION V: INTERNSHIP	34
INTERNSHIP	35
INTERNSHIP/ADVANCED PRACTICAL EXPERIENCE PLAN	36
<i>INTERNSHIP/ADVANCED PRACTICAL EXPERIENCE PLAN AND EVALUATION FORM</i>	39
<i>INTERNSHIP/ADVANCED PRACTICAL EXPERIENCES FINAL REPORT</i>	40
SECTION VI: CLINICAL ACTIVITIES & SUPERVISION	42
DEMONSTRATING CLINICAL COMPETENCE	44
CREDIT FOR CLINICAL EXPERIENCE ACCRUED PRIOR TO ENTERING THE DOCTORAL PROGRAM	46
ALTERNATIVE CLIENT CONTACT HOURS	47
<i>ALTERNATIVE HOURS ACTIVITY PROPOSAL</i>	49
SECTION VII: PROGRAM POLICIES	50
RETENTION AND COMPLETION OF CFT DOCTORAL DEGREE	51
PROFESSIONALISM	53
COMMITMENT TO DIVERSITY	54
STUDENTS PROTECTION AND RIGHTS	56
EVALUATION	57
CFT STUDENT ANNUAL SELF REPORT	58
CFT PROGRAM EDUCATIONAL OUTCOMES &	59
AAMFT CORE COMPETENCIES SELF EVALUATION	59
<i>ANNUAL FACULTY EVALUATION OF CFT STUDENT CLINICAL DEVELOPMENT</i>	63
<i>CFT PROGRAM DIRECTOR EVALUATION</i>	64

<i>SUPERVISOR/SUPERVISION EVALUATION</i>	65
<i>STUDENT EVALUATION OF SUPPORT SERVICES</i>	66
<i>Supervisor Evaluation of Students in Clinical Placements</i>	67
<i>CFT GRADUATE EXIT INTERVIEW PROTOCOL</i>	70
STUDENT TEACHING EXPERIENCES	71
SUPERVISION TRAINING	71
POLICY ON CFT STUDENTS PROVIDING SUPERVISION TO OTHER CFT STUDENTS	72
CFT PROGRAM UNIVERSITY OF MINNESOTA - ASSESSMENT SCHEDULE	73
SECTION VIII: FREQUENTLY ASKED QUESTIONS	74
FREQUENTLY ASKED QUESTIONS - PRACTICUM	75
FREQUENTLY ASKED QUESTIONS - INTERNSHIP	77
FREQUENTLY ASKED QUESTIONS - LICENSURE	78
SECTION IX: STUDENT SUPPORTS	79

**SECTION I: PROGRAM OVERVIEW &
OUTCOMES**

COUPLE AND FAMILY THERAPY PROGRAM POLICIES AND PROCEDURES

OVERVIEW

Students in the Couple and Family Therapy (CFT) Program are admitted as doctoral students in Family Social Science (FSoS). Upon graduation they receive a doctorate in Family Social Science with a Specialization in Couple and Family Therapy. The CFT program is accredited (through May 1st, 2021) by the [Commission on Accreditation for Marriage and Family therapy Education \(COAMFTE\)](#) and the [International Accreditation Commission for Systemic Therapy Education \(IACSTE\)](#). We are currently waiting on our reaccreditation process. Our site visit happened in March, 2022). Because all students in the program are FSoS doctoral students, both the [Department of Family Social Science Graduate Program Handbook](#) and the CFT Policy and Procedure Manual apply to them. Information contained in this document applies to the requirements of the CFT specialization including the clinical training requirements, documentation, and competencies.

MISSION, GOALS, AND OUTCOMES

Institution's Mission

The University of Minnesota, founded in the belief that all people are enriched by understanding, is dedicated to the advancement of learning and the search for truth; to the sharing of this knowledge through education for a **diverse community**; and to the application of this knowledge to benefit the people of the state, the nation, and the world. The University's mission, carried out on multiple campuses and throughout the state, is threefold: **Research and Discovery**, **Teaching and Learning**, and **Outreach and Public Service**.



College of Education and Human Development's Mission

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



Department of Family Social Science's Mission

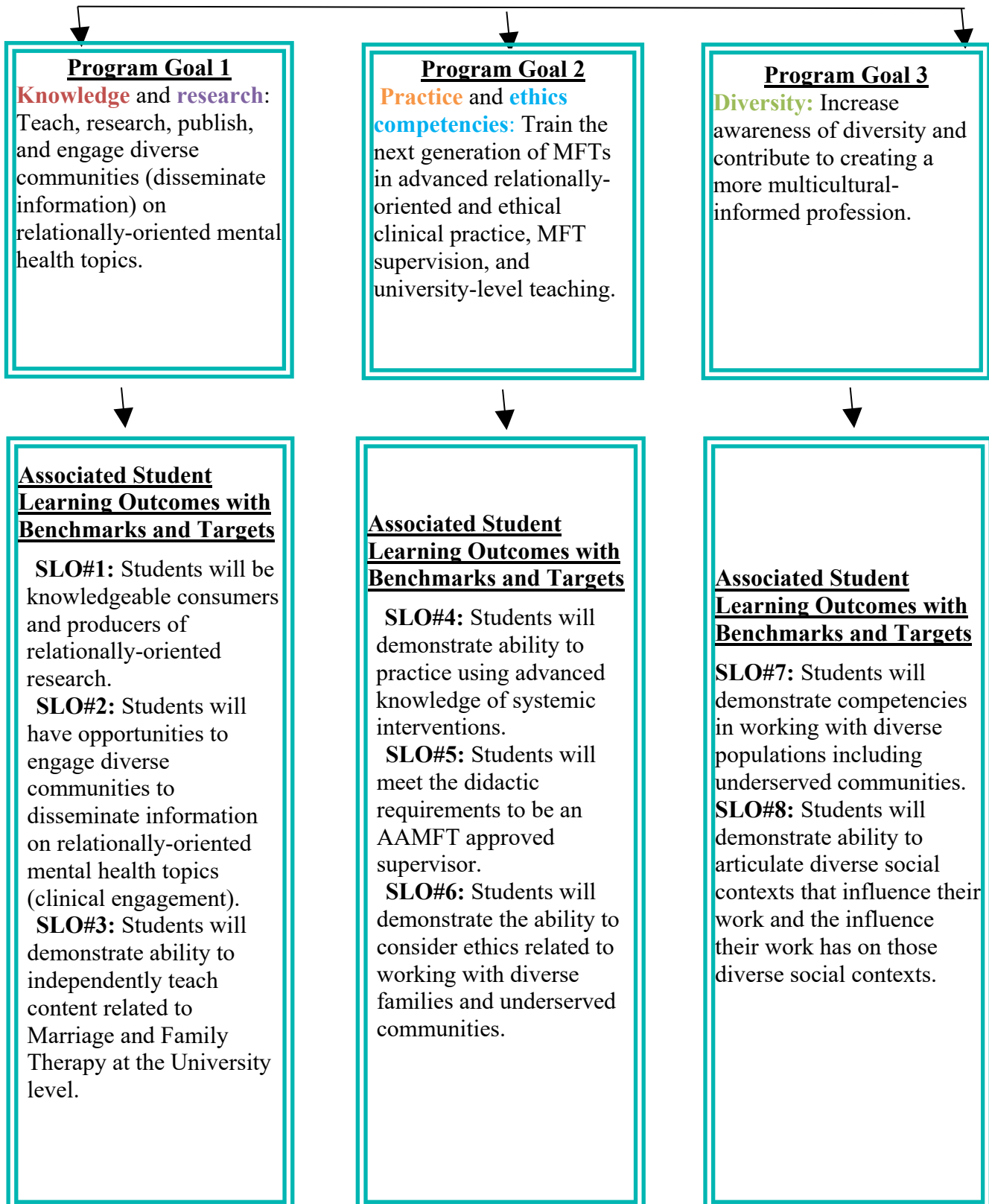
Our mission is to enhance the well-being of **diverse families** in a changing world through **teaching, research, and outreach**.



Couples and Family Therapy Program's Mission

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

Each Program Goal must include one or more of these areas: **knowledge**, **practice**, **diversity**, **research**, and **ethics competencies**.



STUDENT LEARNING OUTCOME BENCHMARKS

Knowledge and Research

Teach, research, publish, and engage diverse communities (disseminate information) on relationally-oriented mental health topics.

SLOs	Benchmarks
SLO#1: Students will be knowledgeable consumers and producers of relationally oriented research.	85% of all students will present their research at local, state, and/or professional conferences 85% of all students will publish at least two article in a peer-reviewed journal during the program. 85% of students will pass their critical review defense.
SLO#2: Students will have opportunities to engage diverse communities to disseminate information on relationally oriented mental health topics (clinical engagement).	75% of students will have completed their at least one of the ways to translate research to meet community needs as listed in the portfolio.
SLO#3: Students will demonstrate ability to independently teach content related to Marriage and Family Therapy at the University level.	75% of all students will have an opportunity to serve as Teaching Assistants during their time in the program. 75% of all students will enroll in the Preparing Future Faculty (PFF) or similar program or secure an independent teaching contract at a local university or college.

Data Sources: Student annual self-evaluations, critical and special completion (preliminary examination process), student transcripts, student CVs

Practice and Ethics Competencies

Train the next generation of MFTs in advanced relationally-oriented and ethical clinical practice, MFT supervision, and university-level teaching.

SLOs	Benchmarks
SLO#4: Students will demonstrate ability to practice using advanced knowledge of systemic interventions.	100% of students will meet the CFT program definition of C/MFT Clinical Competency upon graduation. 80% of students will formally articulate their Theory of Change twice and have an opportunity to present it to peers and colleagues.

SLO#5: Students will meet the didactic requirements to be an AAMFT approved supervisor.	100% of students will complete the 30 hour supervision course. 80% of students will receive 80% or higher on their philosophy of supervision paper.
SLO#6: Students will demonstrate the ability to consider ethics related to working with diverse families and underserved communities.	80% of students will score be marked as having “appropriate level of achievement in core competencies” which includes ethics on the CFT Faculty evaluation of student.

Data Sources: Annual student evaluations (self-evaluation, faculty, practicum/internship and/or appropriate community supervisors), clinical competency statement, student transcripts, Theory of Change feedback forms in student file

Diversity

Increase awareness of diversity and contribute to creating a more multicultural-informed profession.

SLOs	Benchmarks
SLO#7: Students will demonstrate competencies in working with diverse populations including underserved communities.	80% of students will receive 3 or higher on item 8 of CFT Faculty Rubric of Theory of Change.
SLO#8: Students will demonstrate ability to articulate diverse social contexts that influence their work and the influence their work has on those diverse social contexts.	80% of students will receive “at” developmental level on item 3 of CFT Faculty evaluation of student.

Data Sources: Theory of Change paper and presentation faculty assessment form, review of clinical activity, Annual CFT Faculty Evaluation of Student.

RACIAL, CULTURAL, AND EPISTEMOLOGICAL COMPOSITION OF FACULTY, STUDENTS, AND SUPERVISORS

The CFT program values and welcomes diversity in all its forms. We use the COAMFTE definition of diversity in how we conceptualize and track the program's diversity goals and allow individuals in the program to "self-identify" whether or not they meet the standards we have set. We strive for "...*representation of multiple groups...with regard to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories.*" (COAMFTE Standards, Version 12), along the following program outcomes

- At least 50% of the student body will be comprised of individuals who identify some aspect of their personhood as being distinct from the majority culture.
- At least 50% of the CFT faculty will be comprised of individuals who identify some aspect of their personhood as being distinct from the majority culture.
- A variety of clinical orientations, research interests, and personal epistemologies will be represented among the faculty, supervisors, and students in the program.

We believe that in meeting these program outcomes, faculty, supervisors, and students are more likely to be in touch with the lived experiences of those in our program's communities of interest, including our clients, research participants, potential employers, and program alumni. Further, we believe that allowing individuals in the program to self-identify with these criteria enhances our opportunity for dialogue around diversity topics.

DESCRIPTION OF FACULTY AND SUPERVISORS

All CFT faculty are doctoral level Marriage and Family Therapists and AAMFT approved supervisors. Current faculty include Drs. Steven M. Harris, Tai Mendenhall, Lindsey Weiler, and Armeda Wojciak. Dr. William J Doherty is currently on a 25% teaching contract and is no longer accepting new graduate students. Please see FSOS website for [faculty vitas and current research projects](#).

	Degrees	Areas of Interest
William J Doherty bdoherty@umn.edu	Ph.D., Family Studies, University of Connecticut; M.A., Child Development and Family Relations, University of Connecticut; M.A., Theology, St. Paul's College; B.A., Philosophy, St. Paul's College	Democratic Community Building with Families; Citizen Health Care; Marriage; Fatherhood; Families Dealing with Chronic Illnesses; Ethics; Marriage and Family Therapy
Steven M. Harris smharris@umn.edu	Ph.D., Marriage and Family Therapy, Syracuse University; M.A., Marriage and Family Therapy, Syracuse University; B.S., Family Sciences, Brigham Young University	Relational Decision Making Prevention of Unnecessary Divorce; Couples and Intimacy; Family Therapy Ethics and Professional Development
Tai Mendenhall mend0009@umn.edu	Ph.D., Marriage and Family Therapy, University of Minnesota; M.S., Marriage and Family Therapy, Kansas State University; B.S., Family Social Science, University of Minnesota	Medical Family Therapy; Families and Chronic Illness; Trauma and Fieldwork; Citizen Health Care; Community-based Participatory Research
Armeda Wojciak awojciak@umn.edu	Ph.D., Marriage and Family Therapy, Florida State University; M.S., Marriage & Family Therapy, University of Nevada Las Vegas; B.S., Psychology, University of Nevada Las Vegas	Child welfare; Sibling relationships; Parent-child relationships; Trauma informed practices in Systems: School, Child Welfare, Parent Education; Community-Based Participatory Research

PROGRAM GOVERNANCE

The CFT faculty meets regularly to discuss issues related to the CFT program (twice monthly during the academic year). Those in attendance are the core CFT faculty and one graduate student representative (for a portion of the meeting). The CFT student representative attends these meetings to provide a student perspective and bring student issues to faculty attention. The Program Director also meets monthly with other FSoS leadership members (e.g., Department Head, Director of Graduate Studies, other program directors) to discuss a variety of governance issues and future-planning germane to the department and program.

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

An additional forum for students and faculty to give feedback about the program occurs as CFT students and faculty meet at least monthly in the CFT Forum where there is always time dedicated to discuss program issues, and other student concerns.

During the summer months Dr. Wojciak directs the CFT program and no formal meetings take place in either the department or the CFT program. Issues and concerns are handled on an “as needed” basis during this time.

Selection of CFT Students Representative

Each Spring semester the CFT students will be asked to nominate one of their peers to serve, the following academic year, as the CFT students representative. If no student nominations are submitted, students may self-nominate. In the absence of peer or self-nominations, the CFT faculty will request that a student serve in this capacity.

Role of the CFT Director

- Is responsible for the affairs of the CFT program for 12 months of the year.
- Reviews curriculum and suggests changes to help meet educational outcomes. Actively consults with FSoS Dept Head and DGS regarding CFT curriculum and CFT student progress.
- Schedules and chairs regular meetings with CFT faculty to discuss program business and student progress.
- Recruits students to the program. This includes visiting referring master’s programs within the state and surrounding states as well as at national conferences.
- Represents the program at the Minnesota MFT Collaborative meeting throughout the year
- Attends the AAMFT annual conference and represents the program (represents the program at MAMFT events)

- Coordinates the UMN CFT presence at the annual COAMFTE Showcase of Accredited Programs at the AAMFT conference.
- Develops and implements CFT program policies in collaboration with FSoS leadership and CFT faculty. Reviews and Revises the CFT Program Handbook yearly to ensure current policies and practices are reflected accurately.
- Makes teaching recommendations within the department (for CFT faculty) to the Dept Head
- Reviews CFT program educational outcomes and make changes as necessary (in consultation with CFT and FSoS faculty). Develops and maintains a schedule of assessment for program outcomes.
- Leads out all program evaluation activities (e.g. student annual reviews, student evaluation of facilities, faculty sufficiency) and tracks the attainment of student learning outcomes to reach program goals and mission. Also evaluates data to ensure that sufficiency is met for students and the program. Files all these in preparation for the next self-study.
- Oversees the preparation of the COAMFTE annual report and responds to any concerns
- Writes the COAMFTE self-study and Coordinates the COAMFTE site visit
- Represents the UMN CFT program at the annual MFT Doctoral Educator's meeting held before the AAMFT annual conference and plays an integral role in shaping the future of C/MFT education at the doctoral level in collaboration with other faculty and program directors across the country.
- Tracks COAMFTE accreditation standards and ensures program compliance with them and prepares for any pending standards changes.
- Is a member of the FSoS Leadership Team and attends scheduled meetings.
- Acts as liaison for CFT program and the FSoS department as well as other communities of interest
- Represents the program to new students at Welcome/Interview Weekend, Fall Welcome and Orientation meetings and other special FSoS gatherings throughout the year.
- Develops and maintains relationships with community partners where CFT students are clinically active.
- Corresponds with community partners regularly and ensures that agreements are in place for sites that host CFT doctoral students engaged in clinical work.

Overview of CFT Faculty Roles

Within the program we have an overarching view of scientist-practitioners. Consequently, faculty in the CFT program will serve in many different roles throughout a student's time in the program. CFT faculty can be student's teacher, academic advisor (formal) and/or mentor (can be informal), clinical supervisor, may have students work as an RA or TA in their class or on their research, and they may be co-collaborators of scholarly work. Given the nature of the different roles, we acknowledge that there are inherent power differences. To help students and faculty navigate the many potential dual/multiple relationships they may have, below is an overview of the faculty's role within each area.

Teaching

CFT faculty are expected to develop curricula and deliver courses' materials to undergraduate and/or graduate students and evaluate students learning and application of knowledge. They will schedule office hours to communicate with students outside the class. They will provide students with recommendation letters when requested. They will monitor assistant teachers who work with them.

Academic Advising

CFT faculty are expected to meet and monitor assigned advisees and ensure students are making timely progress toward degree. They will also help students navigate the program requirements such as their critical review, portfolio, and dissertation. The students' academic advisor also facilitates the student's annual review process.

Mentor

This could be the student's advisor or other faculty who support the student and help them work toward their career goals. Mentors can help students navigate different decisions pertaining to school and their career.

Supervision

Clinical Supervision. CFT faculty take turns in supervising the clinical work of practicum/intern students. In the semester in which the faculty member is providing practicum and internship supervision, they provide clinical supervision to CFT students only when they are in the clinical supervision role (i.e. practicum or internship specifically). The clinical supervision takes place in the McNeal Building (or if needed to be virtual for weather safety restrictions or public health reasons). Given the multiple roles that CFT faculty have, if the CFT faculty and student are meeting in another capacity and a clinical concern arises that the student wants to talk about. It is important that both the CFT faculty is clear that they are acting in their supervisory role and that the student is clear they are interacting in their supervisee role.

- CFT faculty will also provide students with their supervisory contract when leading practicum.
- Confidentiality in Supervision CFT faculty are committed to the ethical obligations of maintain confidentiality in supervision and clinical training. They follow the AAMFT Code of Ethics regarding the confidentiality for supervisees.

RA/TA Supervision. CFT faculty assign students tasks to help facilitate an ongoing class or research project. They provide students feedback on their work and evaluate students work on assigned tasks.

Scholarship

CFT faculty are expected to conduct and publish research, participate in funded research, attend conferences, and deliver professional presentations. They also monitor assistant researchers who work with them.

- In conducting research, CFT faculty follow the AAMFT Code of Ethics and the guideline provided in the *APA Publication Manual (7th Edition)*.

Committee Members

CFT faculty are expected to support students in their committees as they advance through the program. Committee members provide feedback on the student's work and help refine their academic and clinical endeavors throughout the program. They also provide Annual Evaluation Reviews to students.

Department Responsibilities

CFT faculty are expected to attend and participate in the FSoS and CFT meetings and be good department and collegiate citizens.

**SECTION II: CFT PROGRAM GENERAL
INFORMATION**

GENERAL PROGRAM INFORMATION

Admission to the Program

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

Clinical Prerequisites for the CFT Program

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

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

- Accrued at least 500 hours of face to face couple and family therapy (no more than 250 of these hours can be with individuals)
- Documented proof of having received a minimum of 100 supervision hours (50 of which must be based on live/raw clinical data) for the 500 hours, by a COAMFTE or State Approved MFT supervisor.

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

- Make, in writing, a compelling argument for why they should be admitted to the CFT program to the clinical faculty. This can be submitted with other application materials required by the FSoS doctoral program. Current FSoS doctoral students need not submit an entire application to be considered as they have already been admitted to the FSoS doctoral program.
- Receive unanimous support from the CFT faculty for admittance to the CFT Program.
- Demonstrate that they have completed a practical experience of at least 6 months duration in mental (or other) health care delivery or in another appropriate* human service agency prior to beginning the CFT program.
- Agree to meet the minimum clinical standard in addition to other program requirements (e.g., accumulate, prior to dissertation defense, at least 500 hours of face to face couple and family therapy experience (no more than 250 of these

hours can be with individuals) at faculty-approved community sites with supervision from a COAMFTE or State Approved MFT supervisor. Supervision to clinical hours must meet the standard 5:1 ratio and include at least 50 hours of live/raw clinical data supervision.)

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

Description of the Program

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

Required Clinical Outcomes

All graduates of the CFT Doctoral Program will successfully complete the following:

- Demonstrate clinical competence by following one of the paths outlined in [“Demonstrating Clinical Competence.”](#)
- Complete the [Theory of Change](#).
- Complete yearly self-evaluations of their clinical skills for the first three years of the program.
- Receive yearly faculty feedback on their clinical skills and progress in the program.
- Receive yearly feedback from community-based clinical supervisors as applicable.
- Write a [Theory of Supervision paper](#).

Clinical Requirements

All students are expected to be clinically active until they reach the program’s ideals of meeting clinical competence. Please see below for the 3 pathways students may follow to reach clinical competence. In the majority of cases, students take the entire time of their program to reach clinical competence. This includes being clinically active in both practicum and internship for each year they are in the program.

Coursework in Family Social Science, CFT, and Related Fields

A list of required courses is available through the [departmental website](#). Waiving or substituting required courses is possible in some limited situations when the alternative course provides substantially similar content as the required course. The procedure involves completing a

“Request to Waive Course” form (when a course was previously completed) or a “Request to Substitute Course” form (when the proposed new course has not yet been taken), along with the syllabus and other documentation. The decision is made by the CFT Program Director in consultation with the CFT faculty and/or the Director of Graduate Studies (DGS).

Theory of Change Papers and Presentation

Students will have the opportunity to write two “Theory of Change” papers while in the program. The first is submitted to the CFT faculty on the first Friday of the spring semester and represents the student’s baseline understanding of clinical theory, the second is submitted on the first Friday of the spring semester in the third year of the program, and should reflect some degree of change in clinical perspective. That same semester, all students will also prepare and deliver a clinical presentation to members of the UMN CFT community (i.e., current students, faculty, and alumni). This presentation is limited to no more than 30 minutes in addition to 15 minutes for questions and discussion.

THEORY OF CHANGE PAPER AND PRESENTATION

As a way to partially illustrate proficiency in all program outcomes, students will have the opportunity to write two “Theory of Change” papers while in the program. The first is submitted to the CFT Program Director on the first Friday of their first spring semester and represents the student’s baseline clinical theory, the second is submitted to the CFT Program Director on the first Friday of their third spring semester (third year of the program), and should reflect some degree of change in clinical perspective. That same semester, all students will also prepare and deliver a clinical presentation to members of the UMN CFT community (i.e., current students, faculty, and alumni). This presentation is limited to no more than 30 in addition to 15 minutes for questions and discussion. Guidelines for both the papers and presentation follow.

Paper 1 (due the last day of the Fall semester in the 1st year-please see Grads Google Calendar)

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

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

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

Paper 2 (due the last day of the Fall semester in the 1st year-please see Grads Google Calendar) in the 3rd year)

The student submits a 10-15 page paper on their Theory of Change to the Program Director. The student should follow all the same guidelines of Paper 1 but add the following with a distinct heading: “How my Theory of Change has Evolved.”

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

On an additional page please include a one-page synopsis of your Theory of Change entitled, “Executive Summary.”

Clinical Presentation (presented during the 3rd year Spring semester)

In a 30-minute presentation for CFT students/faculty/alumni, present a theory of therapy. Feel free to present actual clinical material to illustrate important parts of the theory. Actual clinical vignettes make more impressive presentations. Students are strongly encouraged to include video of them actually practicing according to their Theory of Change. Please be advised to secure the proper releases if choosing to present actual clinical material. Be creative and engaging.

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

Faculty Feedback

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

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

THEORY OF CHANGE PAPER – FACULTY ASSESSMENT

Faculty will use the following rubric to assess the student’s work based on where they are in the program. Faculty expect that students will be at a 3 for both their 1st and 3rd year. What is considered “developmentally appropriate” during your 1st year looks differently than your 3rd year as student’s have grown throughout their time in the program and will consequently demonstrate greater depth of thinking and articulation in the theory of change. We also want students to know that this evaluation is strictly on how you articulate your theory of change and is not reflective of clinical competence or what makes you a good therapist. We want you to have multiple opportunities to put into words what you do as you prepare for the job market. Students receiving scores of 4 or 5 have demonstrated advanced understanding, integration, and congruency in the aspect evaluated in their theory of change beyond their development. Students who receive a 1 or a 2 have received this because these are areas of growth that we would like to see you address in your next iteration or in your Theory of Change or Theory of Change Presentation. In this evaluation, you are evaluated against your own development.

Student/Year in Program: _____ Date: / /

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

Additional comments from the faculty:

Program Director Signature: _____ Date: / /

SECTION III: PLAN OF STUDY

COURSES IN COUPLE & FAMILY THERAPY TRACK

Core Requirements (23 credits)

Course	Credits
FSOS 5014 - Quantitative Family Research Methods I	3
FSOS 5015 - Family Research Laboratory	1
FSOS 8001 - Conceptual Frameworks in the Family	3
FSOS 8002 - Advanced Family Conceptual Frameworks	3
FSOS 8013 - Qualitative Family Research Methods	3
FSOS 8014 - Quantitative Family Research Methods II	3
FSOS 8015 - Advanced Qualitative Family Research Methods	3
FSOS 8101 - Family Stress, Coping and Adaptation	3
FSOS 8200 - Orientation for Family Social Science	1

Directed Research (7 credits)

FSOS 8794 - Directed Research
 FSOS 8794 - Directed Research
 FSOS 8794 - Directed Research
 FSOS 8794 - Directed Research
 FSOS 8794 - Directed Research
 FSOS 8794 - Directed Research
 FSOS 8794 - Directed Research

CFT Specialization (12 credits)

FSOS 8034 - Couple and Family Therapy Supervision	3
FSOS 8196 - Family Therapy Practicum	Total of 6 credits
FSOS 8295	
FSOS 8295	
FSOS 8295	
Community Engagement/Internship Experience	
FSOS 8296 - Family Therapy Internship	3 or 6

Statistics (9 credits)

EPSY 8251 - Statistical Methods I	3
EPSY 8252 - Statistical Methods II	3
FSOS 8036 - CFT Research Methods	3

CFT Clinical Elective (3 credits), optional

FSOS 8297 - Supervision of Supervision (practicum)	3
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Dissertation (24 credits)

FSOS 8888 - Dissertation Credits	24
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COAMFTE STANDARD CURRICULUM COURSES*

According to COAMFTE requirements all CFT Students must demonstrate that they have completed the following (or equivalent) CFT Core Courses, the majority of which are not technically part of the FSOS Doctoral Degree with a specialization in Couple and Family Therapy. All students who graduated from a COAMFTE Accredited master's program have already satisfied this requirement. Students with a non- COAMFTE accredited master's degree must meet these requirements prior to graduation.

FSOS 5014	Quantitative Family Research Methods I	3
FSOS 5032	Family Systems Theories and Interventions	3
FSOS 8035	Assessment of Couples and Families	3
FSOS 8039	Clinical Interventions for Couples	3
FSOS 8037	Ethics, Legal, and Professional Issues	3
FSOS 8005	Multicultural Issues in Family Science/Therapy	3
SW 8051	Psychopathology and Social Work Practice	3
CPSY 8606	Advanced Developmental Psychopathology	3
	Total Hours	24

**Courses could be taken at the UMN, at another institution and transferred into the UMN, or be taken in connection with partnerships that offer the courses via distance education.*

COURSE DESCRIPTIONS

FSOS 5014 - Quantitative Family Research Methods I

Family research methods, issues associated with multiple levels of analysis. Conducting family-focused data analyses using basic/intermediate methods (through ANOVA and multiple regression), including power analysis. Ethical issues involved in family research such as IRB/HIPAA regulations.

FSOS 5015 - Family Research Laboratory

Application of basic family research methods into experiential learning using statistical software. Analyses that correspond with problem situations in 5014 and that involve secondary data analyses. Using statistical software for basic family research. Preparation to work with quantitative family data sets.

FSOS 8001 - Conceptual Frameworks in the Family

Major theoretical models about families, emphasizing sociohistorical context.

FSOS 8002 - Advanced Family Conceptual Frameworks

Builds on FSOS 8001 by focusing specifically on family level research questions. Family development/critical theoretical perspectives that can be used to understand/study family processes/contemporary ecological issues.

FSOS 8013 - Qualitative Family Research Methods

Approaches to qualitative family research evaluation. Phenomenological, feminist, grounded theory, content analytic, ethnomethodological, ethnographic, program evaluation. Theory, research examples, student projects.

FSOS 8014 - Quantitative Family Research Methods II

Quantitative research process, from developing research question to putting findings to use. Major course project basis for class discussion. Family research. Applying research knowledge to study of families.

FSOS 8015 - Advanced Qualitative Family Research Methods

Applying qualitative research methods to understand individual/collective meaning, experience within/across diverse family systems.

FSOS 8101 - Family Stress, Coping and Adaptation

Helping families become more resilient to stress by decreasing vulnerability to crises and traumatic stress disorders. Students develop research or intervention proposal on family stress, coping, adaptation, crisis, trauma, or resilience.

FSOS 8200 - Orientation for Family Social Science

Orientation for Family Social Science. Various topics presented to help students begin their program in a strong and successful manner.

FSOS 8794 - Directed Research

Directed research in family social science. Students work with FSoS faculty members of their choice on projects to help them meet program portfolio goals. Students typically take FSOS 8794 during the first three years of the program, for a total of 7 credits.

FSOS 8034 - Couple and Family Therapy Supervision

Theories of supervision, structures for supervision, methods of supervision, evaluation process, legal/ethical issues. Therapist-client-supervisor relationships, potential problems, contextual issues.

FSOS 8295 - Family Therapy Practicum

Take FSOS 8295 twice for a total of 6 credits.

FSOS 8296 - Family Therapy Internship

Supervised clinical/other professional practical experiences in couple and family therapy.

EPSY 8251 - Statistical Methods I

Statistical Methods in Education I is the first course in an entry-level, doctoral sequence for students in education. This course covers estimation and hypothesis testing with a particular focus on ANOVA and an introduction to multiple linear regression. Prepares students for EPSY 8252/8262.

EPSY 8252 - Statistical Methods II

Statistical Methods in Education II is the second course in an entry-level, doctoral sequence for students in education. This course focuses on multiple linear regression and provides an introduction to linear mixed models.

FSOS 8036 - CFT Research Methods

Historic/contemporary approaches to C/MFT research with emphasis on prevention, intervention, dissemination from variety of perspectives.

FSOS 8297 - Supervision of Supervision (practicum)

Students who have completed the Supervision course (FSoS 8034) can pursue direct practical experiences as a supervisor in training. Supervision of supervision is provided by the CFT faculty on a rotating basis. Students are encouraged to work with the CFT Program Director and their adviser to locate a site to provide supervision.

FSOS 8888 - Dissertation Credits

All students must register for a total of 24 credits while working on their dissertation.

PROGRAM TIMELINE

Below is the Program Timeline depending upon whether you enter the program in an Even year (show first below) or an Odd year (show second below).

Department of Family Social Science

Couple Family Therapy (CFT) PhD – EVEN Year Start Date -75 credits

YEAR 1	YEAR 2	YEAR 3	YEAR 4
Fall (11-12) <ul style="list-style-type: none"> • <i>FSoS 8001</i>: Conceptual Frameworks I (3cr) • <i>FSoS 8200</i>: Orientation Seminar (1cr) • <i>EPSY 8251</i>: Statistical Methods I (3cr) • <i>FSoS 8794</i>: Directed Research (1-2cr) • <i>FSoS 8196</i>: Family Therapy Practicum (3cr) **THEORY OF CHANGE DUE**	Fall (7-8) <ul style="list-style-type: none"> • <i>FSoS 8013</i>: Qualitative Methods I (3cr) • <i>FSoS 8036</i>: Family Therapy Research Methods (3cr) • <i>FSoS 8794</i>: Directed Research (1-2cr) **SUBMIT GPAS**	Fall (11-12) <ul style="list-style-type: none"> • <i>FSoS 8014</i>: Quantitative Methods II (3cr) • <i>FSoS 8296</i>: Family Therapy Internship (3cr) • <i>FSoS 8794</i>: Directed Research (1-2cr) **PRELIMINARY ORAL EXAM & PORTFOLIO REVIEW **	Fall (12) <ul style="list-style-type: none"> • <i>FSoS 8888</i>: Dissertation Credits (12cr)
Spring (14) <ul style="list-style-type: none"> • <i>FSoS 8002</i>: Conceptual Frameworks II (3cr) • <i>EPSY 8252</i>: Statistical Methods II (3cr) • <i>FSoS 5014/15</i>: Quantitative Methods I (4cr) • <i>FSoS 8794</i>: Directed Research (1cr) • <i>FSoS 8196</i>: Family Therapy Practicum (3cr) **ASSIGN COMMITTEE**	Spring (11-12) <ul style="list-style-type: none"> • <i>FSoS 8101</i>: Family Stress, Coping, Adaptation (3cr) • <i>FSoS 8015</i>: Qualitative Methods II (3cr) • <i>FSoS 8794</i>: Directed Research (1-2cr) **CRITICAL REVIEW DUE**	Spring (7-8) <ul style="list-style-type: none"> • <i>FSoS 8034</i>: Couple & Family Therapy Supervision (3cr) • <i>FSoS 8794</i>: Directed Research (1-2cr) • <i>FSoS 8888</i>: Dissertation Credits (3) **DISSERTATION PROPOSAL MEETING & APPLY FOR DISSERTATION FUNDING** **THEORY OF CHANGE DUE**	Spring (9) <ul style="list-style-type: none"> • <i>FSoS 8888</i>: Dissertation Credits (9cr) ** FINAL PORTFOLIO REVIEW & DEFEND DISSERTATION**
Summer <ul style="list-style-type: none"> • Family Therapy Practicum (no credits) 			

Equivalents for CFT Students:

FSoS 8034: Couple & Family Therapy Supervision = 3 additional credits, gets the credit count to 75

FSoS 8036: Family Therapy Research Methods = Advanced Stats/Methods

FSoS 8196: Family Therapy Practicum (6 cr) = Elective

FSoS 8296: Family Therapy Internship = Community Engagement/Internship Experience ->

Internship can start as soon as you have completed and exited practicum and range from 1-3 credits depending on clinical supervision

April 2022

Department of Family Social Science

Couple Family Therapy (CFT) PhD – ODD Year Start Date -75 credits

YEAR 1	YEAR 2	YEAR 3	YEAR 4
Fall (11-12) <ul style="list-style-type: none"> FSoS 8001: Conceptual Frameworks I (3cr) FSoS 8200: Orientation Seminar (1cr) EPSY 8251: Statistical Methods I (3cr) FSoS 8794: Directed Research (1-2cr) FSoS 8196: Family Therapy Practicum (3cr) **THEORY OF CHANGE DUE**	Fall (7-8) <ul style="list-style-type: none"> FSoS 8013: Qualitative Methods I (3cr) FSoS 8794: Directed Research (1-2cr) **SUBMIT GPAS**	Fall (11-12) <ul style="list-style-type: none"> FSoS 8014: Quantitative Methods II (3cr) FSoS 8036: Family Therapy Research Methods (3cr) FSoS 8296: Family Therapy Internship (3cr) FSoS 8794: Directed Research (1-2cr) **PRELIMINARY ORAL EXAM & PORTFOLIO REVIEW **	Fall (12) <ul style="list-style-type: none"> FSoS 8888: Dissertation Credits (12cr)
Spring (14) <ul style="list-style-type: none"> FSoS 8002: Conceptual Frameworks II (3cr) EPSY 8252: Statistical Methods II (3cr) FSoS 5014/15: Quantitative Methods I (4cr) FSoS 8794: Directed Research (1cr) FSoS 8196: Family Therapy Practicum (3cr) **ASSIGN COMMITTEE** **THEORY OF CHANGE DUE**	Spring (11-12) <ul style="list-style-type: none"> FSoS 8101: Family Stress, Coping, Adaptation (3cr) FSoS 8015: Qualitative Methods II (3cr) FSoS 8034: Couple & Family Therapy Supervision (3cr) FSoS 8794: Directed Research (1-2cr) **CRITICAL REVIEW DUE**	Spring (7-8) <ul style="list-style-type: none"> FSoS 8794: Directed Research (1-2cr) FSoS 8888: Dissertation Credits (3) **DISSERTATION PROPOSAL MEETING & APPLY FOR DISSERTATION FUNDING** **THEORY OF CHANGE DUE**	Spring (9) <ul style="list-style-type: none"> FSoS 8888: Dissertation Credits (9cr) ** FINAL PORTFOLIO REVIEW & DEFEND DISSERTATION**
Summer <ul style="list-style-type: none"> Family Therapy Practicum (no credits) 			

Equivalents for CFT Students:

FSoS 8034: Couple & Family Therapy Supervision = 3 additional credits, gets the credit count to 75

FSoS 8036: Family Therapy Research Methods = Advanced Stats/Methods

FSoS 8196: Family Therapy Practicum (6 cr) = Elective

FSoS 8296: Family Therapy Internship = Community Engagement/Internship Experience ->

Internship can start as soon as you have completed and exited practicum and range from 1-3 credits depending on clinical supervision

April 2022

SECTION IV: PRACTICUM

PRACTICUM

Practicum Experience Overview

All students are required to complete at least one full year of supervised clinical practicum containing no less than 130 supervised direct client contact hours (including 70% relational).

Practicum Details

Students should expect to invest approximately 10 hours per week in their clinical setting, which includes face to face client contact, staff meetings, paperwork, trainings, and other agency-specific tasks. Students are expected to be fully participating members of their clinical placement, which means spending time on site building professional relationships with supervisors and other staff. To complete 130 hours, students should plan for about 4-6 clients per week during the first year. When face to face client contact is not permissible (due to weather safety restrictions or public health reasons), students are permitted to deliver clinical services via technology, provided they have received some training on best practices in telehealth delivery of clinical services. However, face to face client contact is expected to be practiced if at all possible. Students who wish to specialize in telehealth delivery of CFT clinical services must receive specific permission to do so from the CFT faculty. This can be done by submitting a specific request to the program director. Students receiving this permission will have such approval noted in their student folder.

To fulfill the practicum requirement, students will work with the program director to identify a placement site that fits for their clinical goals. Placements are typically from September through August, with some students choosing to continue at their placement site for internship. Common placements include Minnesota Trauma Recovery Institute (MN-TRI), Riverside Clinic: Department of Psychiatry and Behavioral Science at MHealth, Walk-In Clinic, Lorenz Clinic, Cascades Therapy Group. Students technically interview for positioning with these organizations. On occasion, students may choose an alternative placement in collaboration with the CFT Program Director and their advisor. After the first year commitment is fulfilled, students may choose to change the site of their clinical placement based on their unique learning interests. Students can choose from a variety of community agencies in consultation with the CFT Program Director and the student's advisor.

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

Exiting Practicum

Students have completed the CFT Program's practicum requirements when they have met the following minimum requirements:

- Completed at least one full year of supervised clinical practicum in the program.
- Accrued the requisite minimum hours (130 – 70% relational).
- Demonstrated minimum clinical competence as determined by CFT faculty

Students submit the [Completion of Practicum Requirement Request & Verification Form](#) to the CFT Program Director. Students who do not receive faculty approval to exit practicum may be required to enroll in additional practicum courses beyond the minimum. Students who are enrolled in practicum past the first year of mandatory practicum participation should expect to register for 3 credits of practicum each semester they are in practicum.

COMPLETION OF PRACTICUM REQUIREMENT REQUEST & VERIFICATION

Student Name: _____ Date: _____

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

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

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

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

My practicum hours breakdown is as follows:

Individual: _____ Relational: _____ Alternative: _____ Total: _____

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

Placement Site:	Dates:
_____	_____
_____	_____
_____	_____
_____	_____

Student Signature: _____

CFT Program Director Statement:

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

CFT Program Director Signature: _____

SECTION V: INTERNSHIP

INTERNSHIP

The internship requirement is to be met by completing a non-contiguous, professional development experience. This allows the student the opportunity to pursue a range of activities that will facilitate the accomplishment of individually determined goals for professional development.

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

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

Internship Course Credit Hours

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

INTERNSHIP/ADVANCED PRACTICAL EXPERIENCE PLAN

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

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

After graduation, most doctoral degree holders will work in settings where they will be required to be competent in a number of areas. As such, the Internship/Advanced Practical Experience will be required experiences in two more of the following areas for a minimum of 9 months:

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

Professional Development Plan for the Internship/Advanced Practical Experience

1. The student, in consultation with the CFT Program Director and advisor, will complete the Internship/Advanced Practical Experience Plan and Evaluation form. **The form will outline the proposed activities and must be signed by the student and the Program Director and then filed with the Graduate Coordinator.**
2. The plan must identify (a) the competency they plan to address, (b) how/what activities the student will obtain the experience necessary to demonstrate specified program competencies; (c) how evidence for the specified competencies will be measured; (d) who will supervise and evaluate the work; and (e) what the plan is for mentorship for each competency area.
3. Students will enroll in the appropriate number of credits of FSoS 8296 by the time the internship experience has been completed.
4. In cases where clinical work is part of the Internship/Advanced Practical Experience, there must be an agreement signed between the Program Director and any site where the clinical activities will occur. Feedback from the clinical supervisor(s) at the internship site to the Program Director is required and will comprise a portion of the student's evaluation materials.

Expected Professional Development Internship Outcomes

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

- a. Research and Scholarly Activity: Application of qualitative or quantitative research and writing skills to produce publications beyond other program requirements.
- b. Program Development and Evaluation: Apply principles from a program evaluation course in a supervised work setting. The program needs to be fully prepared for implementation and evaluation. Then conduct planned evaluation of the program.
- c. MFT Licensure: Complete all requirements to become a professionally licensed marriage and family therapist and obtain the license.
- d. Specialized Clinical Expertise: Develop expertise in working with a particular clinical population or with a particular treatment approach under an AAMFT approved supervisor or equivalent.
- e. Teaching: Take major responsibility for teaching undergraduate or graduate students in courses related to the field of Couple/Marriage and Family Therapy. Document teaching responsibilities, student and supervisor's evaluation of teaching excellence.
- f. Administration: Assume oversight of a clinical program or service component in a supervised work setting. Student must document successful completion of job description through a supervisor's evaluation and in their own written report.
- g. C/MFT Supervision: Supervise trainees and receive supervision mentoring to become an AAMFT approved supervisor. Completion of requirements to become an AAMFT supervisor is one way of documenting the outcome.
- h. Grant Writing: Take major responsibility for writing a research or service delivery grant in a supervised work setting. Student must post the final application.
- i. Other: Other activities not mentioned above in consultation with the Program Director and the student's adviser.

Approval and Progress Review

- a. Students consult with a CFT faculty advisor and submit the Internship/Advanced Practical Experience Plan to the Program Director for approval.

- b. After the Internship/Advanced Practical Experience Plan is approved, it is used to document progress.
- c. It is the student's responsibility to obtain the supervisor/mentor's evaluation each semester and to meet with the CFT Program Director to review progress.
- d. At the end of the Internship/Advanced Practical Experience, students will complete a brief report of what was accomplished and whether any changes were made to the original plan. This final report should be signed by the Academic Advisor, Program Director and filed.

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

INTERNSHIP/ADVANCED PRACTICAL EXPERIENCE PLAN AND EVALUATION FORM

STUDENT NAME: _____

DATE: _____

COMPETENCY	ACTIVITIES	OUTCOME(S)	SUPERVISOR	MENTORSHIP PLAN

STUDENT: _____
Student Signature

DATE: _____

ACADEMIC ADVISOR: _____
Academic Advisor Signature

DATE: _____

PROGRAM APPROVAL: _____
Program Director Signature

DATE: _____

INTERNSHIP/ADVANCED PRACTICAL EXPERIENCES FINAL REPORT

STUDENT NAME: _____

DATE: _____

COMPETENCY	ACTIVITIES	BRIEF REVIEW/REPORT

STUDENT: _____
Student Signature

DATE: _____

ACADEMIC ADVISOR: _____
Academic Advisor Signature

DATE: _____

PROGRAM APPROVAL: _____
Program Director Signature

DATE: _____

Responsibilities of CFT Program Practicum/Internship Supervisors

CFT faculty members who are teaching practicum or internship supervision courses (FSOS 8295 and FSoS 8296) during a semester are responsible to provide group as well as individual supervision according to COAMFTE accreditation standards. Students enrolled in practicum will have the faculty member “sign off” on clinical and supervision hours accrued during the course of the semester for which the student is registered. CFT faculty members assigned to supervision during a Fall or Spring semester are also responsible to schedule and coordinate the CFT Forum which is to meet about monthly during the semester.

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

Internship/Advanced Practical Experience Final Report

By the end of the internship, the student will complete two forms: (a) Internship/Advanced Practical Experience Form and (b) Internship/Advanced Practical Experience Final Report. These forms must be signed by the student’s academic advisor and the CFT program director. The students will submit the forms to the Coordinator of Graduate Studies in 290 McNeal Hall.

**SECTION VI: CLINICAL ACTIVITIES &
SUPERVISION**

Practicum Supervision

Weekly group practicum supervision takes place on Monday evenings during long semesters. Individual (1:1 or dyads) supervision is also offered on an at least twice monthly basis during the academic year. Supervision is provided on campus by the CFT faculty. In some cases, supervision is also provided by the site supervisor. The site supervisor must be acceptable to the CFT program but does not have to be an AAMFT-approved supervisor or the equivalent (as long as the student is being supervised on campus by the CFT faculty).

The ratio must be at least one supervision hour per five clinical contact hours. At least 50 of the supervision hours must involve access to raw clinical data: audio, video, or audio, or live supervision; at least 25 hours of this supervision must be based on direct observation or videotape (many will have met this requirement during their attendance and completion of a COAMFTE accredited master's program).

Supervision is typically provided in a "face to face" modality and this is the preferred method. However, when special circumstances require, supervisors can work remotely and provide supervision via technology. This can include, but is not limited to: Video teleconferencing, telephone contact, or other technology assisted means of communication. In all supervisory relationships client/patient care is of the utmost importance and ethical standards must be followed in all cases.

Internship Supervision

Students who have completed the practicum requirement in the program but are clinically active (in Internship or other clinical activities) must also receive supervision for their clinical work. This can be obtained by attending group or dyadic supervision under the direction of the faculty member assigned to clinical supervision in a given semester. The same rules and ratios apply for this supervisory experience as those articulated earlier in this handbook.

CFT Forum

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

DEMONSTRATING CLINICAL COMPETENCE

The following outlines the three ways in which students in the CFT program can demonstrate their clinical competence. Students are considered to have met the “Clinical competence” standard by documenting that they have done the following:

- Accrued a total of 1000 client contact hours during their time in the program (can be made up of 500 hours waived for previous clinical experience plus hours accrued while a student in the program; all hours must meet AAMFT standards of practice including the 5:1 ratio, a minimum of 50 hours of supervision based on live/raw clinical data, and at least half the total hours are relational.)
- Successfully completed a year-long* clinical experience in CFT containing no less than 130 direct client contact hours (at least 70% of which must be relational – approximately 90 hours) that have been supervised by the CFT core faculty or their designees (actively participate in practicum).
- Successfully completed an AAMFT approved supervision course.

Or

- Hold a state approved license to practice independently as a Marriage and Family Therapist (LMFT) at the time of graduation.
- Successfully completed a year-long clinical experience in CFT containing no less than 130 direct client contact hours (at least 70% of which must be relational – approximately 90 hours) and supervised by the CFT core faculty or their designees (actively participate in practicum).
- Successfully completed an AAMFT approved supervision course or provide evidence that the student is an AAMFT or State (LMFT) Approved Supervisor.

Or

- Accrued a minimum of 600 client contact hours while in the program (may include the waiver of up to 300 hours (of any face to face configuration) of direct client contact accrued prior to beginning the CFT program).
- Secured CFT core faculty approval to be done “accruing” clinical contact hours.
- Successfully completed a year-long* clinical experience in CFT containing no less than 130 direct client contact hours (at least 70% of which must be relational – approximately 90 hours) and supervised by the CFT core faculty or their designees (actively participate in practicum).
- Accrued at least 50 hours of supervision based on live/raw clinical data while in the CFT program.
- Successfully completed an AAMFT approved supervision course.

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

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

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

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

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

CREDIT FOR CLINICAL EXPERIENCE ACCRUED PRIOR TO ENTERING THE DOCTORAL PROGRAM

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

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

- All hours reflect direct client contact (not to include time completing paperwork, telephone contact, or time accrued in an agency setting doing things other than direct clinical service provision).
- No more than 250 hours can be with individuals.
- All hours have been supervised by AAMFT Approved Supervisors or State LMFT Approved Supervisors or the equivalent and meet the AAMFT 5:1 supervision standard (5 clinical hours to every 1 supervision hour).
- A minimum total of 100 supervision hours have been accrued with at least 50 of these based on “raw” or “live” clinical data.
- Verification of these hours must be made by someone other than the student

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

*See standard 320.02 in MFT Educational Guidelines for an explanation of this policy.

ALTERNATIVE CLIENT CONTACT HOURS

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

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

1. Clinical work conducted as someone other than the primary therapist.

At times you may be called on to act in a clinical capacity but are not the “therapist of record.” In these situations and with prior approval you may count these as alternative clinical hours. The following are examples:

- a. **If you participate as a team member of a case that you observe during live sessions and provide input to the therapist.** This can only be counted provided you are considered an integral part of the therapeutic team. As a team member, you must be present at all sessions and consider the client one of your own even though you are not sitting directly with the client. You cannot count mere observation of someone else’s therapy.
- b. **If you serve as a co-therapist to another student therapist and you are specifically included as a “consulting” therapist because of your expertise in a certain area germane to the client’s needs. In this case you would not have primary responsibility for the client.**

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

2. Providing Therapeutic Psychoeducation

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

3. Research Activities

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

Approval must be obtained for each different activity and/or site via the “Alternative Hour Activity

Proposal” form (below) which MUST be presented to the faculty BEFORE any activity will be counted.

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

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

The program faculty reserve the right to implement changes to the “Alternative Client Contact Hours” Policy in cases where accruing client contact hours is hampered by civic or university policy changes (e.g., in 2020, the COVID-19 pandemic response limited student access to certain client populations and, in consultation with the COAMFTE, we allowed certain training opportunities to “count” as Alternative Hours so students would not be as severely affected by the existing practice restrictions).

ALTERNATIVE HOURS ACTIVITY PROPOSAL

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

Name: _____ **Proposed Site:** _____

Supervisor of Proposed Activity: _____

Proposed Activity, Dates, and Approximate Number of Hours:

Respond to the following in 2-3 sentences:

1. How will this work be interactional?

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

Disposition: Approved Not Approved Approval Pending

Signature of Faculty Supervisor

Date: / /

SECTION VII: PROGRAM POLICIES

RETENTION AND COMPLETION OF CFT DOCTORAL DEGREE

Every student admitted to the CFT program is a valued member of the FSoS and CEHD community. Our hope in admitting any student to the program is that that student will graduate with a doctoral degree, in a timely manner, and proceed to be successful in their career. Degree completion occurs when all academic and clinical requirements for the program have been met (courses completed, portfolio requirements met, and clinical competency standard met). Sometimes, life gets in the way of a student making “timely” progress in the program. In these situations we search for multiple ways to help accommodate the student’s needs and work with the student to develop a plan for success in the program. Other situations that can compromise the student’s progress in the program is related to their academic performance (unrelated to personal issues or concerns). In these cases, existing university policies help guide how the CFT program works with the student to plan the proper course of action. The following section highlights options for retention of students when they are faced with personal or academic challenges.

Academic Freedom

Academic freedom is a cornerstone of the University. Within the scope and content of the program it includes the freedom to discuss relevant matters in the classroom and in mentoring conversations. Along with this freedom comes responsibility. Students are encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for knowledge. Students are free to take reasoned exception to the views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled. Reports of concerns about academic freedom are taken seriously, and there are individuals and offices available for help. For more assistance contact your adviser, the Department Chair, the director of graduate studies (DGS), the associate dean of the college, or the Vice Provost for Faculty and Academic Affairs in the Office of the Provost.

Grading Process

The University utilizes two distinct grading scales: A-F and S-N. [The policy of grading and transcripts](#) establishes the allowed grading scales, grades, and symbols that appear on the University transcript. It also establishes the GPA calculation for the University transcript. Graduate students must maintain an overall GPA of 3.0 to be considered in “good standing.” If the GPA falls below this the student can be dismissed from the program. When a student’s GPA is declining they are encouraged to talk about it with their academic adviser as well as the program director and develop a plan for success.

Authenticity of Students Work

Students are expected to do their own academic work and cite sources as necessary. All conventions of professional writing are to be followed according to the APA Publication Manual. Failing to give proper credit is scholastic dishonesty. Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; altering, forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis. For more information, please see [Board of Regents Policy: Student Conduct Code](#). If it is determined that a student has cheated, they may

be given an "F" or an "N" for the course, and may face additional sanctions from the University. For additional information, please see: [University Policy Library: Education & Students Life](#).

The Office for Community Standards has compiled a useful [list of resources](#) pertaining to scholastic dishonesty. If students have additional questions, they may clarify with their instructors. Students' instructors can respond to their specific questions regarding what would constitute scholastic dishonesty in the context of a particular class (e.g., whether collaboration on assignments is permitted, requirements and methods for citing sources, if electronic aids are permitted or prohibited during an exam).

Readmission Plan When Struggling

Students are encouraged to give as much notice as possible when their personal issues (health or mental health) are affecting their progress in a class or in the program generally. CFT program faculty and academic advisors encourage all students to proactively address their concerns and struggles in academic, clinical, and personal contexts. Faculty, advisers, and the CFT program director will work closely with students who are struggling, to develop a unique plan designed to help the student meet academic goals while addressing these personal issues. In addition to the CFT program support, students may address their mental health concerns or stressful events that may lead to diminished academic performance with the office of [Student Mental Health](#) services that provides confidential mental health support on campus.

PROFESSIONALISM

Ethical Responsibilities of Students

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

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

Transportation and Storage of Clinical Material

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

COMMITMENT TO DIVERSITY

The CFT program is committed to recruiting and training diverse students in the field of CFT. Additionally, the program is committed to supporting clinical and research work with marginalized populations. One way this is carried out is by maintaining an ongoing relationship with a practicum site where students have the privilege to provide clinical work with a low-resourced and diverse population. The program also has a strong history of students who have received the AAMFT Minority Fellowship and is committed to providing training and support for students as the field strives to become more diverse and serve diverse populations.

The CFT program is always seeking to enhance the diversity of its faculty and student body. When faculty positions come open in the department or the CFT program, we work closely with the Department and College to ensure a diverse group of applicants is interviewed for the available position. The College reserves the right to call off a search if the pool of candidates is not diverse enough. With regard to diverse student recruitment, we seek applicants who will meet diversity criteria outlined in our CFT program manual (p. 10 - CFT Manual). We recruit heavily from our undergraduate population (36% of FSoS undergrads identify as racially and ethnically diverse students), after they have received a master's degree in CFT from other accredited programs. The CFT program is committed to recruit and retain diverse students. Below are strategies we use:

- Seeking out and recruiting diverse students at national conferences (NCFR, CFHA, AAMFT).
- Nominating diverse students for diversity-based University awards (i.e., Dove Fellowship).
- Having current students apply for the AAMFT minority fellowship program.
- Faculty work with UMN undergraduates in TRIO, McNair Scholars, and UROP (UMN's Undergraduate Research Opportunity Program) programs.
- The department hosts "Diversity Dialogue" on two Wednesdays per month in the long semesters. This was an active initiative from the Department's Equity and Inclusion Committee (this committee meets monthly throughout the academic year to discuss how to make the department a more inclusive and welcoming place for people of all walks of life).
- We hand out anti-racism buttons at professional conferences. While these efforts have not eliminated racism from our campus, we like to think it sends a message about who we are and what we prioritize in our program.
- We seek out and secure clinical placement sites that serve a diverse clientele. Students of color, especially those who identify as immigrants and refugees, have prioritized this as an interest of theirs. Current sites include: Riverside Clinic's Department of Psychiatry, Institute for Translational Research, RS Eden, and Walk-In Clinic.

Annually we report to the COAMFTE on the diverse composition of our faculty and student body.

The CFT program exists in a [department](#) and [college](#) that values diversity and inclusion. Our undergraduate population has a high number of ethnic minorities who are very interested in C/MFT as a career. Recently we restructured our undergraduate degree to include a preparation for Family Therapy track. This has positioned us well to recruit our own minoritized and underrepresented students in the future.

Anti-discrimination Policy

The CFT program adheres to the [University of Minnesota's](#) policy for Equity, Diversity, Equal opportunity, and Affirmative action. The policy states that The University of Minnesota shall:

- Provide equal access to and opportunity in its programs, facilities, and employment without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression;
- Advocate and practice affirmative action consistent with law, including the use of recruiting and search processes to enhance participation of racial minorities, women, persons with disabilities, and protected veterans;
- Establish and nurture an environment for faculty, staff, students, and visitors that actively acknowledges and values equity and diversity and is free from racism, sexism, ageism, homophobia, and other forms of prejudice, intolerance, or harassment;
- Provide equal educational access to members of underrepresented groups and develop affirmative action admissions programs, where appropriate, to achieve the University's educational mission; and
- Promote and support equity and diversity through its academic programs, its employment policies and practices, its delivery of services, and purchase of goods, materials, and services for its programs and facilities from businesses of the diverse communities it serves.

A list of UMN policies related to equal opportunity and affirmative action can be found [here](#).

The CFT program prohibits discrimination on the basis of race, age, gender, ethnicity, sexual orientation, relationship status, gender identity, socioeconomic status, disability, health status, religion and spiritual beliefs and/or affiliation, and/or national origin with regard to the recruitment, admission, codes of conduct, hiring, retention, or dismissal of students, faculty, and supervisors or other relevant educators and/or staff.

STUDENTS PROTECTION AND RIGHTS

Resolving Student Concerns

The CFT faculty make efforts to ensure the learning and working environment for students and faculty is safe and civil. However, disagreements or conflict may arise between students or between students and their faculty advisors, instructors, or employers. The CFT program encourages open and honest dialogue between involved parties. Students are also encouraged to bring issues to the CFT student representative who can anonymously raise the issue with the CFT faculty during regularly scheduled CFT faculty meetings. If suitable resolution cannot be made through these methods, the Director of Graduate Studies and/or the Department Head can be involved in mediating conflict (as appropriate). If students feel the need to file a formal grievance the college has an identified policy and procedure for proceeding (<http://sky.cehd.umn.edu/governance/default/committees/student-scholastic-standing-committee/>). Dr. Cathy Solheim, from the FSoS Department, is the College's grievance officer.

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

When a student concern is brought to the attention of the CFT faculty it usually happens through the CFT student representative at a faculty meeting or a direct report from a student or other party to a member of the CFT faculty. The concern is then logged in the CFT faculty meeting notes and a corresponding note is made in the CFT Program Director's file of "Student Concerns." Information collected includes: The date the concern was brought up to the faculty or the Program Director, a brief description of the concern, any action taken, and a report of any noted improvement (if applicable). CFT faculty are encouraged to listen to student concerns and help them be aware of options for resolving those concerns as outlined above.

EVALUATION

Evaluating Program, Student Learning, and Faculty Outcomes

Educational outcomes for the CFT program are routinely evaluated through multiple means (see [Evaluation Schedule](#)). Faculty and students are evaluated yearly on their productivity within the department. Student evaluations are also formally held at academic milestones (i.e., preliminary and final dissertation examinations). This document contains the CFT specific student evaluation templates that are used yearly (see [CFT Educational Outcomes](#) and [AAMFT Core Competencies self-evaluation, CFT Student Yearly Self-Report](#), and [Annual Faculty Evaluation of CFT Student Clinical Development](#)). This document also outlines the evaluation process. Additionally, the COAMFTE accreditation process, including the submission of the Eligibility Criteria, self-study and subsequent site visit offer an opportunity to collect and present a variety of data to outside reviewers of the program. Program outcomes are evaluated by the graduate [Exit Interview](#) and by outside reviewers who publish research that compares CFT programs to one another.

The Program Director's performance is also evaluated yearly. Evaluation feedback is collected from the CFT faculty, students, Department Head, and the department's Director of Graduate Studies (DGS). See the [Evaluation Form](#) that is used for this evaluation.

CFT STUDENT ANNUAL SELF REPORT

The CFT Student Yearly Self Report is made up of a student's self-assessment of the AAMFT Core Competencies and other questions related to the student's general progress in the program. This is not intended to be a stressful process, but a way to determine where the student is currently and what they may need to further their progress in the program.

Please respond to the following questions and as they apply to the year **March 15th 20xx to March 15, 20xx**. If you are a first year student, use the period of September 1 to March 15.

Name your documents as follows:

- Last name, First name_CFT Self Report_20xx

Email your documents to the Coordinator of Graduate Studies by March 15th. This material will accompany your portfolio information. Please make sure to copy Armeda awojciak@umn.edu on your email to the DGS and GPC.

**CFT PROGRAM EDUCATIONAL OUTCOMES &
AAMFT CORE COMPETENCIES SELF EVALUATION**

Student Name: _____ **Date:** _____

Year Entered Program _____

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

Complete this form to the best of your ability by assessing each item with regard to your level of competency with the activity described. This is an opportunity to problem solve if there are problem areas in your clinical training. Please use the comment sections to elaborate on any issues you would like to bring to our attention.

CFT Program Goals

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

(I am learning to) / or I am:

Program Goal 1: Knowledge and Research ● Able to teach, research, publish, and engage diverse communities (disseminate information) on relationally-oriented mental health topics.	
Program Goal 2: Practice and Ethics ● Able to train the next generation of CFTS in advanced relationally-oriented and ethical clinical practice, MFT supervision, and university-level teaching.	
Program Goal 3: Diversity ● Able to increase awareness od diversity and contribute to creating a more multiculturally-informed profession.	
Comments (to provide context for any responses above): 	

AAMFT Core Competencies

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

COMPETENCY		
MFT Theories	Rating	Comments
Apply systems concepts, theories, and techniques of marriage and family therapy.		
Human and Family Development		
Understand principles of human and family development, human sexuality, gender development, trauma, psychopathology, psychopharmacology, trauma, recovery-oriented care, and their implications for treatment.		
Cultural and Contextual Awareness		
Conduct assessment and therapy with sensitivity to contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).		
Selecting Treatment Models		
Recognize strengths, limitations, evidence base, and contraindications of marriage and family therapy models consistent with contextual factors, including culture, diagnosis, and trauma history and adapts and integrates models as appropriate for client needs.		
Therapeutic Relationship		
Establish and maintain appropriate and productive therapeutic alliances with clients from a position of cultural humility, recognizing when to involve significant others and extrafamilial systems.		
Diagnosis		
Diagnose and assess client behavioral and relational health concerns systemically and contextually utilizing current models for assessment and diagnosis.		
Relational Assessment		
Assess interpersonal patterns, family history, biopsychosocial functioning, social position as they relate to the presenting problem using genogram, systemic interviewing techniques, structured interview, and symptom inventories to conceptualize treatment systemically and develop relational hypothesis		
Treatment Planning		

Develop measurable outcomes, treatment goals, treatment plans, appropriate referrals, and aftercare plans utilizing a systemic perspective.		
Treatment Intervention and Practice		
Deliver systemic interventions that are consistent with model of therapy, evidence base, cultural and contextual dynamics, practice setting, and goals of the treatment plan.		
Safety Planning		
Screen and develop adequate safety plans for substance abuse, maltreatment of children and vulnerable adults, domestic violence, physical violence, suicide potential, and danger to self and others.		
Collaboration		
Work collaboratively with stakeholders, including family members, other significant persons, and professionals that empower clients to navigate complex systems of care.		
Law and Ethics		
Practice within state, federal, and provincial laws/regulations and professional ethical standards		
Supervision and Consultation		
Contribute to supervision and consultation by providing rationales for interventions, assessment information, and systemic understanding of clients' context and dynamics.		
Self-of-Therapist		
Monitor personal reactions to clients and treatment process (e.g., family of origin, boundaries, triangulation, current stress level, current life situation, cultural context, transference, supervision) and their impact clinical outcomes practice		
Measure Effectiveness		
Measure the effectiveness of one's own clinical practice, using outcome measures, and client feedback.		
Research		
Use current MFT and behavioral health research to inform clinical practice.		

AAMFT Core Competencies evaluation has been adapted from:

Northey Jr, W. F., & Gehart, D. R. (2020). The condensed MFT core competencies: A streamlined approach for measuring student and supervisee learning using the MFT core competencies. *Journal of Marital and Family Therapy*, 46, 42-61. doi: 10.1111/jmft.12386

CFT STUDENT ANNUAL SELF REPORT

Clinical Progress

1. Briefly (one paragraph) describe the development of your clinical abilities during the past year.
2. List site(s) where you have practiced this year, your onsite supervisor(s), your average hours per week in each setting, and your primary responsibilities.
3. How many total clinical hours have you logged this year? How many relational hours?
4. How many supervision hours have you logged this year? Individual? Group? How many with access to raw clinical data?
5. Are your records of clinical and supervision hours up to date (as of **March 15, 2022**) with the Coordinator of Graduate Studies? YES NO

If “No” explain why not:

Professionalism

6. How would you evaluate your professionalism this year, including your degree of engagement in the program (e.g., fully participating in coursework, supervision, and other activities), development of professional relationships within the CFT program and department, and managing logistical expectations (e.g., being on time, completing clinical hours forms in a timely fashion)?

Areas of Concern

7. Indicate concerns you have about your engagement and progress in the program (including class, supervision, classmates’ relationships, faculty relationships, etc).

ANNUAL FACULTY EVALUATION OF CFT STUDENT CLINICAL DEVELOPMENT

Student Name: _____ Year Entered Program: _____

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

The student is able to:	Below Developmental Level	At Developmental Level	Exceeds Developmental Level
Program Goal 1: Knowledge and Research: Teach, research, publish, and engage diverse communities on relationally-oriented mental health topics.			
Program Goal 2: Practice and ethics competencies: Train the next generation of MFTs in advanced relationally-oriented and ethical clinical practice, MFT supervision, and university-level teaching.			
Program Goal 3: Diversity: Increase awareness of diversity and contribute to creating a more multicultural-informed profession.			

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

AAMFT Core Competencies Statement

- Student is at an appropriate level of achievement for the majority of the core competencies listed on the AAMFT Core Competencies Scale.
- Student has demonstrated ethical competence in clinical placement from supervisor reports.
- Student and/or faculty have identified areas of growth pertaining to one or more of the core competencies.

General Assessment

Areas of Strength:

Areas of Improvement:

CFT Program Director: _____ Date: _____

University of Minnesota - Couple and Family Therapy Doctoral Program

CFT PROGRAM DIRECTOR EVALUATION

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

Program Director Name: _____

Date: _____

Role of Evaluator (e.g., Dept. Head, Student, Faculty member, etc.): _____

	Strongly Disagree					Strongly Agree	IDK
The CFT Program Director...							
Appropriately represents the CFT program at departmental and college functions.	1	2	3	4	5		•
Attends the AAMFT national conference regularly and effectively recruits students to the program.	1	2	3	4	5		•
Is available to meet with students to discuss program-related concerns.	1	2	3	4	5		•
Provides effective leadership sufficient to meet the program's stated learning outcomes.	1	2	3	4	5		•
Conducts regular CFT faculty meetings.	1	2	3	4	5		•
Is open to hearing differing opinions about the administration of the program.	1	2	3	4	5		•
Understands and successfully implements COAMFTE accreditation guidelines.	1	2	3	4	5		•
Communicates effectively with relevant stakeholders (communities of interest) about program business.	1	2	3	4	5		•
Is a good professional role model	1	2	3	4	5		•
Demonstrates innovation in trying to meet the CFT program goals	1	2	3	4	5		•
Helps to develop a safe environment for a diverse student body.	1	2	3	4	5		•

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

Return this form to the Coordinator of Graduate Studies in 290 McNeal Hall

SUPERVISOR/SUPERVISION EVALUATION

Although the University has an instrument and process for students to evaluate faculty teaching, the instrument is not adequate to evaluate clinical supervision. The following instrument was designed to elicit feedback from students about their clinical supervision experiences in relation to the goals and learning outcomes of the CFT program in the Department of Family Social Science. Return completed forms to the Graduate Coordinator (Room 386D McNeal Hall).

Supervisor Name: _____

Date: _____

Practicum/Internship Site: _____

Semester: _____

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

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

STUDENT EVALUATION OF SUPPORT SERVICES

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

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

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

Supervisor Evaluation of Students in Clinical Placements

Supervisor's Name:

Placement Site:

Student's Name:

Thank you for providing a clinical placement for our student over the past year. Please complete the following evaluation about your observations of the student's progress over the past year. All information will be used to promote the student's development and as part of our program's continuous improvement process. There are two sections of this evaluation. The first is consistent with our Program Goals. The second is consistent with AAMFT Core Competencies. Please complete based on your supervision experience with the student over the past year.

Below, please indicate if you feel the student is "Below", "At", or "Exceed" their developmental level for each category. Please put N/A if you were not able to evaluate.

The student is(can):

Program Goal 1: Knowledge and Research: Teach, research, publish, and engage diverse communities on relationally-oriented mental health topics.	
Program Goal 2: Practice and ethics competencies: Train the next generation of MFTs in advanced relationally-oriented and ethical clinical practice, MFT supervision, and university-level teaching.	
Program Goal 3: Diversity: Increase awareness of diversity and contribute to creating a more multicultural-informed profession.	

AAMFT Core Competencies

In the area below please rate the student's competency with each activity on a scale of 1 (not competent) to 5 (very competent). A score of 3 or higher shows competency while a 2 or below would indicate room for improvement. Add comments as necessary.

COMPETENCY		
MFT Theories	Rating	Comments
Apply systems concepts, theories, and techniques of marriage and family therapy.		
Human and Family Development		
Understand principles of human and family development, human sexuality, gender development, trauma, psychopathology, psychopharmacology, trauma, recovery-oriented care, and their implications for treatment.		
Cultural and Contextual Awareness		
Conduct assessment and therapy with sensitivity to contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual		

orientation, spirituality, religion, larger systems, social context).		
Selecting Treatment Models		
Recognize strengths, limitations, evidence base, and contraindications of marriage and family therapy models consistent with contextual factors, including culture, diagnosis, and trauma history and adapts and integrates models as appropriate for client needs.		
Therapeutic Relationship		
Establish and maintain appropriate and productive therapeutic alliances with clients from a position of cultural humility, recognizing when to involve significant others and extrafamilial systems.		
Diagnosis		
Diagnose and assess client behavioral and relational health concerns systemically and contextually utilizing current models for assessment and diagnosis.		
Relational Assessment		
Assess interpersonal patterns, family history, biopsychosocial functioning, social position as they relate to the presenting problem using genogram, systemic interviewing techniques, structured interview, and symptom inventories to conceptualize treatment systemically and develop relational hypothesis		
Treatment Planning		
Develop measurable outcomes, treatment goals, treatment plans, appropriate referrals, and aftercare plans utilizing a systemic perspective.		
Treatment Intervention and Practice		
Deliver systemic interventions that are consistent with model of therapy, evidence base, cultural and contextual dynamics, practice setting, and goals of the treatment plan.		
Safety Planning		
Screen and develop adequate safety plans for substance abuse, maltreatment of children and vulnerable adults, domestic violence, physical violence, suicide potential, and danger to self and others.		
Collaboration		
Work collaboratively with stakeholders, including family members, other significant persons, and professionals that empower clients to navigate complex systems of care.		
Law and Ethics		
Practice within state, federal, and provincial laws/regulations and professional ethical standards		
Supervision and Consultation		

Contribute to supervision and consultation by providing rationales for interventions, assessment information, and systemic understanding of clients' context and dynamics.		
Self-of-Therapist		
Monitor personal reactions to clients and treatment process (e.g., family of origin, boundaries, triangulation, current stress level, current life situation, cultural context, transference, supervision) and their impact clinical outcomes practice		
Measure Effectiveness		
Measure the effectiveness of one's own clinical practice, using outcome measures, and client feedback.		
Research		
Use current MFT and behavioral health research to inform clinical practice.		

AAMFT Core Competencies evaluation has been adapted from:

Northey Jr, W. F., & Gehart, D. R. (2020). The condensed MFT core competencies: A streamlined approach for measuring student and supervisee learning using the MFT core competencies. *Journal of Marital and Family Therapy*, 46, 42-61. doi: 10.1111/jmft.12386

Please provide any additional information you would like to share below about the student's development or other ways the program can prepare students to be successful and competent couple and family therapists:

Thank you for your commitment to our students.

CFT GRADUATE EXIT INTERVIEW PROTOCOL

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

Students are asked the following questions:

My education prepared me to:	Strongly Disagree	Disagree	Agree	Strongly Agree
knowledgeably consume and produce relationally-oriented research that seeks to improve the health and well-being of individuals, couples, families and societies.				
independently teach at the University level.				
articulate the diverse social contexts that influence my work and the influence of my work on those diverse social contexts.				
Competently practice as a C/MFT clinician (can work with a wide range of families and populations) and I'm on track to meet the requirements to be an AAMFT Approved Supervisor.				
The CFT Faculty were:				
engaged in research relevant to C/MFT.				
demonstrated effective teaching abilities.				
purposeful in addressing issues of diversity throughout the program (in class, practicum, research group, etc.).				

Students are asked the following open-ended questions:

- What was your overall experience like in the CFT program?
- What things are we doing well that we should keep doing or enhance?
- In what areas can we make improvements to ensure our students have a high quality educational experience?

Please say something about how prepared you feel you are to embark on your chosen career.

STUDENT TEACHING EXPERIENCES

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

SUPERVISION TRAINING

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

POLICY ON CFT STUDENTS PROVIDING SUPERVISION TO OTHER CFT STUDENTS

Advanced CFT Students as Clinical Supervisors to other UMN CFT Students

***Background:** On rare occasions, CFT students will have clinical opportunities at sites where advanced doctoral students from the CFT program are also providing administrative or clinical supervision. The following policy will act as a guide to protect the supervisee as well as the supervisor:*

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

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

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

CFT PROGRAM UNIVERSITY OF MINNESOTA - ASSESSMENT SCHEDULE

Assessment Type	Time Frame	Form Location
Faculty		
Faculty Annual Report (self-report and meeting with Department Head)	Annually – Spring Semester	CEHD Website
Practicum Supervisor Evaluation	End of each semester of practicum	CFT Manual
Program Director	Even numbered years – end of spring semester	CFT Manual
Students		
Yearly FSoS student review	Yearly - Spring Semester for all non ABD students	FSoS Website
Yearly CFT review (self and faculty)	Yearly - End of Spring semester	CFT Manual
General Student Survey	Every year	Unique by year administered
Student Support Services	Yearly – end of Spring semester	CFT Manual
Program		
Educational Outcomes compared against benchmarks	Yearly – during the summer	CFT Manual
Review and revision of all educational outcomes	Every 3 years 2015, 2018, 2021, etc., and during COAMFTE self-study preparation	CFT Manual
General Alumni Survey	Every 3 years	Unique by year administered
Communities of Interest General Survey*	Every 3 years	Unique by year administered
Fiscal, Physical, and Clinical Resources Review (Maintenance Criterion A)	Yearly	CFT Manual

**SECTION VIII: FREQUENTLY ASKED
QUESTIONS**

FREQUENTLY ASKED QUESTIONS - PRACTICUM

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

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

What qualifications does the practicum supervisor need to have?

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

How are clinical contact hours counted?

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

How many supervision hours are required, and how are they counted?

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

What are the raw clinical data requirements for supervision?

At least 50 hours of the total supervision must be based off of “raw” clinical data (defined as reviewing video or audio recordings, or directly observing the student's therapy). Many CFT students meet this requirement in their Master’s programs. However, we encourage all students to bring raw clinical data to supervision to enhance the supervisory experience.

Am I covered by malpractice/liability insurance?

The University covers all CFT students who are enrolled in practicum or internship courses. A copy of this policy is on file with the Graduate Program Coordinator and can be requested as needed. Students should check with their particular site about any expectations that students have their own malpractice insurance. Premium rates for individual student policies are generally low.

How am I evaluated for the practicum?

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

FREQUENTLY ASKED QUESTIONS - INTERNSHIP

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

Can I do an internship outside of the Twin Cities area?

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

How do I get credits?

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

FREQUENTLY ASKED QUESTIONS - LICENSURE

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

How does CFT training in the department prepare graduates for the LMFT, AAMFT membership, and employment possibilities?

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

What are my clinical obligations in the program if I am already an LMFT in Minnesota?

Students who are already licensed or come to the program with significant clinical experience are still expected to register for and participate in practicum so that we get to know them clinically. This is vital information for the faculty to have considering many in the field will formally and informally come to the faculty to provide an employment reference when the student applies for faculty or other positions. Students who already have licensure, or receive it during their time in the program, will have the option of using their active Minnesota LMFT as a basis for having met the program’s [Clinical Competency requirement](#).

What if I leave Minnesota after graduating?

Students who graduate from the program may or may not continue to reside in Minnesota after they graduate. Given the nature of academic jobs, the faculty and program cannot say where and what job openings will be available when students are on the job market. Faculty will work with and advise students of resources available to them to help navigate their respective licensing requirements. Students can find licensure information for any state by clicking on following resources [AAMFT](#) and [The Association of Marital and Family Therapy Regulatory Boards](#).

For more information about Marriage and Family Therapy license in Minnesota, please visit the website of [Minnesota Board of Marriage and Family Therapy](#). If you have questions, you may contact:

Jennifer Mohlenhoff, JD, Executive Director
Minnesota Board of Marriage and Family Therapy
jennifer.mohlenhoff@state.mn.us
(651) 201-2740

SECTION IX: STUDENT SUPPORTS

University of Minnesota Library

The UMN library offers an extensive array of printed and online resources as well as an interlibrary loan program to assist in faculty and student research. Additionally, the library hosts research workshops and tutorials to teach faculty and students how to use the technology-based research tools. The program also has access to a specific librarian assigned to each department. <https://www.lib.umn.edu>

Writing Center

Student Writing Support provides free writing instruction for all University of Minnesota students—graduate and undergraduate—at all stages of the writing process. In face-to-face and online collaborative consultations, they help students develop productive writing habits and revision strategies. <http://writing.umn.edu>

Boynton Health Service

Located on the University of Minnesota Twin Cities campus, Boynton Health Service is a primary health care provider serving the U community. With COVID-19 they have provided free testing and vaccines as well. The Boynton Health Service is a quick walk from McNeal Hall where the program offices/classes are located. <https://boynton.umn.edu>

Disability Services

Disability Services promotes access and equity for all students, faculty, staff and guests of the University of Minnesota. They also collaborate and consult with colleges, departments and units to create accessible learning and working environments. <https://disability.umn.edu>

International Student Services

International Student and Scholar Services (ISSS) is dedicated to serving the University of Minnesota's international community. ISSS supports the University's internationalization efforts by helping departments bring new foreign nationals into the community; by providing intercultural training for students, staff, and faculty; and by offering events that build links between the U.S. and international communities on campus. ISSS also helps students navigate the paperwork associated with their student visas. <https://iss.umn.edu>

University Counseling & Consulting Services

University Counseling & Consulting Services is the on-campus counseling clinic where students can receive counseling services for personal concerns, career guidance, group therapy, and learning and academic skills. <https://counseling.umn.edu>

University Recreation & Wellness

Mission: Enriching the campus experience and encouraging healthy lifestyles. Students have access to the recreation facilities (on both campuses) free of charge. The Rec center is also a quick walk from McNeal Hall. Please use this link to find out more information: <https://recwell.umn.edu>

Financial Services

The University of Minnesota has a lot of financial resources that can help you estimate your costs, identify different types of financial aid, veterans' services, student employment information, graduation and repayment information, tax forms, and financial wellness supports. <https://onestop.umn.edu/finances>

Mental Health Supports Provided by the University

Students have access to 3 different mental health supports at the university: [The UMN Counseling Center](#), [Boynton Mental Health Clinic](#), and through your [Employee Assistance Program](#) (EAP).

Below is a table comparing and contrasting the services provided by the UMN Counseling Center and Boynton Mental Health Clinic:

	Student Counseling Services (SCS)	Boynton Mental Health (BHM) Clinic
Counseling	SCS offers confidential short-term individual counseling including academic and career counseling.	Boynton offers confidential short-term individual counseling including couples counseling.
Crisis	SCS offers same-day crisis counseling	BHM offers same-day crisis counseling
Groups	SCS offers a range of groups and workshops. For a list, see z.umn.edu/SCSGroups .	Boynton offers a range of support groups and workshops. For a list, see z.umn.edu/BoyntonGroups .
Medication	SCS refers students to Boynton for medication evaluations and to coordinate care.	Boynton offers medication assessment and management. Therapists coordinate with psychiatrists and primary care providers to prescribe medication.
Career Support	SCS offers career counseling to help students navigate the process of selecting a major and developing a career.	Boynton does not specifically focus on career support.
Chemical Health	SCS does not have a program specifically aimed at chemical health.	Boynton offers alcohol and chemical health assessments focused on substance use.
Cost/Insurance	SCS is free and does not bill insurance.	Insurance is billed, and you may have a co-pay depending on your plan. Graduate students on the Grad Assistant Health Plan have a small co-pay per visit.
Session Limit	Students are allotted up to 15 visits per year, with a 25 visit lifetime total. However, SCS will consider further visits on a case-by-case basis.	Students are allotted up to 11 visits per year. However, Boynton will consider further visits on a case-by-case basis.
Contact & Location	East Bank: 340 Appleby Hall St. Paul: 199 Coffey Hall 612-624-3323	East Bank: 1st & 4 th Floors of Boynton St. Paul: Coffey Hall West Bank: 464 Wilson Library 612-624-1444
Eligibility	Currently enrolled, degree-seeking students of the University of Minnesota Twin Cities campuses are eligible for services.	Currently enrolled students who pay the Student Service Fee and have health insurance are eligible for services.

Local Mental Health Providers

At the start of each academic year, the program director will email a list of local providers with whom you may reach out to if you want support from outside of the university. It is important to note the students with assistantships also have access to the Employee Assistance Program.

<https://humanresources.umn.edu/benefits/employee-assistance>