



Human Development & Family Science
College of Family and Consumer Sciences
UNIVERSITY OF GEORGIA

Master of Science
In Couple and Family Therapy
PROGRAM HANDBOOK

July 2025

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1. Introduction

Welcome to the MS in Couple and Family Therapy (MSCFT) Program at the University of Georgia. The MSCFT program is housed within the College of Family and Consumer Science and the Department of Human Development and Family Science. The MSCFT program is designed to meet the current licensing requirements in the state of Georgia. The curriculum is also designed to meet the COAMFTE Accreditation Standards (Version 12.5), however the MSCFT is not accredited at this time. Programs seeking accreditation are required to gather data for two years prior to their application for accreditation, which can take an additional two years.

This handbook will cover information unique to the MSCFT Program and was developed to promote transparency and accuracy about policies, procedures, and program expectations. It should be used in concordance with the Love and Money Center Clinic Manual. It is necessary for students to meet the guidelines of both documents.

The Love and Money Center Clinic Manual:

<https://docs.google.com/document/d/1ZYVGFAhPSgWqEw1NfOCrRQoP73pyGYtjdR8duJqlgiA/edit?usp=sharing>

Like all graduate programs at UGA, the MSCFT program in HDFS operates within an administrative structure established by the Graduate School. It is the responsibility of all faculty and graduate students to familiarize themselves with the relevant Graduate School policies. Because it does not cover all University regulations governing graduate education at the University of Georgia, it should be treated as a supplement to the following:

- Graduate School Bulletin, <https://grad.uga.edu/graduate-policies/>
- Theses and Dissertations Student Guide to Preparation and Processing, <https://grad.uga.edu/development/academic/theses-dissertations-overview/>
- Graduate School's Academic Regulations and Procedures, <https://grad.uga.edu/graduate-policies>

Although every effort is made to provide accurate and current information in this handbook, the Department reserves the right to change statements in the handbook concerning policies, curricula, or other matters. Students enrolled in the graduate program agree to comply with the Department's rules and regulations and to accommodate to any changes necessary (e.g., transition to updated COAMFTE guidelines when appropriate).

Last updated: July 31, 2025

MSCFT Program Director: Dr. Jennifer Gonyea (jlgonyea@uga.edu)

Director of Graduate Studies: Dr. Ted Futris (tfutris@uga.edu)

1.1 UGA Mission Statement

The University of Georgia shares with the other research universities of the University System of Georgia the following core characteristics:

- a statewide responsibility and commitment to excellence and academic achievements having national and international recognition;
- a commitment to excellence in a teaching/learning environment dedicated to serving a diverse and well-prepared student body, to promoting high levels of student achievement, and to providing appropriate academic support services;
- a commitment to excellence in research, scholarship, and creative endeavors that are focused on organized programs to create, maintain, and apply new knowledge and theories; that promote instructional quality and effectiveness; and that enhance institutionally relevant faculty qualifications;
- a commitment to excellence in public service, economic development, and technical assistance activities designed to address the strategic needs of the state of Georgia along with a comprehensive offering of continuing education designed to meet the needs of Georgia's citizens in life-long learning and professional education;
- a wide range of academic and professional programming at the baccalaureate, master's, and doctoral levels.

1.2 CFT Masters Mission Statement

The mission of the Couple and Family Therapy (CFT) master's Program (MSCFT) at the University of Georgia is to train clinicians in the ethical practice of systemic, relational therapy to become creative, engaged leaders in the clinical community who address challenges facing contemporary couples and families with an emphasis on empirically grounded critical thinking and reflective practice. The program is committed to emphasizing students' understanding of the broad range of human experience, working with marginalized populations, applying evidence-based practices across the lifespan and prepares clinicians who are well-equipped to address the complex needs of individuals and families in a variety of settings, fostering the development of skilled and compassionate therapists.

1.3 Diversity, Equity, and Inclusion Statement

We acknowledge that the land on which the University of Georgia stands is the traditional territory of the Muscogee-Creek, Cherokee, and Chickasaw Peoples, and was founded and maintained by enslaved people in the antebellum period. We acknowledge these people and their ancestors with respect, and recognize that, today, we continue to benefit from this legacy of oppression.

The University of Georgia's Masters Couple and Family Therapy (MSCFT) program is committed to striving toward affirming the lives and identities of individuals, couples, families and communities of marginalized identities through our clinical practice, teaching and community outreach. In particular, we strive towards the inclusion and affirmation of people marginalized and oppressed on the basis of race, ethnicity, gender identity and expression, sexual orientation, socioeconomic position, ability status, immigration and citizenship status, religion, and age.

Additionally, MSCFT faculty and staff adhere to and prepare students to value the creation of anti-discriminatory environments that affirm the identities of those served by the C/MFT profession. Students are expected to engage in cultural humility, awareness of self in relation to others, and an understanding of psychosocial and cultural contexts of issues presented in clinical practice and research. The MSCFT program, faculty, and students believe that valuing each other's similarities and differences helps us to deepen our understanding of relationships in systems. Students are required to see clients of all backgrounds/experiences and may not choose their caseloads based on identities such as race, class, gender/gender expression, sexual orientation, religion, culture, age, health, socio-economic status, or other category.

We endeavor to hold each other accountable, students and faculty alike, aspiring to create a community in which all voices are heard and that inspires the growth and development of socially-just leaders in the field of Couple/Marriage and Family Therapy.

1.4 Diversity Composition of Faculty, Students, and Supervisors

Part of maintaining a professional, inclusive and affirming learning environment involves promoting representation and protecting individuals (students, faculty and staff) from marginalized and/or underserved communities. We strive to maintain a representative composition of faculty, students, and supervisors represented in the program. The CFT program embraces COAMFTE's definition of such communities as "groups from non-majority populations currently discriminated against and underrepresented due to their race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other social categories, immigration status, and/or language" (COAMFTE Accreditation Standards pp. 44-45). As such, we strive to have:

- At least 50% of students enrolled in the program self-identify with a minoritized group or community that is distinct from the U.S. majority
- At least 50% of CFT faculty and supervisors self-identify with a minoritized group or community that is distinct from the U.S. majority
- A large variety of epistemological and clinical and research approaches will be represented among students, faculty, and supervisors in the program.

1.5 Links to HDFS, UGA, and Graduate School policies and resources

Policy	Link
HDFS Forms	https://www.fcs.uga.edu/hdfs/graduate-for-current-students
UGA MS Policy	https://policy.uga.edu/policies/#/programs/By-h7LoKp
UGA PhD Policy	https://policy.uga.edu/policies/#/programs/Hycl4UoKa
Graduate Policies	https://grad.uga.edu/graduate-policies
Academic Honesty Policy	https://honesty.uga.edu/
Responsible Conduct in Research Policy	https://research.uga.edu/integrity-support/rcr/
Sexual Discrimination and Harassment Policy	https://eoo.uga.edu/laws-policies-and-regulations/civil-rights-and-ndah/non-discrimination-and-anti-harassment-policy/
Grievance Policy	https://legal.uga.edu/policies/grievance-and-disciplinary-review-policy/

Grade Appeal Policy	https://honesty.uga.edu/Student-Appeals/Process/
Leave of Absence Policy	https://grad.uga.edu/updated-policy-leave-of-absence/
Disability Resources	https://drc.uga.edu/
International Students Life	https://isl.uga.edu/
Student Success and Well-being	https://grad.uga.edu/student-success-well-being/

2. MSCFT Educational Outcomes

2.1 Program Goals

Relational Practice: Students will develop interdisciplinary relational case conceptualization, intervention knowledge, and skills in couple and family therapy across a variety of contexts including tele-mental health.

Clinical Competency: Students will develop culturally-responsive clinical skills to practice with international, multicultural, marginalized, and/or underserved communities and evolve an awareness of how positionality impacts clinical decision-making.

AAMFT Ethics: Students will develop professional judgment demonstrated through analysis of legal and ethical decision-making in relational systemic clinical practice situations and licensure requirements.

Assessment: Students will assess and develop treatment plans for relational intervention and established mental health diagnostic categories across the lifespan.

Research: Students will demonstrate evidence-based practice informed by both theory and research.

2.2 Program Goals & Student Learning Objectives

2.2.1 Program Goal #1: Students will develop interdisciplinary relational case conceptualization, intervention knowledge, and skills in couple and family therapy across a variety of contexts including tele-mental health.

- **Student Learning Outcome 1.1:** Students will demonstrate relationally oriented case conceptualization and clinical practice skills throughout the program and demonstrate clinical competency.
- **Student Learning Outcome 1.2:** Students will demonstrate relational clinical practice skills (relational assessment, assessment appropriateness of telehealth modality, crisis management in telehealth, etc.) in telemental health practice.

2.2.2 Program Goal #2: Students will develop culturally-responsive clinical skills to practice with international, multicultural, marginalized, and/or underserved communities and evolve an awareness of how positionality impacts clinical decision-making.

- **Student Learning Outcome 2.1:** Students will develop clinical knowledge and skills to practice with international, multicultural, marginalized, and/or underserved communities.
- **Student Learning Outcome 2.2:** Students will demonstrate how their positionality influences their clinical decision-making both with clients and in supervision.

2.2.3 Program Goal #3: Students will develop professional judgment demonstrated through analysis of legal and ethical decision-making in relational systemic clinical practice situations and licensure requirements.

- **Student Learning Outcome 3.1:** Students will demonstrate application of AAMFT Code of Ethics, laws governing CFT practice in Georgia, UGA policies, and appropriate ethical decision-making throughout the program.
- **Student Learning Outcome 3.2:** Students will demonstrate clinical competency in managing ethical situations in practice.

2.2.4 Program Goal #4: Students will assess and develop treatment plans for relational intervention and established mental health diagnostic categories across the lifespan.

- **Student Learning Outcome 4.1:** Students will demonstrate clinical competency in diagnosis using the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
- **Student Learning Outcome 4.2:** Students will demonstrate clinical competency in developing treatment plans appropriate to the DSM diagnosis code.
- **Student Learning Outcome 4.3:** Students will demonstrate clinical competency in relational assessment.

2.2.5 Program Goal #5: Students will demonstrate evidence-based practice informed by both theory and research.

- **Student Learning Outcome 5.1:** Students will demonstrate competency in developing theoretically-sound treatment plans for relational intervention.
- **Student Learning Outcome 5.2:** Students will demonstrate the ability to evaluate empirical evidence to inform their evidence-based practice.

2.3 Program Goals and Student Learning Outcomes Matrix

UGA Mission Statement				
The University of Georgia shares with the other research universities of the University System of Georgia the following core characteristics: • a statewide responsibility and commitment to excellence and academic achievements having national and international recognition; • a commitment to excellence in a teaching/learning environment dedicated to serving a diverse and well-prepared student body, to promoting high levels of student achievement, and to providing appropriate academic support services; • a commitment to excellence in research, scholarship, and creative endeavors that are focused on organized programs to create, maintain, and apply new knowledge and theories; that promote instructional quality and effectiveness; and that enhance institutionally relevant faculty qualifications; • a commitment to excellence in public service, economic development, and technical assistance activities designed to address the strategic needs of the state of Georgia along with a comprehensive offering of continuing education designed to meet the needs of Georgia's citizens in life-long learning and professional education; • a wide range of academic and professional programming at the baccalaureate, master's, and doctoral levels.				
CFT Masters Mission Statement				
The mission of the Couple and Family Therapy (CFT) master's Program (MSCFT) at the University of Georgia is to train clinicians in the ethical practice of systemic, relational therapy approaches to become creative, engaged leaders in the clinical community who address challenges facing contemporary couples and families with an emphasis on empirically grounded critical thinking and reflective practice. The program is committed to emphasizing students' understanding of the broad range of human experience, working with marginalized populations, and applying evidence-based practices across the lifespan and prepares clinicians who are well-equipped to address the complex needs of individuals and families in a variety of settings, fostering the development of skilled and compassionate therapists.				
Program Outcomes				
Students will develop interdisciplinary relational case conceptualization , intervention knowledge, and skills in couple and family therapy across a variety of contexts including tele-mental health .	Students will develop culturally-responsive clinical skills to practice with international, multicultural, marginalized, and/or underserved communities and evolve an awareness of how positionality impacts clinical decision-making .	Students will develop professional judgment demonstrated through analysis of legal and ethical decision-making in relational systemic clinical practice situations and licensure requirements .	Students will assess and develop treatment plans for relational intervention and established mental health diagnostic categories across the lifespan .	Students will demonstrate evidence-based practice informed by both theory and research.
Student Learning Outcomes				
Student Learning Outcome 1.1:	Student Learning Outcome 2.1:	Student Learning Outcome 3.1:	Student Learning Outcome 4.1:	Student Learning Outcome 5.1:

Students will demonstrate relationally oriented case conceptualization and clinical practice skills throughout the program and demonstrate clinical competency. Student Learning Outcome 1.2: Students will demonstrate relational clinical practice skills (relational assessment, assessment appropriateness of telehealth modality, crisis management in telehealth, etc.) in telemental health practice.	Students will develop clinical knowledge and skills to practice with international, multicultural, marginalized, and/or underserved communities. Student Learning Outcome 2.2: Students will demonstrate how their positionality influences their clinical decision-making both with clients and in supervision.	Students will demonstrate application of AAMFT Code of Ethics, laws governing CFT practice in Georgia, UGA policies, and appropriate ethical decision-making throughout the program. Student Learning Outcome 3.2: Students will demonstrate clinical competency in managing ethical situations in practice.	Students will demonstrate clinical competency in diagnosis using the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Student Learning Outcome 4.2: Students will demonstrate clinical competency in developing treatment plans appropriate to the DSM diagnosis code. Student Learning Outcome 4.3: Students will demonstrate clinical competency in relational assessment.	Students will demonstrate competency in developing theoretically-sound treatment plans for relational intervention. Student Learning Outcome 5.2: Students will demonstrate the ability to evaluate empirical evidence to inform their evidence-based practice.
Faculty Outcomes 1. Be engaged in scholarship relevant to CFT – as evidenced by publications, presenting in the community and at state/national/international conferences, developing new clinical techniques, designing educational materials, or creating innovative solutions to practical problems. 2. Be clinically engaged and licensed as a Marriage and Family Therapist, an AAMFT Clinical Fellow, and Approved Supervisor. Faculty must also meet state licensing and credentialing standards appropriate to their supervisory obligations. 3. Demonstrate effective teaching and supervision abilities with specific attention to addressing accessibility and representation of all individual, relationship, and family forms; 4. Provide service in the department, university, field, and other interested and diverse communities.				

2.4 Timeline of Program Requirements

When (Yr, Sem)		Departmental Requirement	Handbook Section
Thesis	Non-thesis		
1, FA	1, FA	Confirm major professor	5.3
1, SP	1, SP	Confirm advisory committee	5.4
1, FA	1, FA	Submit preliminary program of study	5
1, SU	1, SU	Begin Clinical Internship	5.1
2, FA	NA	Propose thesis	11.1
2, SP	2, SP	Submit MS final program of study	5
2, SP	2, SP	Apply for MS graduation	13.1
2, SP	2, SP	Submit Final Clinical Competency Capstone Paper	10.1
2, SP	2, SP	Present Oral Presentation of Clinical Competency Capstone	10.4
2, SP	NA	Announce MS thesis defense	11.1
2, SP	NA	Defend MS thesis	11.1
2, SP	NA	Submit MS thesis to graduate school	11.1

3. Program Faculty

All MSCFT faculty are doctoral-level Couple/Marriage and Family Therapists and AAMFT Approved Supervisors. Please refer to the UGA HDFS website for faculty curriculum vitas and current research projects. <https://www.fcs.uga.edu/hdfs/graduate-faculty>

Dr. Jennifer Gonyea, Program Director

Clinical Professor

Ph.D. Child & Family Development/CFT, University of Georgia, 2005

Family functioning & couple interactions

Strengthening couple relationships

Improving mental health and overall wellness

Training C/MFT service providers

Evaluation research on community-based interventions

Dr. J. Maria Bermúdez

Ph.D. Human Development & Family Science/CFT, Virginia Tech, 2002

Associate Professor

Latino family resilience among immigrant populations in the US

Intersectional feminist and decolonizing approaches to research, teaching, clinical practice, outreach and service

Qualitative research methods

Socioculturally attuned family therapy and feminist informed narrative family therapy

Dr. G. Bowden Templeton

Ph.D. Human Development & Family Science/CFT, University of Georgia, 2006

Associate Clinical Professor

Systemic Therapy in medical contexts

Interdisciplinary practice

Training C/MFT service providers

3.1 Faculty Outcomes & Policies

1. **MSCFT faculty will have monthly meetings** between August and May (see **Appendix L**). The MSCFT student-faculty liaison will be present at every meeting for discussions that do not involve a violation of confidentiality or boundary breach. The MSCFT student-faculty liaison will serve as a conveyor of communication between the students and faculty. A departmental staff person will serve as note taker. Notes are reviewed by program director and upload to OneDrive. MSCFT faculty, HDFS Department Head and Director of Graduate Studies have access to meeting minutes.
2. Once a year in August the MSCFT faculty meet for a **half day retreat**. The purpose is to discuss changes to the MSCFT Handbook, incoming MSCFT student cohort, curriculum, coordination with community sites and supervisors, and generally coordinate efforts for the new academic year.
3. Once a year in May the MSCFT faculty will have a **full day retreat** (see **Appendix L**). The purpose of this meeting is to review and evaluate Program Goals, Student Learning Outcomes, Faculty Outcomes, Graduate Achievement Data, feedback from various Communities of Interest, and current policies. Prior to the retreat, data collected from throughout the year will be aggregated by administrative support staff and analyzed by MSCFT faculty.
4. Aggregated data on **Graduate Student Achievement** will be discussed at the annual faculty retreat. Further, discussion on improving the program and making changes will occur. At the annual faculty retreat, MSCFT faculty will evaluate and review the curriculum and teaching of MSCFT courses. Minutes will be kept.
5. **Exit interviews** with graduates/recent alumni will be conducted within 6 months of graduation. MSCFT exam pass rates and employment status will also be obtained. These data will be collected as documentation for COAMFTE accreditation.
6. The MSCFT Program Director will **meet on a monthly basis with the Clinical Director of Love and Money Center** (see **Appendix L**) Minutes will be kept of these meetings by either director, uploaded to OneDrive, and shared with CFT faculty and students as appropriate.
7. The MSCFT Program Director will **meet on a monthly basis with HDFS Department Head** about program topics. Minutes will be kept of these meetings, uploaded to OneDrive, and content shared with CFT faculty and students as appropriate.
8. The MSCFT Program Director will **meet as needed with HDFS Department Director of Graduate Studies and Admissions Coordinator**.

To obtain our program goals (see MSCFT Educational Outcomes), our faculty are held to a specific standard in terms of research, teaching, clinical work, and social justice. All CFT faculty members at the University of Georgia Couple and Family Therapy Program will:

4. Be clinically engaged and licensed as a Couple/Marriage and Family Therapist, an AAMFT Clinical Fellow and Approved Supervisor. Faculty must also meet state licensing and credentialing standards appropriate to their supervisory obligations.
5. Demonstrate effective teaching abilities with specific attention to developing clinical competencies grounded in ethical-awareness and social justice.
6. Provide service in the department, university, field, and other interested and representative communities.
7. Address diversity, equity and inclusion throughout their practice, teaching, and scholarship.

3.2 Program Director

Program Director is a core faculty member with the primary responsibilities to provide oversight to the overall operations of the education and practice components in the program. Along with the core faculty, the Program Director shares the responsibility for the creation, evaluation, revision, and maintenance of the program's outcome-based education framework, curriculum, policies, and procedures with the Core Faculty.

3.3 Core Faculty

Program faculty are identified as core faculty and non-core faculty. Core faculty sufficiency is demonstrated by:

- a core faculty-to-student FTE ratio of 1:15, OR
- as an alternative, the program may designate and meet a core faculty-to-student FTE ratio that the program demonstrates to be sufficient to support core faculty responsibilities and institutional and program expectations. The program must define sufficiency criteria that support the alternative ratio and demonstrate how these criteria are evaluated, reviewed, and revised as needed. Non-core faculty may be included in this alternative ratio if the program demonstrates defined and ongoing non-core faculty contributions that support core faculty areas of responsibility beyond course instruction and/or clinical supervision.

(COAMFTE Accreditation Standards Version 12.5)

3.4 Affiliate Faculty

Affiliate Faculty are non-core faculty who contribute a clinical course to the CFT curriculum but are not considered core faculty. They have a permanent position in the University or organization with a primary assignment in another program but teach specific courses in the MSCFT curriculum for which they are professionally, educationally and experientially prepared. This designation does not include program clinical supervisors, please see Program Clinical Supervisor definition.

3.5 Program Clinical Supervisors

Program Clinical Supervisors provide C/MFT relational/systemic supervision within a COAMFTE accredited program. Program Clinical Supervisor qualifications include:

- demonstration of professional identity as a marriage and family therapist
- demonstration of training in C/MFT relational/systemic supervision
- a. Designation as an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate
- b. A state established C/MFT supervisor designation that includes relational/systemic supervision training

(COAMFTE Accreditation Standards Version 12.5)

4. Steps toward COAMFTE Accreditation

New programs seeking COAMFTE accreditation are required to collect data two (2) years in advance of applying for accreditation. In that time, they are expected to fully implement program policies, processes, resources, outcome-based educational structures, curricular components, and aggregate graduate achievement data consistent with Standards Version 12.5. The data collection period for the UGA Masters in Couple and Family Therapy will occur between August 2025 and July 2027. Once collected, a Letter of Intent will be submitted to COAMFTE, which will begin a two-year (2027 - 2029) process for accreditation. An overview of the entire timeline is available here:

https://www.coamfte.org/COAMFTE/Accreditation/Accreditation_Timeline.aspx

5. Curriculum Requirements

The M.S. in Couple and Family Therapy curriculum is designed to meet the accreditation standards set by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).

The program offers both non-thesis (52 credit hours) and thesis (60-64 credit hours) options, both of which include coursework and clinical practicum credits satisfying COAMFTE requirements. Thesis option students dedicate additional hours to masters-level research work.

As an applied clinical training program, students are required to practice therapy under supervision year-round to accumulate 300 direct client contact hours, necessitating enrollment in practicum and/or internship throughout the summer semester. Students begin collecting hours in their first semester by observing second year MSCFT students and/or doctoral students at the Love and Money Center. Enrolled students practice at the Love and Money Center clinic on campus for their practicum during their first year, during which they engage with Athens and surrounding area community members. Additionally, students complete an internship, either at Love and Money Center or with community-based agencies, beginning in May at the end of Year 1. Community-based agency placements may be sought to provide students with clinical experience with a particular population or treatment modality.

Both thesis and non-thesis students complete 300 client contact hours during the program.

NOTE: COAMFTE accreditation requires a minimum of 300 client contact hours and MFT licensure in Georgia allows a maximum of 300 (Rule 135-5.05) hours from a masters program to be applied toward licensure. The number and ratio of client contact hours, relational hours, and supervision hours are in alignment with both COAMFTE accreditation standards (Version 12.5) and current [GA Code 43-10a-13](#).

Required Courses (52 hours):

HDFS 6000, Interdisciplinary Practice

HDFS 6001, Pre-Practicum

GRSC 7001, GradFIRST: First-year Research and Scholarship Training Seminar

HDFS 6030, Evidence-Based Practice Treating Traumatic Stress

HDFS 6040, Psychopathology and Relational Assessment Throughout the Lifespan

HDFS 6070, Couple Therapy

HDFS 6100, Theories of Human Development

HDFS 6640, Issues in Family Relationships

HDFS 6800, Research Methods

HDFS 7030, Socioculturally Attuned Family Therapy and Third Order Change

HDFS 7070, Masters CFT Practicum

HDFS 7100, Systems Theory and CFT Theory

HDFS 7110, Contemporary Family Therapy

HDFS 7350, Issues and Ethics in Marriage and Family Therapy

HDFS 7090, Master's CFT Internship

Thesis (7-11 hours):

HDFS 7170, Introduction to Applied Statistics in Human Development and Family Science

HDFS 7000, Master's Research (1-3 credit variable)

HDFS 7300, Master's Thesis (3 credit minimum)

Elective Options (3 hours):

HDFS 6900: Seminar in Human Development & Family Science

MS degree completion requirements:

- A minimum of 52 semester hours (Non-Thesis) or 55 semester hours (Thesis) consisting of at least 12 semester hours of course work open only to graduate students (exclusive of 7000 and 7300 for Thesis students).
- No grade below C will be accepted on the program of study.
- To be eligible for graduation, a student must maintain a 3.0 (B) average on the graduate transcript and a 3.0 (B) average on the program of study.
- If applicable: Graduate assistantship (7005) hours do not count towards the degree requirements and thus must not be listed on the final program of study.
- 300 Client Contact Hours
 - 100 hours of which must be relational
 - A maximum of 100 hours of which can be via telehealth
- 100 hours of Supervision by an AAMFT Approved Supervisor or Supervisor Candidate
 - 50 of which must use Observable Data (Live or recorded sessions)

Thesis option only:

- A maximum of 8 hours of 7000 and 3 hours of 7300 may be applied toward the 30 hours.
- A minimum of 3 hours of 7300 (thesis writing) must be listed on the program of study.

5.1 Preliminary Program of Study

A preliminary program of study should be developed in consultation with your major professor and your advisory committee. All members of the students' committee should be actively involved in decisions affecting the student's program of study.

By the end of your 1st semester in residency (fall term, 1st year), you should present a preliminary program of study to your major professor. The major professor will verify that the course work you plan to take will meet both the departmental and graduate school program of study requirements. Your preliminary program of study should include all courses you have taken **and** plan to take throughout the program.

Once you and your major professor have agreed on a preliminary program of study, it should be emailed to the Graduate Program Administrator (HDFSGradProgram@uga.edu) for review and departmental records. The preliminary program of study is for internal use only (doesn't go to the graduate school) and courses included on it can be changed if needed.

5.2 Final Program of Study

Steps to submitting the online final program of study form (G138) in GradStatus:

1. **Before** completing the online form (G138), submit an updated and completed copy of the preliminary program of study document (now the "final program of study") to your major professor and advisory committee. This updated document should reflect any coursework changes that were approved by the major professor and committee as well as the final grade earned in each course. You must show all graduate courses relevant to the program of study and not just courses satisfying the minimum degree requirement, with the exception of HDFS 7005 and HDFS 8910. The major professor and advisory committee will verify that the course work listed meets both the departmental and graduate school program of study requirements.
2. Once approved, submit the final program of study document to the Graduate Program Administrator (HDFSGradProgram@uga.edu) for review and departmental records. The Director of Graduate Studies or Assistant will follow up if there are any questions or concerns.
3. Complete the online G138 form (<https://gradstatus.uga.edu/Forms/G138>). After the Graduate School completes its review of the final program of study, the online form will be circulated for electronic approval by the major professor, advisory committee, and the Director of Graduate

Studies. The Director of Graduate Studies' approval on the online final program of study form (G138) verifies that all program of study requirements have been met.

5.3 Non-Thesis Program of Study

	Year 1	Credits	Year 2	Credits
Fall	GRSC 7001: GradFIRST	1	HDFS 6070: Couple Therapy	3
	HDFS 6000: Pre-Practicum	1	HDFS 7350: Issues and Ethics in MFT	3
	HDFS 6001: Interdisciplinary Practice	2	HDFS 7090: Master's CFT Internship	6
	HDFS 6100: Theories of Human Development	3		
	HDFS 7100: Systems Theory and CFT Theory	3		
	Optional: Elective or HDFS 7170: Introduction to Applied Statistics in Human Development and Family Science	3		
	Semester Credits (without elective)	10	Semester Credits	12
Spring	HDFS 6040/8040: Psychopathology and Relational Assessment throughout the Lifespan	3	HDFS 6030: Evidence-Based Practice Treating Traumatic Stress	3
	HDFS 6640: Issues in Family Relationships	3	HDFS 7030: Socioculturally Attuned Family Therapy and Third Order Change	3
	HDFS 6800: Research Methods	3	HDFS 7090: Masters CFT Internship	6
	HDFS 7110: Contemporary Family Therapy	3		
	HDFS 7070: Master's CFT Practicum	3		
	Semester Credits	15	Semester Credits	12
Summer	HDFS 7090: Masters CFT Internship	3		
	Semester Credits	3		
			TOTAL NON-THESIS PROGRAM CREDITS	52

5.4 Thesis Program of Study

	Year 1		Year 2	
Fall	GRSC 7001: GradFIRST	1	HDFS 6070: Couple Therapy	3
	HDFS 6000: Pre-Practicum	1		
	HDFS 6001: Interdisciplinary Practice	2	HDFS 7090: Master's CFT Internship	6
	HDFS 6100: Theories of Human Development	3	HDFS 7350: Issues and Issues in MFT	3
	HDFS 7100: Systems Theory and CFT Theory	3	HDFS 7300: Master's Thesis	1-3
	HDFS 7170: Introduction to Applied Statistics in Human Development and Family Science	3		
	Semester Credits	13	Semester Credits	13-15
Spring	HDFS 6040/8040: Psychopathology and Relational Assessment throughout the Lifespan	3	HDFS 6030: Evidence-Based Practice Treating Traumatic Stress	3
	HDFS 6640: Issues in Family Relationships	3	HDFS 7030: Socioculturally Attuned Family Therapy and Third Order Change	3
	HDFS 6800: Research Methods	3	HDFS 7090: Masters CFT Internship	6
	HDFS 7110: Contemporary Family Therapy	3	HDFS 7300: Master's Thesis	1-3
	HDFS 7070: Master's CFT Practicum	3		
	HDFS 7000: Masters Research	1-3		
	Semester Credits	16-18	Semester Credits	13-15
Summer				
	HDFS 7000: Master's Research	1-3		
	HDFS 7090: Master's CFT Internship	3		
	Semester Credits	4-6		
			TOTAL THESIS PROGRAM CREDITS	58-64

5.5 Initial Advisor and Major Professor

When you enter the program, you will be assigned an initial advisor. When making your initial advisor assignment, there was an attempt to match you with a faculty member with whom you seem to have some overlapping interest. The initial advisor provides guidance for your educational experience during your first year in the program, or until you have formalized your relationship with a major professor. Meeting frequently (weekly or biweekly) with your initial advisor will help ease your transition into the graduate program.

Non-Thesis Track: *Your Major Professor can be any of the MS CFT faculty. Your Advisory Committee can be comprised of any CFT faculty (Core, Affiliate, or Program Supervisor).*

Thesis Track: Your Major Professor can be any HDFS graduate faculty, but it is strongly advised that you select a tenure track faculty member due to their access to existing data that will facilitate your ability to progress through the program. Your initial advisor can be a helpful resource of information and insights as you consider various major professor options. The initial advisor will be the faculty member to help you identify faculty to serve as your Major Professor.

You should formalize a relationship with a major professor during the fall term of your first year. The number of credits and timing of 7000 and 7300 will depend on your project and discussion with your Major Professor. You may also need to extend your program beyond two years depending on your project and progress on the project.

You will register for 1-3 credits of HDFS 7000 (Masters Research) in the spring and/or summer term of your first year, 1-3 credits in the summer term of your first year and/or fall term of your second year, and 3 credits of HDFS 7300 (Masters Thesis) in spring term of your second year with your Major Professor. Your Major Professor will sign necessary forms and answer questions about the program, policies, and other issues.

5.6 Advisory Committee

The advisory committee, in consultation with the student, is charged with planning and approving the student's program of study, arranging the comprehensive written and oral examinations, and mentoring and advising the construction of students' capstone projects.

Thesis Track

Advisory Committees for **Thesis Track students** are charged with reading and approving the Master's thesis, advising the student on required research skills, approving the subject for the thesis, approving the completed thesis, and approving the defense of the student's research. The committee must consist of a minimum of three members, including your major professor, who will serve as the chair of the committee.

Selection of the Advisory Committee should be done before approval of your program of study, preferably by early spring term of your first year and early in your matriculation into the

program (also referred to as “residency”). Before the end of the first year of residence and upon the recommendation of the Director of Graduate Studies, the Dean of the Graduate School shall appoint an advisory committee for the student. The committee will be recommended to the Dean of the Graduate School by the Director of Graduate Studies after consultation with the student and faculty members involved.

Clinical Capstone Advisory Committee

Advisory Committees for **Non-Thesis Track students** are charged with reading, providing mentorship, and evaluating the final Clinical Competency Capstone written and oral examinations. The committee must consist of a minimum of three members, including your major professor, who will serve as the chair of the committee. Two of the three members, including your major professor, must be comprised of any CFT faculty (Core, Affiliate, or Program Supervisor). All members of the committee must have clinical experience such that they can evaluate a CFT Clinical Competency Capstone (e.g. licensed MFT, supervisors from an external site, or other clinician as approved by the Program Director).

All MSCFT Students

Before the end of your 2nd semester in residency (spring term, first year), the student is responsible for completing the **Advisory Committee form** in their **Enrolled Student Progress Portal**. For instructions on how to do so, go to:

https://www.fcs.uga.edu/docs/Advisory_Committee_Instructions.pdf

5.7 Masters Curriculum Change Policy

Official changes to the MSCFT curriculum must adhere to the following procedures:

1. Documentation of the rationale for the change and proposed change in writing – changes may be proposed by MSCFT Program Director and/or MSCFT Core Faculty.
2. Discussion of proposed change in MSCFT Faculty Meeting(s).
3. Discussion of proposed change in MSCFT Program Meeting(s) with students.
4. Discussion of proposed change with HDFS Director of Graduate Studies and Department Head.
5. Discussion of proposed change with HDFS Graduate Curriculum Committee.
6. If the proposed change advances for consideration, it will be added as an agenda item in HDFS Faculty Meeting and called for a vote.
7. Announcement of the change is made to MSCFT faculty and students and incorporated into the MSCFT Policies and Procedures Handbook.

Note: Curricular changes that require changes in the University Course Approval system will move through the University approval procedure, which includes routing from the Department, College, Graduate School and University Curriculum Committee.

Faculty Governance: <https://reg.uga.edu/faculty-governance/course-approval/>

and from CAPA and the CAPA Flowchart:

<https://capa.uga.edu/>

[https://reg.uga.edu/ resources/documents/curriculum/CAPAFLOWchart.pdf](https://reg.uga.edu/resources/documents/curriculum/CAPAFLOWchart.pdf)

6. Clinical Experience Requirements

6.1 Liability Insurance

All students seeing clients must maintain up-to-date liability insurance and provide proof of insurance to the Director of the Love and Money Center Clinic. It is expected that students seeing clients will follow the [AAMFT Code of Ethics](#) (Appendix F) and State of Georgia laws related to the practice of Couple/Marriage and Family Therapy (Rule 135-5.05; <https://rules.sos.ga.gov/gac/135-5-.05>). Any concerns of either a legal or ethical nature must be reported to a clinical supervisor immediately.

6.2 Practicum

As an applied clinical training program, students are required to practice therapy under supervision year-round as well as accumulate 300 direct client contact hours, 100 of which must be relational, for a minimum of twelve months, necessitating enrollment in a practicum or internship each semester throughout the program of study. Master's level practica focus on the development of foundational clinical skills.

Enrolled students will practice at the Love and Money Center clinic on campus for their practicum during their first year, during which they will engage with Athens and surrounding area community members. Additionally, students will complete an internship, either at Love and Money Center or with community-based agencies, beginning in May at the end of Year 1. Community-based agency placements can provide students with clinical experience with a particular population or treatment modality. The MSCFT faculty partner with the local clinical community to provide students with opportunities for real-world feedback based on full-time practice and provide a curriculum that meets licensing requirements. Interested students can explore interdisciplinary community environments through off-campus internships to gain more clinical depth with populations of interest (e.g., eating disorders, sex/substance addiction, children and adolescents, or community-based intervention).

Students will have both individual supervision and group practicum when seeing clients. These practica will meet weekly to do live observations, recorded session observations, or consultation on cases. All students will be required to complete a minimum of 4 semesters (3 academic year and 1 summer), of practicum/internship, depending on their clinical competence and accumulated hours. Students may practice at a combination of the Love and Money Center and community-based placements, depending on clinical area of interest pending faculty approval. All students (thesis and non-thesis) will be required to complete a minimum of 300 client contact hours to graduate from the program.

6.3 Telehealth Training

The Love and Money Center complies with state regulations on telehealth practice. Students engaging in teletherapy practice at the Love and Money Center Clinic must adhere to all teletherapy-related clinic guidelines and policies. Follow the link for the [Love And Money Center Clinic Manual](#) Sections specific to teletherapy protocols are 8.1.7.3. *Assessing Suicidality/Homicidality Risk with New Teletherapy Clients* and 8.5.4.

Conducting Teletherapy Sessions. However, important information regarding teletherapy protocols and state and federal ethical standards are discussed throughout. Students should also follow the links provided within the Love and Money Center Clinic Manual to gain additional important information regarding teletherapy.

Faculty leading practica will also systematically incorporate various clinical topics including instruction on conducting telehealth sessions, into the structure of weekly supervision. All students are required to complete CEUs on topics specific to providing telehealth services and provide copies of their certifications to the program director per state requirements ([GA 135-11-.01](#)). Students who do not have the opportunity to engage in teletherapy at the Love and Money Center Clinic or in their clinic internship are still required to complete an internal or external telehealth training and provide certifications to the Program Director.

Finally, each semester students will complete the clinical self-evaluation, which includes questions assessing telehealth competency and satisfaction with Love and Money Center's teletherapy technology (**Appendices Ga and Gb**).

6.4 Telehealth and Remote Telehealth

Masters students will not conduct **Remote Telehealth** which is defined as telehealth from locations outside of the Love and Money Center. However, MSCFT students will practice telehealth/teletherapy **onsite** at the Love & Money Center.

Masters students are actively learning foundational skills for risk assessment, diagnosis, systemic case conceptualization, treatment planning, and conducting interventions. In addition, therapy sessions can be unpredictable and crises may arise during session and students must practice in accordance with Georgia's Telemental Health Law ([GA 135-11-.01](#)) Therefore, Masters students will conduct telehealth only while onsite at the Love and Money Center to ensure they have the appropriate structure and support for learning the learning the art/science of therapy.

MSCFT students can apply *up to 100* telehealth hours toward the maximum 300 direct client contact hours required. These maximums apply across both practicum and internship

experiences regardless of their placement (Love and Money Center and potential community partner placement).

6.5 Requirements for Practicum

Students enrolled in Practicum will need to meet the following requirements:

1. Present three live cases in Practicum over the course of each semester. They will be expected to do so according to the schedule set out by their Practicum supervisor at the beginning of each semester, as detailed in the course syllabus.
2. Adhere to the Love and Money Center Clinic's policies and procedures (refer to the Love and Money Center Clinic Manual for details). Students must submit documentation of their caseload and contact hours through using the Time2Track software (for an example of the types of questions that are asked using Time2Track, see **Appendix N**; please reference the Love and Money Center Clinic manual for up-to-date information on accessing and using Time2Track). Students must adhere to Love and Money Center Clinic policies for completing their hours records, including but not limited to adhering to the stated deadlines for submitting hours records. It is advised that students keep their own records of their clinical contact hours as some states may allow hours from graduate school to be used toward licensure. It is also advised that students keep personal records of their time spent in other clinical activity (paperwork, phone calls, clinic meetings, etc.) which may count for licensure requirements in some states (for more information on state licensure requirements see the document [CFT Licensure Requirements by State](#), which is available to all CFT students through OneDrive).
3. MyOutcomes (**Appendix S**) is a web-based version of the trans-theoretical [Outcome](#) and [Session Rating Scales](#) to monitor and report on effectiveness and therapeutic alliance in behavioral healthcare services. At each session, clients are provided an iPad by Clinic staff to complete the Outcome Scale prior to the session. At the conclusion of the session, students will ask their clients to complete the Session Rating Scale, also via iPad.
4. Complete any required readings or assignments. Practicum serves as one of the many ways students learn clinical content. Students will therefore also be expected to complete any readings or assignments and watch videos or observe peers will contribute toward the development of their clinical skills related to their and their peers' caseloads.
5. Maintain a full case load (as defined in the Love and Money Center Clinic Manual). The number of cases will be determined by the needs of the clinic and in discussion with the student and clinical faculty. It is most often expected that students maintain a caseload of 12-15 active clients, and average 8-12 hours of direct client contact/week.
NOTE: students will begin seeing clients in Practicum, Year 1 Spring semester, and will build to this level of caseload/average client hours by the end of that semester. This is the expected caseload for Internship beginning Year 1, Summer semester.

6. Updated maintenance of case management – includes being current with Electronic Health Record [EHR] documentation. Practicum supervisors will conduct Case Audits regularly to provide students with feedback.

Adherence to these requirements is directly reflected in your practicum grade and standing in the program.

While the Love and Money Center manual does have policies on crisis situations, in general, if the student has a situation that involves an ethical or legal concern, the student should first contact their supervisor and the Love and Money Center Clinic Director via phone or text. If the supervisor cannot be reached also contact another MSCFT faculty.

6.6 Practicum Evaluations

Each semester of practicum, students and practicum supervisors will complete Clinical Evaluation forms (**Appendices Ga & Gb**), specifically addressing what they observed of the student's clinical skills. Students will also complete an anonymous online evaluation of their supervisor (**Appendix H**), which will be reviewed by the supervisor at the end of the semester, after student evaluations have been completed and grades have been submitted.

The Love and Money Center Clinic director will also complete the semesterly [clinical performance evaluation form](#) (**Appendix Gc**). This evaluation has weight in the annual evaluation process (please see the LOVE AND MONEY CENTER Clinic Manual for more information regarding this form and the evaluation process).

6.7 Approval for Clinical Absences Outside of Semester Breaks

MSCFT students are required to accrue 300 client contact hours (minimum 100 relational hours) in order to graduate. Due to the hours requirement and that MSCFT students see clients only when classes are in session (i.e., the first day of classes through the last day of finals of each semester; Extended Session in the summer), students will need to seek approval for absences from clinical practice outside of scheduled semester breaks.

Excepting instances of brief illness, students are expected to be present at the LMC or their off-campus field sites as assigned throughout their clinical placements.

Students must obtain permission from the CFT program director and LMC Director(s) or external site supervisor(s) to be unavailable for their clinical responsibilities:

1. To request permission, students must gather the following information:
 - Dates and number of days absent from the LMC and courses

- Total number and type of client contact hours to date (i.e., individual vs. relational)
 - Types/needs of clients (high risk, suicidality, etc.)
 - Name and contact information of backup therapy coverage
2. Then, therapists must submit the information and receive feedback from (in order)
 - The CFT Program Director (preliminary approval)
 - Their clinical (practicum) supervisor
 - Their site supervisor (either the LMC Director(s) or an off-campus site supervisor)
 - Their Temporary or Major advisor
 - The CFT Program Director (final approval)
 3. Finally, therapists must follow all protocols at their clinical placements (LMC or external placements) regarding planned absences.

The program faculty will consult with LMC staff and/or off campus site supervisors to determine whether or not the absence will interfere with the students' progress in the program.

6.8 Supervision

Students are required to accumulate a minimum of 100 hours of supervision, of which 50 must be individual supervision. Individual supervision is defined as either one or two supervisees with a supervisor. Group supervision cannot exceed six supervisees (COAMFTE, Version 12.5). A supervisee behind the mirror with the supervisor (and one therapist doing therapy) can receive individual supervised contact hours for this time. Of the supervision hours, a minimum of 50 hours must be observable data (recorded or live session).

Clinical Contact Type	Hours	Percentage of total hours
Client Contact Hours	300 Minimum Total	
Relational Client Hours	100 Minimum	33% of 300 hours
Teletherapy	<i>100 Maximum</i>	33% of 300 hours
Supervision Total	100 Minimum	33% of 300 Hours (5:1 ratio)
Individual/Dyadic Supervision	50 Minimum	50% of 100 Supervision hours (2:1 ratio)

According to COAMFTE Accreditation Standards (Version 12.5), students must receive supervision “on a regular and consistent basis while seeing clients. When the supervision schedule is interrupted for any reason, the program must have a plan to assure student access to supervisory support.” Students will be notified in writing via the syllabus, or other written means, of the backup supervisor and their contact information if the supervision schedule is interrupted. Students will always be provided with more than one option for a backup supervisor to ensure oversight of their practice.

Throughout practicum, each student must maintain a minimum ratio of 3:1 of client contact with supervision. Both individual and group supervision with clinical CFT faculty counts for these hours. Supervision is not considered psychotherapy. Supervision is a process of mentoring and training to assist a student's clinical development. If the supervisor believes that a student could benefit from seeking therapy, suggested referrals will be confidentially shared with that student. If the faculty believes that it is important to share this with the clinical faculty, this will be told to the student.

Students are expected to thoroughly and regularly review the Love and Money Center Clinic manual and any notification of policy changes ([link to the Love and Money Center Clinic Manual](#) is provided on page 5). Doing so is a requirement of Practicum. The Pre-Practicum course offered Year 1, Fall semester will cover the training on the Love and Money Center clinic policy. During this course, clinic policies and procedures will be explained and reviewed.

7. Demonstrating Clinical Competence

7.1 Progress toward Degree

7.1.1 HDFS Annual Evaluation Process and Timeline

All graduate students will be evaluated by the HDFS department annually for their performance and progress in meeting the program of study/coursework and portfolio requirements of their degree. This evaluation will take place at a meeting of HDFS graduate faculty held in the Spring semester. Each student will prepare and submit the required forms and materials (**Appendix A**, **Appendix Ga**, and CV, Elements Report, Annual Evaluation Survey, Annual Progression Toward Degree Form, and Graduate Assistantship Evaluation (if applicable)). Students will receive developmental feedback from the graduate faculty after the evaluation meeting.

Each student will be evaluated initially by their major professor and advisory committee, their clinical supervisor, and their graduate assistantship supervisor (if on assistantship). If the student has not formalized an advisory committee, the evaluation will be completed by the major professor or by the initial advisor. The major professor (or initial advisor) is responsible for summarizing the student's evaluation materials and presenting the information along with their evaluation rating recommendation to the graduate faculty.

Recommendations for students' annual evaluation will be approved by the graduate faculty during the Spring semester meetings are held in March or April. The Director of Graduate Studies, in consultation with the major professor (or initial advisor) will prepare an evaluation letter to be sent to the student by the end of the Spring semester. At the start of the Spring semester, graduate students are required to complete and submit the following:

- A current **Curriculum Vita (CV)** documenting all of the student's scholarly accomplishments.
- A copy of their **UGA Elements Report** documenting all activities and accomplishments for the previous calendar year. <https://elements.uga.edu/>
- The **Annual Evaluation of Graduate Students** survey capturing all accomplishments for the previous calendar year. The link will be provided by the Graduate Program Administrator prior to the end of fall semester.
- The **Annual Progression toward Degree** form completed by the major professor. https://www.fcs.uga.edu/docs/Annual_Progress_Evaluation_for_FACS_Graduate_Students.pdf
- For students on an assistantship, the **Graduate Assistantship Performance Evaluation** completed at the end of the fall semester and preliminary feedback on performance during the spring semester will also be taken in consideration. https://www.fcs.uga.edu/docs/Graduate_Assistant_Performance_Evaluation_FINAL.pdf

7.1.2 Evaluation Ratings

Each student's progress shall be evaluated using the following 4-level classification system:

- Satisfactory (the expected norm)

- Satisfactory with concerns (a plan for improvement is imposed)
- Unsatisfactory (a timeline for improvement is imposed)
- Dismissal

In general, the following are the criteria for each rating:

Satisfactory students are:

- Completing 12 hours of coursework per semester with mostly A's and no grade lower than B in each course (excluding students who have completed coursework and may only be taking a minimum number of hours to be in compliance with the Graduate School's continuous enrollment policy OR part-time students who are taking only 3-6 hours per semester).
- Meeting the requirements of specific courses.
- Completing programmatic milestones in a timely manner (e.g., identification of major professor and formation of committee, portfolio activities/approval, comprehensive examination, thesis/dissertation proposal, etc).
- Engaged in appropriate scholarly activities, depending on their stage in the program (e.g., attending conferences appropriate to student's academic level, making presentations, producing publications, working on thesis/dissertation).
- Engaged in the appropriate clinical work or internship (if appropriate for their program of study) and performing those roles in a satisfactory manner.
- Performing their GTA, GRA, or GA role in a satisfactory manner.
- Performing their instructor role (if applicable) in a satisfactory manner.
- Other criteria the faculty may feel is appropriate to assess for a given student.

Satisfactory with concerns students are *to some extent* falling short on one or more of the above criteria.

Unsatisfactory students are *significantly* falling short on one or more of the above criteria.

7.1.3 Remediation and Dismissal

Students who receive a rating of satisfactory with concerns or unsatisfactory will be provided with a detailed plan for remediation as well as a timeline on which the plan will be assessed. The student is required to schedule periodic meetings with their major professor and provide written updates of progress. The student is expected to return to satisfactory progress no later than the next evaluation period.

A student is subject to dismissal from the program (a) if a previous evaluation was satisfactory with concerns but the student did not improve to a satisfactory level by the next evaluation period or (b) after receiving two unsatisfactory annual evaluations in a row.

The graduate faculty may also recommend dismissal for students who are falling short in a major way despite previous remediation OR when there is a transgression that is serious enough to warrant dismissal without a plan for remediation first being put into place.

7.2 Clinical Progress Evaluation Process and Timeline

One criterion for accreditation is demonstration of an evidence-based curriculum, therefore assessment of program, faculty, and student learning outcomes will be evaluated and documented regularly.

Students will be assessed on their academic and clinical progress during the MSCFT faculty retreat each semester (December and May) and feedback on progress will be provided to students mid-Spring semester (March) in anticipation of the May assessment. Student progress on program outcomes will be evaluated annually using the form in **Appendix P**.

Assessment of the students' clinical progress at the end of Year 1, Spring semester will specifically address their readiness to move to an external internship and/or potential counseling out of the clinical CFT master's into the HDFS Master's and will be communicated to the Department Head and the Director of Graduate Studies. Students, assessed by the CFT master's core faculty as not ready to practice at an external internship site (i.e., community-based placement with lower degree of supervision) will be reassessed in August (Year 1, Summer Semester) at which point a *decision concerning a student's options for either transferring to and thereafter, completing all requirements for the HDFS master's degree or discontinuing participation in the CFT master's program will be made by the CFT master's core faculty, in consultation with the Director of Graduate Studies and Department Head*. Through this process, students who are not developing clinical competency may have the option to graduate with a master's degree in HDFS.

The full assessment timeline is available in **Appendix Y**.

8. Applying Hours Towards Licensure

Students will be provided with information about licensure in the state of Georgia (**Appendix B**). Each year attempts will be made to have an LMFT member of the Georgia Composite Board give a presentation and answer students' questions about the licensing process in Georgia.

NOTE: Currently, there is a difference between what constitutes Direct Client hours for the purposes of the Masters program and what each state may count as part of their minimum requirements and types of clinical hours obtained. Familiarize yourself with policies in the state you plan to become licensed and be sure to track the types of hours that count towards your licensure application separately. It is your responsibility to track and document your hours.

9. Portability of Degree

CFT licensure is regulated at a state level, and reciprocity exists only between some states. Upon accepting a place in the program, students will be required to sign the Portability of Degree Acknowledgment Form (**Appendix E**) indicating they understand the limitations of the portability of their degree. Students will be provided with some information about licensing requirements in each state in the US (see the document [CFT Licensure Requirements by State](#), which is available to all CFT students through OneDrive; note that this document is not maintained regularly and students are responsible for researching the most up to date information about associate or full licensure in the state in which they plan to become licensed). With this information, they will be able to make an informed decision about whether the program at UGA meets the requirements of the state wherein they are planning to pursue licensure. Students planning to pursue licensure outside of the US are responsible for seeking out the licensing requirements in that country.

10. Clinical Competencies Capstone Project and Final Oral Presentation (All MSCFT students)

10.1 Schedule for Clinical Competencies Capstone & Final Oral Presentation

All students will work on their Clinical Competency Capstone paper throughout their program according to the timeline in the Table below with additional details in the sections that follow.

Clinical Competency Capstone Paper Section	Year/Semester	Feedback provided by	Feedback timeline
Assumptions about how change occurs in systems, draft of Self-of-Therapist	Year 1, Fall	Instructor of Record	End of 7100
Revisions to previous sections and Goals of therapy (including agent/s of change)	Year 1, Spring	Supervisor	End of 7070
Revisions to previous sections, and draft of Theoretical Orientation	Year 1, Summer	Supervisor and/or Major Advisor/ Professor	End of 7090
Revisions to previous sections and Theoretical Orientation with examples	Year 2, Fall	Committee	End of 7090
Final paper	Year 2, Spring	Committee	Mid-February

****It is strongly encouraged that students elicit feedback on their Clinical Competency Capstone paper from their committee members in all stages of development.**

Students will submit their Assumptions about how change occurs in systems and a draft of their Self-of-Therapist sections at the end of HDFS 7100. The goal of this paper is for the student to articulate their baseline understanding of relational/systemic clinical theory. The Instructor of record will provide feedback to students on how to continue to develop their thinking and how to connect their assumptions to potential goals and models of therapy to explore. Students will continue to work on their Self-of-Therapist section throughout their program, eliciting feedback from the various evaluators throughout.

Students will then advance their theory of therapy paper every semester according to the table above, submitting them to their Practicum/Internship supervisors at the end of each semester and their committee once established. Supervisors and committee members will provide guidance and feedback as students develop their papers into their final draft.

The final theory of therapy paper will be submitted mid-February during the Spring semester of Students' second year. Additionally, the student should schedule their oral presentation when the paper is submitted, allowing the Committee two weeks to review the paper before the oral presentation.

Students must pass both the Written and the Oral Clinical Competency Capstone through a majority of faculty votes as documented by their scores on the Clinical Competency Capstone Rubrics (Written and Oral).

10.2 Criteria

Theory of therapy papers (see **Appendix W** for the rubric) are to be written in APA format (25 pages plus references). The following are suggested guiding questions for the Clinical Competency Capstone written paper:

You will write a Clinical Competency Capstone paper detailing, in your own words, **how** you think families change by describing your theoretical framework for clinical practice to include assumptions, goals, role of the therapist, epistemology, and interventions. You will submit sections according to the due dates noted in the table above. After you have received feedback on the section at each submission, you will **RE-SUBMIT** the edited section along with the next section. The following guidelines are from Piercy and Sprenkle's article (1988), Theory Building Questions, in the Journal of Marriage and Family Therapy.

- a. SELF-OF-THE-THERAPIST- How do your contextual experiences shape how you view change? How does this inform what you notice and what you don't? How do you think your history, upbringing, beliefs, race/ethnicity, country of origin, language preference, religion, age, sexuality, education, social status, health, etc. will affect your work with clients (be detailed in this area)? In what ways do you anticipate your work as an agent of change to affect you personally? What are your personal values/beliefs/assumptions about therapy
- b. MAJOR ASSUMPTIONS ABOUT FAMILY SYSTEMS AND HOW CHANGE OCCURS-
 - i. Assumptions about systems: What are your major assumptions about families and change? How do you conceptualize family health? What state do you hope a family is in when your work with them is complete? How do problems in family systems develop?
 - ii. Assumptions about change: What is the agent of change/what needs to happen for change to occur? What are the change strategies – identifying stages in change process? What is the role of the therapist (self of the therapist)? Who is responsible for the change process?
- c. THEORETICAL Framework- What major theory/model do you think most aligns with your beliefs about change? How does this theoretical lens guide your beliefs about family intervention and practice? Based on your assumptions about change (above), *how* do your ideas match the theory to support your ideas?
 - i. What are the critical elements of your model – specifically – what makes your model work? How does research inform your practice and vice-versa?
 - ii. This section should include a discussion of the MAJOR INTERVENTIONS of your chosen model- How do you define intervention consistent with your theoretical lens? How will you address diversity considerations (race, class, gender, sexual orientation,

ability, etc.) in your approach to intervention? How do you adapt your approach to different presenting problems?

- d. ETHICS - What are ethical considerations you incorporate in your model? What are the contraindications (when not to use the model and what are the alternatives)?
- e. GOALS- What are the goals of therapy *from the specific theoretical model you've chosen*? How do these goals align with the theoretical underpinnings, the assumptions of the model and how are they accomplished to meet the goals of the intervention model?
- f. CONCLUSION/SUMMARY

10.3 Review and Feedback Process

Students will receive feedback on their paper throughout all stages of development according to the table above.

Students will meet with their supervisors, committee members, and/or the program director to discuss their feedback as appropriate. If the student has ongoing revisions at the Final Presentation, they will have 3 weeks to resubmit their paper for each round of revisions.

****If students have ongoing revisions beyond Graduate School deadlines for graduation, they may have to extend their graduation date to the summer.**

10.4 Clinical Presentations

The presentation will be scheduled for 30 minutes, with an additional 30 minutes for questions and discussion (total 60 minutes). Students must include each of the components described in the Oral Presentation rubric (**Appendix X**), and include a case summary with edited video excerpts of one or more cases that illustrate their theory of change. Students must make connections between the case to the theory of therapy and positioning themselves and their work within a cultural framework, demonstrating cultural responsiveness. Finally, describe the clinical outcome of the therapy. Additionally, students must state where they are planning to pursue licensure after graduation, and how their clinical experience meets the licensing requirements of that state. If undecided, students should state that they do not know where they are planning to pursue licensure and explain how their clinical experience meets the requirements for licensure in Georgia. Please refer to **Appendix X** for complete evaluation rubric.

Finally, students must describe their plan to seek licensure in the state that you plan to be clinically active, if appropriate, and demonstrate that they understand that the hours they have accumulated as a part of their degree may not necessarily be acceptable in every state.

Thesis students will complete a master's thesis under the direction of a Major Professor in addition to their Clinical Competencies Capstone Project during their second year. Demonstration of clinical competency is required by COAMFTE standards.

10.5 Evaluation

For final papers, the student's committee will evaluate the written paper according to the rubric (**Appendix W**). A pass on the Written Capstone project is defined as receiving "meets expectations" or above on at least 13 items on the rubric by all committee members.

A pass on the oral presentation is defined as receiving "meets expectations" or above on at least 13 items on the rubric (**Appendix W**) by all committee members.

11. Master's Thesis (Thesis Track only)

All students enrolled in the Thesis option for the Master of Science in Couple and Family Therapy degree (MSCFT) will complete a master's research thesis.

A thesis requires students to apply research and critical thinking skills to a research question of interest within their field. Students must propose their thesis to their committee members, complete the research project and write a thesis manuscript, and pass an oral defense with their committee members to be eligible to graduate.

11.1 Steps to Complete a Master's Thesis

1. **Thesis Proposal.** Students must obtain approval from their advisory committee for the thesis they wish to write. Students will create a written proposal that includes an introduction, review of relevant literature and theory, and a description of planned research methods and data analysis procedures. Students will share their written proposal with their advisory committee at least 2 weeks before their proposal meeting. At the proposal meeting, students will present their proposed project, answer faculty questions, and receive feedback to refine the project as appropriate. The student must obtain the advisory committee's approval of the thesis proposed before moving forward with the thesis research.

Upon approval, the student is responsible for completing the **Approval of Thesis Proposal** form (see **Appendix C**) and submitting the signed form to the Graduate Program Administrator: https://www.fcs.uga.edu/docs/HDFS_E1_Approval_of_Thesis_Proposal.docx

2. **Conduct Thesis Research.** After receiving approval from the advisory committee, students will conduct the agreed-upon research, including data collection as needed, data analysis, interpretation, and writing of the thesis. The student will work closely with the major professor throughout this process and will seek feedback from the advisory committee as needed.
3. **Manuscript Style Thesis.** All students are encouraged to complete a single manuscript style thesis as preparation for advanced research training.

In accordance with the graduate school guidelines, the organization of the main-body sections for the theses will include four chapters followed by a reference list: (1) Introduction and Literature Review, (2) Methods, (3) Results, and (4) Discussion. After defending the thesis and submitting it to the graduate school, the student should re-format the manuscript in accordance with the guidelines specified by the scholarly journal the student intends to submit to for rigorous blind-peer review.

For specific guidance on formatting your thesis, visit the graduate school website, <https://grad.uga.edu/graduate-bulletin/theses-dissertations-overview/>, and review *Theses and Dissertations: Student Guide to Preparation and Processing* published by the Graduate School: https://grad.uga.edu/wp-content/uploads/2025/03/theses_and_dissertations-STYLE-GUIDE_2025.pdf

4. **Preparation for Final Defense.** When the Major Professor is satisfied with the completed thesis, they will certify that it has their approval and is ready to be read by the Advisory Committee. The copies of the thesis will then to be distributed to the remaining members of the Advisory Committee and a final oral defense will be scheduled. The committee members will have 2-3 weeks to read and evaluate the completed thesis. Written assent of two of the three committee members will be required before it is approved as ready for a final defense. If the Advisory Committee declines to approve the thesis as ready for the final defense, they will determine the steps, strategies, and/or guidelines in preparing the thesis for the final defense.
5. **ETD Format Check Submission.** While the advisory committee reviews the thesis, the student should also submit a copy to the graduate school for format check in accordance with deadlines posted on the graduate school website. The format check must be completed before you can submit the final, official copy.

For more information and instructions, visit:

<https://www.etdadmin.com/main/home?siteId=1003>

6. **Announcement of Thesis Defense.** The student is responsible for contacting members of the advisory committee to schedule a date and time for the final defense. Scheduling well in advance is strongly recommended because student and faculty schedules become very full near the end of each semester.

*At least two full weeks before the date of the defense of your thesis, the student must submit to the Graduate Program Administrator the **Request for the Announcement of Master's Defense** form (see **Appendix D**):*

https://www.fcs.uga.edu/docs/HDFS_E2_Request_for_the_Announcement_of_Master_Defense.docx

No notification to the Graduate School is needed for master's students.

7. **Final Defense Meeting.** In accordance with the graduate school policy, the defense of the thesis will be chaired by the student's major professor and attended by all members of the advisory committee simultaneously for the entire defense period. The defense will consist of a public presentation followed by a private defense during which only the student and advisory committee will be in attendance. The public presentation is open to anyone who wishes to attend. The student and committee chair must appear in person for both components of the defense, but other committee members can participate via

teleconference or video conference, provided that the comments of all participants can clearly and consistently be heard. If the major professor is not able to attend the defense in person, they can designate a substitute chair who is a current member of the committee. *The defense can be held completely remotely if approved by the Director of Graduate Studies and the Department Head.*

The advisory committee must approve the student's thesis and defense with no more than one dissenting vote and must certify their approval in writing. An abstention is not allowable for the final defense. The results of the defense of the thesis must be reported to the Graduate School at least two weeks prior to graduation for the current semester.

The student is responsible for completing the **Approval Form for Master's Thesis and Final Oral Examination (for MS and MA) (G140)** in Grad Status: <https://gradstatus.uga.edu/Forms/G140>. This form should be completed by the student prior to the final thesis defense date, and approved by the committee immediately following the defense.

8. **Final Thesis Submission.** The Graduate School must receive the Final Defense Approval form and an electronic submission of the corrected thesis *no later than two weeks prior to graduation*. The thesis must be submitted via the web in electronic PDF format and must conform to the Graduate School requirements outlined in the **ETD Submission Approval (G129)** form: <https://gradstatus.uga.edu/Forms/G129>.

11.2 Thesis Forms

Form Name	Due	Link
Advisory Committee	<i>Before the end of your 2nd semester in residency</i>	Follow instructions provided in: https://www.fcs.uga.edu/docs/Advisory_Committee_Instructions.pdf
Approval of Thesis Proposal	<i>Upon approval of thesis proposal</i>	https://www.fcs.uga.edu/docs/HDFS_E1_Approval_of_Thesis_Proposal.docx
Request for the Announcement of Master's Defense	<i>At least two full weeks before the date of the defense of your thesis</i>	https://www.fcs.uga.edu/docs/HDFS_E2_Request_for_the_Announcement_of_Master_Defense.docx
Master's Thesis and Final Oral Examination (G140)	<i>Submitted prior to final defense date. Completed and received by graduate school at least 2 weeks prior to graduation.</i>	https://gradstatus.uga.edu/Forms/G140
ETD Submission Approval (G129)	<i>See graduate school website for deadlines.</i>	https://gradstatus.uga.edu/Forms/G129

12. Internship Requirements

Students are required to complete a clinical internship across 12 consecutive months. Students will be assessed in March of Year 1, Spring regarding their readiness to begin Internship in Year 1, Summer. Students should indicate whether they plan to seek an external or internal internship (at the LOVE AND MONEY CENTER) by submitting an Internship plan by February 28th to the Program Director. For external Internships, the Program Director will seek approval from MSCFT Core Faculty members and Practicum Supervisor(s), the results of which will be included in the Year 1, mid spring evaluation.

Upon approval of the student's proposed internship plan (**Appendix T**).

The student must have a plan for clinical supervision, which is to be outlined in their final approved plan. The student can receive supervision from outside supervisors (i.e., those associated with the internship site), but they must be AAMFT Approved Supervisors or the equivalent, be clearly senior in experience to the intern, and be available to the intern for at least one hour of supervision per week and meet 5:1 therapy to supervision ratio.

The student must meet additional requirements:

- Interns must maintain liability insurance and provide documentation to Program Director.
- All clinical internships with a specific agency setting (including Love and Money Center) should work with the CFT Program Director to draw up a memorandum of understanding (MOU).

12.1 Internship Evaluation

During the internship, students must also complete additional evaluations. At the end of each semester during which the student is enrolled in internship credits, the student will complete the Internship Report Form (**Appendix U**) and submit it for faculty review. Supervisors of students at a clinical internship at an external site will also complete the Internship Evaluation Form (**Appendix K**) to evaluate the student's clinical skills according to CFT competencies.

Additionally, each semester that the student is engaged in clinical internship work, they and their supervisor must complete the Clinical Evaluation Forms (**Appendices Ga & Gb**). The student must also complete the Clinical Supervisor Evaluation Form (**Appendix H**).

13. Graduation

13.1 Timing

An application for graduation must be filed with the Graduate School no later than Friday of the second full week (the first full week for summer) of classes in the semester of the anticipated graduation date.

All requirements for the degree must be completed and reported to the Graduate School no later than one week prior to graduation. A student must enroll for a minimum of three hours of credit the semester in which graduation requirements are completed unless additional stipulations are required by other units of the university.

Source: <https://policy.uga.edu/policies/#/programs/Hycl4UoKa>

The deadline to apply for graduation is available at: <http://grad.uga.edu/index.php/current-students/important-dates-deadlines/>

13.2 Forms

To apply to graduate:

- Log into Athena (<https://athena.uga.edu>);
- Select the "Student" tab → click "Graduation" → click "Apply to Graduate;"

Follow the directions provided and see more detailed instructions here:
https://reg.uga.edu/students/Graduation_Application_Instructions.pdf

14. MSCFT Program Climate

We strive to make the MSCFT program a professional, inclusive and affirming learning environment for all. We hold the same expectations for faculty members and students alike: to treat each other with respect and to recognize and value the experience of all individuals. To create such an environment and foster such relationships and expectations, we have the following formalized processes for assessing climate:

- The MSCFT program, including faculty and students will have monthly meetings between August and May (see **Appendix L**). A departmental staff person will serve as note taker. All students are required to attend all MSCFT program meetings.
- Once every Spring semester, students will have the opportunity to be selected by the MSCFT faculty as student-faculty liaison. The MSCFT faculty will select the student-faculty liaison in their Spring semester faculty retreat.
- Once every Fall and Spring semester, the MSCFT program student-faculty liaison will meet alone with all students in the MSCFT program to assess program climate. As a group, Students will have the opportunity to discuss issues they have experienced in the program. The student-faculty liaison will then anonymously bring these issues to the attention of the program director and MSCFT faculty. Finally, the MSCFT faculty will discuss and present their planned action steps at the next most reasonable MSCFT program meeting.
- Students may at any time discuss any program-related climate issue with the student faculty liaison, who may anonymously discuss the issue with the Program Director.
- Additionally, students are encouraged to discuss any program-related climate issue with the Program Director if they feel comfortable.
- A representative from the UGA Equal Opportunity Office will give a presentation to the entire MSCFT program every other year.
- Additional presentations are be given by other resources (such as the UGA Pride Center) on occasion in order to provide specified, updated information on certain topics.
- Students will also be asked to complete the MSCFT Student Climate Survey (**Appendix I**) and the Student Support Services Survey (**Appendix S**) annually at the end of the Spring semester.

14.1 Diversity

The MSCFT Program prohibits discrimination, harassment, and victimization 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 in all aspects of program functioning. If any individual believes they have experienced discrimination, harassment, or victimization on the basis of the above characteristics, they should follow the guidelines described in the Grievance Policy section.

In addition, we use the following guidelines as a means of maintaining and promoting diversity within the program:

1. Regular assessment of the composition of the faculty, supervisors, student body, and clinical populations with respect to the goals outlined in the program diversity statement (COAMFTE Eligibility Criterion D).
2. Recruitment practices oriented towards diversity goals:
 - a. Intentional recruitment of students from Historically Black Colleges and Universities and Minority Serving Institutions;
 - b. Calculate and retain contextual/demographic data on applicants, accepted students, and enrolled students;
 - c. Inquire about potential student's understanding, appreciation, and comfort with diverse individuals, couples & families in potential clinical settings;
 - d. Curriculum to address students' clinical competencies with clients from a variety of backgrounds according to COAMFTE Accreditation Standards (FCA 3);
 - e. We strive to network with diverse faculty and potential students at national conferences.
3. Refer and nominate diverse students for awards, scholarships, and grants within and outside of the college and university. Students are also made aware of scholarship and research opportunities aimed at improving diversity within the C/MFT field, such as the AAMFT Minority Fellowship Program- Youth (MFP_Youth), for masters students interested in providing therapy to youth as they transition into adulthood (ages 16-25).
4. Issues of diversity are incorporated throughout curricula, program-wide. Practicum, CFT core classes, and HDFS core classes, encourage open discussion of issues of diversity and social justice.
5. The program requires all MSCFT students to take a course on cultural adaptation of established clinical theories (HDFS 7030: Socio-culturally Attuned Family Therapy & Third Order Change).
6. The MSCFT program strives to cultivate a culture of respect, tolerance for others, growth, and dignity. Corrective action is taken in order to uphold this shared culture through individual meetings with the Program Director, between faculty and students, and potentially with the Departmental Director of Graduate Studies and Department Head. When significant issues arise, policies are in place for the filing of grievances or complaints (see section on Grievance Policy).
7. We seek out internship sites and opportunities that prioritize the care of and/or research with diverse, minoritized, and underserved communities. This has been a priority for many of the students of diverse backgrounds.
8. We report our student diversity composition to COAMFTE annually.

14.2 Communities of Interest

Program is able to identify communities of interest (COI). The main COI for the UGA MSCFT Program include: current students, current faculty, community site supervisors/employers, and directors of other COAMFTE accredited programs.

The MSCFT program will collect feedback from COI in three ways:

- Every two years, we will request feedback from Communities of Interest (e.g., local community members, alumni, internship supervisors, program directors), using the Communities of Interest survey (**Appendix J**).
- Finally, clients of the Love and Money Center Clinic be asked for feedback using the MyOutcomes Scales.
- Program records and saved meeting minutes, emails, or other records of communication with its COI. Responses to the Communities of Interest survey (**Appendix J**), and MyOutcomes Reports will be saved and recorded by the program director/administrative staff person. These documents are shared with Department Head and Director of Graduate Studies.
- Program can provide examples of how the COI review process has led to curriculum/practice improvement. Feedback will be discussed at MSCFT faculty meetings as needed, and further discussed at the May annual retreat. Relevant policy and procedure changes will be noted in the revised MSCFT Handbook each academic year.
- The program director collects and shares information about program updates with faculty at each departmental and program meeting.

14.3 Student Self Care

Graduate school and maintaining a clinical practice are stressful endeavors. To promote self-care students are encouraged to maintain and share their hobbies and interests with their colleagues and faculty members. It is also important to maintain balance between self-care and obligations associated with graduate studies. Self-care includes taking responsibility for your schedule and planning your life to complete your obligations. The HDFS and MSCFT program faculty are fully invested in your success and want to see you achieve your goals. *We are committed to actively fostering a Culture of Wellness in the program focused on building student resilience, responsiveness to student feedback, accountability for actions taken based on student feedback, and supporting students' development into ethical practitioners.* We will work with you and make reasonable accommodations if needed to ensure your success. ***Don't wait until it is too late.*** If you find yourself struggling academically, clinically, professionally, or personally:

1. Talk with your advisor to identify steps you may take to address the concerns.
2. Talk with the MSCFT Program Director to explore options to support your health and success in the program.
3. Talk with the MSCFT Faculty-Student Liaison, HDFS Director of Graduate Studies, or

Department Head – depending on level of concern.

4. Talk to a mental health provider. It is surprising how many therapists are resistant to engaging in therapy for themselves. If you need help identifying a therapist, we can provide referrals.
5. Don't wait until problems have compromised your health or academic performance.

15. Presentations in Community Settings

LOVE AND MONEY CENTER Clinic service providers have the opportunity to provide quality presentations for community agencies. Prior to providing a presentation in a community agency, students should meet with their major professor or the CFT faculty member on their committee to discuss the presentation. They should also provide the faculty member an outline of what is to be presented. This will allow us to maintain the high quality of presentations that we have become known for and to keep a list of the various ways students provided services to the community.

16. Governance and Other Policies

16.1 Grievance Policy

If a student in the MSCFT program has a concern with a faculty member or student in the program, the student should first try to discuss the problem with the person or people involved. If the issue cannot be successfully resolved, or there are reasons this is not an appropriate action, the student should go to the Director of the MSCFT Program (Dr. Jennifer Gonyea) to discuss the concerns. If the problem is not resolved at this level, or it is not appropriate to discuss the issue with the MSCFT Program Director, the individual should take the concern to the HDFS Director of Graduate Studies. If the problem is not resolved at this level, or it is not appropriate to discuss with the Director of Graduate Studies, the student should take the concern to the Head of the Department. If the problem is not resolved at this level, or it is not appropriate to discuss the issue with the Department Head, the student should take the concern to the Dean of the College. If there is a concern about an academic decision, there is a policy in the Graduate Bulletin which addresses the procedure for this appeal (<https://www.fcs.uga.edu/ssac/academic-resources-academic-appeals>). This policy would supersede the above grievance policy.

16.2 Clinical Performance

All faculty and students in the UGA MSCFT program are required to adhere to the AAMFT Code of Ethical Principles for Marriage and Family Therapists. Any grievances or complaints regarding the student's clinical role should first be discussed with the student's current clinical supervisor. If the issue is not resolved, the grievance protocol outlined above should be followed. It is imperative that clinical training take place in an atmosphere that fosters respect for clients, therapists, and supervisors. Feedback related to an individual student's clinical work should be behavioral and addressed specifically to the student. It is important to provide strengths-based feedback, as well as growth-oriented feedback, in a respectful manner with specific examples. Comments made during clinical observation should be respectful of the student therapist and client(s) and shared with the student therapist who is being observed. If a grievance relates to unethical behavior on the part of an AAMFT member (student, associate, clinical AAMFT member or fellow), the individual bringing the grievance is encouraged to report the alleged unethical behavior to the AAMFT Ethics Committee in the national office in Washington, D.C.

16.3 Professional Conduct

All faculty and students in the UGA MSCFT program are required to adhere to the standards of professional conduct as outlined in the Love and Money Center Policies and Procedures Manual and all internship placement policies. This includes, but is not limited to, professional conduct regarding professional attire, professional conduct with clients, faculty, supervisors, and other service providers, timeliness and completion of documentation, lateness or missing

appointments with clients, attendance in practicum, attendance during scheduled clinic time during the semester, providing raw data for supervision, keeping scheduled clinic hours, and reviewing and marking recordings of sessions.

Students will receive informal feedback from faculty, supervisors, and Love and Money Center staff about their professional conduct during the semester and formal written feedback end of the semester (Appendix Gc). Two consecutive formal evaluations of Does not Meet Expectations may result in dismissal from the program.

16.4 Publications

Students and faculty in the UGA MSCFT program are required to follow the pertinent regulations on conduct of human-subjects research and AAMFT Ethical Principles when conducting research and assigning authorship to publications. Authorship credit adheres to the principle of assigning credit in proportion to each individual's contribution. It is beneficial for all parties involved to negotiate responsibilities and authorship on joint research projects in advance, if possible. A written contract signed by all parties prior to beginning a joint research project is highly recommended.

Students are not required to assign authorship to a faculty member on work done in that faculty member's course. In order to be appropriate for co-authorship, a faculty member's contribution to the manuscript needs to be substantial and go beyond editing or offering comments at the level ordinarily provided by a course instructor or committee membership. In the same vein, students who conduct library research or run data analyses for a faculty member as a part of their assistantship may not necessarily receive co-authorship. In the event of substantial contributions, co-authorship by faculty and students is ethically warranted. For more details refer to the Publications Manual of the American Psychological Association, 7th Edition.

16.5 Sex Discrimination

Title IX of the Higher Education Amendments of 1972 prohibits discrimination on the basis of sex in student programs and activities. Complaints concerning any violations of Title IX should be directed to the Equal Opportunity Office.

16.6 Sexual Harassment

Student concerns about sexual harassment which involves students, faculty, or staff should be directed to the Equal Opportunity Office.

16.7 Students with Disabilities

Student concerns about discrimination or harassment based on ability status which involves students, faculty, or staff should be directed to the Equal Opportunity Office.

16.8 Assistantship

Any complaints or grievances related to departmental employment should first be discussed with the direct supervisor in charge of the position. If the issue is not remediated, then the student should follow the grievance policy outlined in the MSCFT Handbook.

16.9 Academic Conduct

Students and faculty are expected to hold themselves to the highest standards of ethical conduct in all aspects of academic work. Students and faculty should understand that all forms of plagiarism are unethical and will not be tolerated. Papers cannot be submitted to fulfill requirements for more than one course without pre-approval by all faculty involved. To do so is a form of academic misconduct and the student will be eligible for repercussions. Students are encouraged to develop research and topical interests through the extension of previous work but should consult closely with the course instructor to be clear about what is acceptable when working with papers that are based on prior coursework.

Academic misconduct may result in a grade of F for coursework and, in some circumstances, it may result in suspension or dismissal from the program and the University.

The University Academic Honesty policy prohibits the use of Artificial Intelligence (AI, Generative, AI) unless explicitly authorized by the instructor or faculty member beforehand. <https://honesty.uga.edu/academic-honesty-policy/prohibited-conduct/>

Specific to capstone projects, theses, and dissertations, “the use of generative AI in theses and dissertations is considered unauthorized assistance per the Academic Code of Honesty and is prohibited unless specifically authorized by members of the advisory committee for use within the approved scope.”

16.10 Probation or Counseling a Student Out of the Program

If a student receives a C or lower in practicum or a core course for the MSCFT Program, the faculty may recommend a remediation plan for the student. At this time, depending on the severity of the concerns, the student may be put on probation. A remediation plan will be developed and given to the student to improve the concerns. If the student does not adequately meet the remediation plan (as defined in the remediation plan and explained to the student), the student may be counseled to withdraw from the family therapy program.

MSCFT students will receive regular feedback about their clinical competency development according to the information outlined in the Clinical Progress Evaluation and Timeline section above.

17. Program Exit Interview

An administrative support staff member or other faculty representative will be selected by the core faculty to interview program graduates 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. A final report of the interview will be submitted to both the student and MSCFT faculty. A copy of the report will be kept on file with the Program Director. Interview questions are provided in **Appendix Q**.

18. University Policy Statements

18.1 UGA Nondiscrimination Statement and Anti-Harassment Policy

The University of Georgia (the “University”) is committed to maintaining a fair and respectful environment for living, work, and study. To that end, and in accordance with federal and state law, University System of Georgia (“USG”) policy, and University policy, the University prohibits harassment of or discrimination against any person because of race, color, sex (including sexual harassment and pregnancy), sexual orientation, gender identity, ethnicity or national origin, religion, age, genetic information, disability, or veteran status by any member of the University Community (as defined below) on campus, in connection with a University program or activity, or in a manner that creates a hostile environment for any member of the University Community. Incidents of harassment and discrimination will be met with appropriate disciplinary action, up to and including dismissal or expulsion from the University.

Bias based on the protected categories of race, color, sex (including sexual harassment and pregnancy), sexual orientation, gender identity, ethnicity or national origin, religion, age, genetic information, disability, or veteran status will not hinder employment, study or institutional services, programs, or activities. Bias factors will not be permitted to have an adverse influence upon decisions regarding students, employees, applicants for admission, applicants for employment, contractors, volunteers, or participants in or users of institutional programs, services, and activities. The University of Georgia will continue in its efforts to maintain an institutional environment free of such bias and restates its policy prohibiting the interference of such bias.

The University follows the USG Sexual Misconduct Policy 6.7 and the USG Policy to Prohibit Discrimination & Harassment (PDF). This Policy incorporates by reference the applicable sections of the USG Sexual Misconduct Policy and the USG Policy to Prohibit Discrimination & Harassment. All allegations of discrimination and harassment based on the protected categories other than Sexual Misconduct alleged against a student Respondent(s) will be covered by this Policy together with the USG Sexual Misconduct Policy and the USG Policy to Prohibit Discrimination & Harassment.

Every member of the University Community is expected to uphold this Policy as a matter of mutual respect and fundamental fairness in human relations. Every student of this institution has

- a responsibility to conduct themselves in accordance with this Policy as a condition of enrollment, and every University employee has an obligation to observe University policies as a term of employment.
- In addition, one aspect of performance appraisal for university personnel at all levels of supervision and administration will include the qualitative evaluation of their leadership in implementing this policy. Merit and productivity, free from prohibited bias, will continue to guide decisions relating to employment and enrollment.

Nothing in this Policy prevents a University Community member from filing a complaint with a state or federal agency or court.

18.2 UGA Code of Conduct

Find UGA's Code of Conduct here: <https://conduct.uga.edu/code-of-conduct/>.

19. Graduate Achievement Data

As a new program, Graduate Achievement Data has not been collected yet. This section will be updated after the first cohort graduates, estimated Summer 2028 for inclusion in the 2028-2029 UGA MSCFT Program Policy and Procedures Handbook.

20. Glossary

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

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

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

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

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

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

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

Anti-racism Practices involve racial and self-awareness in one's personal life and professional activities, consciousness and analysis of all program governance, policy and practices, including a professional response that address racism in its many forms, including taking action to oppose racism, and an appreciation of the discrimination that those from non-white and/or minority groups experience as a result of living in a racist society.²

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

Assessment Measure, as used to determine student achievement of professional competencies, is an evaluative tool for determining student progress toward and attainment of a specific outcome such as an identified knowledge, skill, or disposition. Assessment measures typically are embedded in assessment mechanisms such as examinations, written or oral presentations, skill-based demonstrations, or direct observation of student functioning. An assessment measure includes identification of the competency being evaluated and descriptions of achievement that describe progress and final outcome. The structure of an

assessment measure must make the expected learning clear to the student being assessed, the evaluator completing the assessment, and reviewers making use of the assessment data.

Examples include scores on specific examination topics (MFT theories section on Comprehensive Exam), project rubrics (specific rubrics scoring identified competencies in a Capstone project), and behavior-based observational scales (supervision evaluation).

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

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

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

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

COAMFTE Developmental Competency Components refer to the primary areas of professional learning and skill-development central to the effective and ethical practice of a future Marriage and Family Therapy professional including:

- knowledge of the profession;
- practice of therapy;
- human diversity and social structures;
- professional identity, ethics, and law; and
- research and evidence-based practice.

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

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

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

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

Complaints and Grievances refer to formal complaints filed with the program and/or the university through a formal grievance channel. They refer to issues that may violate students' rights. Examples include sexual harassment and discrimination. COAMFTE requires all educational programs to maintain a written record of all formal student complaints and grievances. The documentation should consist of the written complaints or grievances, program action and resolution. Records regarding the resolution of grievances are generally kept on file for a period of time based on the program's and/or university's policy.

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

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

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

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

Diversity is a program's commitment to: a) include the representation of multiple groups in the student body, program clinical supervisors, program core and non-core faculty with regard to

race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious or spiritual affiliation, nation of origin or other relevant social categories; and b) ensure issues of diversity are central to all aspects of the training environment.

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

Dyadic C/MFT relational/systemic supervision is defined as one supervisor with one or two supervisees.

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

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

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

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

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

Governance refers to the transparent structures and processes through which decision-making occurs related to specified program functions which involves multiple levels of influence such as institutional, departmental, and programmatic. Program core and non-core faculty and student participation in any specific level of decision-making or any decision-making task should be defined and transparent. Such participation may include roles and processes for identified bodies such as the program's core faculty, student advisory groups, program director, clinical director, or department council. Such participation may also include identified informal processes by which individuals may influence decision-making specific to program, faculty and/or student concerns. Program governance activities may include program resources review, curriculum review, instructional and supervisory effectiveness, student-faculty relationships, or other areas directly affecting the program's achievement of its mission, goals, and student learning outcomes. The primary purpose for clarification of decision-making roles and processes is to support open and transparent access to influence by all persons directly involved in the learning environment.

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

Graduate Achievements are statements that articulate the professional accomplishments of a program's graduates, aligned with the program's mission, beginning with completion of the educational program. Accomplishments include indicators such as graduation rates, licensure examination pass rates, job placement rates, employment in clinical, academic, MFT relational/systemic supervision, training and/or research settings, and licensure as a Marriage and Family Therapist.

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

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

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

Individual C/MFT relational/systemic supervision is defined as one supervisor with one or two supervisees.

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

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

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

Live C/MFT Supervision involves the use of observable data in real-time either in person or via technology (behind the mirror, in the room co-therapy, reflecting teams, real-time observation of a teletherapy session, etc.)

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

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

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

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

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

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

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

Multiculturally-informed refers to an educational approach that: a) represents a commitment to local and global diversity, and prepares students for living in a global world; b) includes an understanding of how larger social processes lead to systemic inequality and disadvantage for diverse and marginalized communities; and c) endorses the ethical responsibility/role of MFTs in addressing and intervening in these systems when working with diverse and marginalized communities. Its commitment to being multiculturally-informed is found throughout all programmatic aspects including its mission, goals, student learning outcomes, curriculum, practice component, and organizational structure.

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

Non-core Faculty Members either hold: a) a short-term position with the university or organization in which the program resides, with a primary assignment to the MFT program and

provide instruction within the MFT program, OR b) a permanent position in the University or organization with a primary assignment in another program but teach specific courses in the MFT curriculum for which they are professionally, educationally and experientially prepared. Non-core faculty members teach courses within the MFT curriculum, or fulfill specific role assigned by the program (e.g., accreditation specialist, field placement coordinator). This designation does not include program clinical supervisors, please see Program Clinical Supervisor definition.

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

Outcomes are empirical measures of student achievement at the student and program levels. Objectives are the specific skills, values, and attitudes students should exhibit and the student/graduate achievement (i.e., graduation, licensure, employment, publications, etc.) that reflect the broader program goals. They are in measurable form, data is collected on them, and results are used to improve the quality of the program. Measures may include both direct and indirect assessment methods, and measurement of cognitive (what students/graduates need to know), behavioral (what students/ graduates need to be able to do), affective (what students/graduates need to think or care about) objectives. The program will provide data demonstrating that it has accomplished the overall program mission.

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

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

Physical Resources comprise the space needed to operate and implement the program, including administrative and instructional space. Examples of physical space include but are not limited to a training clinic, research labs, smart classrooms, audiovisual equipment, computers, etc.

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

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

area specific to the marriage and family therapy profession, or contributions specific to the marriage and family therapy profession such as leadership, training, or scholarly activities.

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

Program Clinical Supervisors provide MFT relational/systemic supervision within a COAMFTE accredited program. Program Clinical Supervisor qualifications include the following:

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

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

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

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

Relational Hours is a category of direct clinical contact hours in which a clinician delivers therapeutic services with two or more individuals conjointly, who share an ongoing relationship beyond that which occurs in the therapeutic experience itself. Examples include family subsystems, intimate couple subsystems, enduring friendship/community support subsystems, and residential, treatment, or situationally connected subsystems.

- Relational hours also may be counted with relational subsystems that include a person whose only available means to participate in the in-person therapeutic meeting is telephonic or electronic (e.g., incarcerated, deployed or out-of-town subsystem members.)

- Group therapy can be counted as relational hours if those in the group therapy have a relationship outside of (above and beyond) the group itself. Conversely, group therapy sessions of otherwise non-related individuals are not considered as relational hours.

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

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

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

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

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

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

Supervisors (See Program Clinical Supervisors)

Targets are levels of achievement determined by the accredited program core faculty that sets a specific threshold of student learning expected at a specific time as assessed by a specific measure in order to demonstrate student learning outcome achievement. Programs may select multiple assessment measures with unique targets for demonstrating student learning outcome achievement.

Examples: Student Learning Outcome 1 achievement target – 85% of learners will score proficient or distinguished on the final clinical competency evaluation completed by clinical

supervisors; Student Learning Outcome 2 – 80% of learners will score 3 or higher on the Cultural Competency rubric completed during the Capstone's Final Case Review project.

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

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

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

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

21. Appendices

Form/Template	Link to Form/Template	Section Referenced
A. CFT Student Semester Report		7.1
B. CFT License Requirements in Georgia	https://sos.ga.gov/board-professional-counselors-social-workers-and-marriage-family-therapists	8.0
C. Approval of Thesis Proposal	https://www.fcs.uga.edu/docs/HDFS_E1_Approval_of_Thesis_Proposal.docx	11.1
D. Request for Announcement of Master's Defense	https://www.fcs.uga.edu/docs/HDFS_E2_Request_for_the_Announcement_of_Master_Defense.docx	11.1
E. Portability of Degree Acknowledgement Form		9.0
F. AAMFT Code of Ethics	https://www.aamft.org/AAMFT/Legal_Ethics/Code_of_Ethics.aspx	6.1
Ga. Clinical Evaluation Form (Student Self-Evaluation)		6.3, 6.6, 7.1, 12.1
Gb. Clinical Evaluation Form (Supervisor)		6.3, 6.6, 7.1, 12.1
Gc. Love and Money Center Clinical Performance Evaluation Form (Love and Money Center Director)		6.6
H. Clinical Supervisor Evaluation Form		6.6, 12.1
I. CFT Student Climate Survey		14.0
J. Communities of Interest Survey		14.2
K. Internship Evaluation—Internship Supervisor		12.1
L. CFT Program Meeting Schedule		3.1, 14.0
M. Clinical Competencies Tracking Form (Supervisor)		
N. Time2Track Hours Example		6.5

O. Master's Program Exit Interview		
P. Annual CFT Student Evaluations		7.2
Q. Program Director Evaluation		17.0
Ra. Love and Money Center Client Satisfaction Survey		
Rb. Love and Money Center Encuesta de satisfaccion del cliente		
S. Student Support Services Survey		6.5, 14.0
T. Internship Plan Proposal		12.0
U. Internship Final Report Form		12.1
V. Course Substitution Form		
W. Clinical Competency Paper (Writing Rubric)		10.2, 10.5
X. Clinical Competence Capstone Rubric (Oral Presentation)		10.4
Y. CFT Program Assessment Schedule		7.2
Z. Acknowledgement Form		

A. CFT Student Semester Report

Student Name: _____

Briefly describe the development of your clinical abilities this semester. Make sure your description is behavioral and describes actual changes in your clinical style or clinical skills you have learned. Note both strengths and developmental edges – you may refer to the AAMFT core Competencies Self-Evaluation Checklist in answering this question.

Number of hours accrued this semester at Love and Money Center (or outside clinic) Semester
xx Individual Hours: _____

Semester xx Relational Hours: _____

Semester xx Supervision (individual and group):

TOTAL number of hours accrued -- clinical and supervision -- at Love and Money Center (if applicable)

Total Individual Hours at Love and Money Center: _____

Total Relational Hours at Love and Money Center: _____

Total Supervision Hours at Love and Money Center (individual and group):

List all clinical sites where you have practiced this semester (if outside of Love and Money Center), your onsite supervisor, your hours per week in the setting, and your primary responsibilities. Please use the format provided for each clinical site where you have practiced this semester.

Clinical site: _____ Onsite supervisor: _____

Hours per week: _____ Responsibilities: _____

Total hours accumulated this semester at this site: _____

Are your records of clinical and supervision hours up to date, signed, and filed at Love and Money Center (or with CFT program coordinator)?

☐ Yes

☐ No

If not, please explain why your records of clinical and supervision hours are not up to date, signed, and filed at Love and Money Center (or with MSCFT program coordinator)?

If you will be doing practicum, clinical internship, or "continuous clinical experience" hours next year, do you expect to remain in the same setting or find a new setting? If a new setting, what do you have in mind?

Did you take your licensure exam this academic year? If not, when do you plan to take it?

How are things going with your internship activities (if applicable)?

How have you contributed to enhancing CFT climate and DEI/SJ efforts?

Areas of Concerns

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

Feedback to the CFT Program (Optional)

Indicate what you see as program strengths.

Describe any suggestions you have for improving the program.

B. CFT License Requirements in Georgia

The Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists licenses MFTs at two levels: licensed associate marriage and family therapist; licensed marriage and family therapist. A how-to guide to obtaining MFT licensure in Georgia is now available on the [board website](#).

Students enrolling in the program should consult with their major professor or CFT committee member to discuss which route to licensure works best for them.

Students pursuing licensure in Georgia **are responsible** for keeping up to date with information regarding licensure requirements and the licensing process. However, as of July 2nd, 2020, the Board requirements for the **associate marriage and family therapy license** (LAMFT) are as follows:

- 1) Education. The applicant must have earned a master's degree from a program in marriage and family therapy, from a program equivalent to a marriage and family therapy degree program, or from any program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). Such program shall be in an educational institution which, at the time the degree was awarded, was accredited by a regional body recognized by the Council on Higher Education Accreditation (CHEA).
- 2) Practicum. The applicant must have completed a one-year practicum in the practice of marriage and family therapy before or after the granting of the master's degree.
 - a. Such practicum shall include a minimum of 300 hours of direct clinical experience.
 - b. Such practicum shall include 100 hours of supervision provided by a licensed marriage and family therapist, professional counselor, clinical social worker, psychiatrist or psychologist, who was also an American Association for Marriage and Family Therapy Approved Supervisor, a Georgia Board Approved Marriage and Family Therapy Supervisor, or a person who was receiving supervision-of-supervision in order to qualify for either designation.
- 3) Contract. The applicant must submit and obtain the Board's approval of a Contract for Post-Graduate Experience and Supervision.
 - a. Applicants who have not yet secured employment or begun supervision at the time of submission of their application for licensure shall so indicate on the Contract for Post-Graduate Experience and Supervision. The applicant shall submit an updated Contract for Post-Graduate Experience and Supervision to the Board for approval within thirty

- (30) days of securing post-graduate employment or beginning post-graduate supervision;
 - b. Once the Contract for Post-Graduate Experience and Supervision is approved by the Board, any change in the contract must be submitted to the Board within thirty (30) days for approval;
 - c. The Board, at its discretion, may request that the applicant and/or licensee submit verification of the information in the Contract for Post-Graduate Experience and Supervision and, if necessary
 - d. Any post-graduate experience or supervision obtained by an associate marriage and family therapist without Board approval may not be applied toward licensure as a marriage and family therapist.
- 4) Examination. The applicant shall register and sit for the Examination in Marital and Family Therapy following Board review of his/her application for licensure as an associate marriage and family therapist and approval to take the examination. Passing the examination is a requirement for licensure.

Georgia CFT Licensure by Reciprocity

A marriage and family therapist should submit license verification from all states where they hold licensing. An CFT who wishes to be considered for endorsement should send a copy of his state's statutes with his application. If the applicant has taken the required exam, but does not have an CFT license, he can apply by examination waiver.

Applications are fairly lengthy and require multiple additional supplemental materials, **which may or may not be listed above**. Applications can be downloaded from the Board website: <https://sos.ga.gov/licensing-division-georgia-secretary-states-office>

For other state requirements, please visit the AAMFT's webpage on MFT State/Provincial Resources: [MFT State Resources](#)

C. Approval of Thesis Proposal

Department of Human Development and Family Science, University of Georgia

Student Name:

ID#:

Thesis Title:

Proposal Meeting Date:

Advisory Committee Approval

The proposed thesis project has been approved by the advisory committee. Any changes must be approved by the advisory committee.

Major Professor	Signature	Date
Committee Member	Signature	Date
Committee Member	Signature	Date
Committee Member	Signature	Date
Committee Member	Signature	Date

Submit the completed form (including adding the names of those who need to sign the form) to the HDFs Graduate Program Administrator (HDFSGradProgram@uga.edu). In your email, provide the name and email for each person who needs to sign the form.

The Graduate Program Administrator will save the file as a PDF and circulate it via DocuSign for signatures.

D. Request for the Announcement of Master's Defense

Department of Human Development and Family Science, University of Georgia

Student Name: _____

ID # (810): _____

Exam Date: _____

Exam Start Time: _____

Location: _____

Title of Thesis: _____

The program of study has been approved by the advisory committee. Any changes must be approved by the advisory committee.

Major Professor	Signature	Date
Committee Member	Signature	Date
Committee Member	Signature	Date
Committee Member	Signature	Date
Committee Member	Signature	Date

At least 2 weeks before the scheduled exam date, submit the completed form (including adding the names of those who need to sign the form) to the HDFS Graduate Program Administrator (HDFSGradProgram@uga.edu). In your email, provide the name and email for each person who needs to sign the form. The Graduate Program Administrator will save the file as a PDF and circulate it via DocuSign for signatures.

E. Portability of Degree Acknowledgement Form

Portability of Degree Acknowledgment Form

Couple and family therapy is a profession that leads to licensure in all 50 states. However, law and regulations about licensure vary by state.

While some boards accept a degree and supervised hours earned out-of-state, many do not. Therefore, make sure to review license requirements in the state where you intend to practice prior to accepting a place in the UGA program so that you understand what may and may not be accepted across state lines. Here is the link to each state's licensure resources: MFT State/Provincial Resources (aamft.org)

The coursework for the University of Georgia CFT Masters Program was designed to meet MFT licensure requirements in the state of Georgia. You may read more about the state requirements for MFT licensure in Georgia here: <https://sos.ga.gov/how-to-guide/how-guide-marriage-andfamily-therapist>

If you have questions about the program's alignment with professional licensure you may contact the Program Director: Dr. Jennifer Gonyea at jlgonyea@uga.edu

Please sign to acknowledge receipt of this information.

Student name: _____ Date: _____

F. AAMFT Code of Ethics

Preamble

The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgates, pursuant to Article 2, Section 2.01.3 of the Association's Bylaws, the Revised AAMFT Code of Ethics, effective January 1, 2015.

Honoring Public Trust

The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code. The ethical standards define professional expectations and are enforced by the AAMFT Ethics Committee. Commitment to Service, Advocacy and Public Participation Marriage and family therapists are defined by an enduring dedication to professional and ethical excellence, as well as the commitment to service, advocacy, and public participation. The areas of service, advocacy, and public participation are recognized as responsibilities to the profession equal in importance to all other aspects. Marriage and family therapists embody these aspirations by participating in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return. Additionally, marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest. Marriage and family therapists also encourage public participation in the design and delivery of professional services and in the regulation of practitioners. Professional competence in these areas is essential to the character of the field, and to the well-being of clients and their communities.

Seeking Consultation

The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities.

Ethical Decision-Making

Both law and ethics govern the practice of Marriage and Family Therapy. When making decisions regarding professional behavior, Couple/Marriage and Family Therapists must consider the AAMFT Code of Ethics and applicable laws and regulations. If the AAMFT Code of Ethics prescribes a standard higher than that required by law, Couple/Marriage and Family Therapists must meet the higher standard of the AAMFT Code of Ethics. Couple/Marriage and Family Therapists comply with the mandates of law but make known their commitment to the AAMFT Code of Ethics and take steps to resolve the conflict in a responsible manner. The AAMFT supports legal mandates for reporting of alleged unethical conduct. Couple/Marriage and Family Therapists remain accountable to the AAMFT Code of Ethics when acting as members or employees of organizations. If the mandates of an organization with which a Couple/Marriage and Family Therapists is affiliated, through employment, contract or

otherwise, conflict with the AAMFT Code of Ethics, Couple/Marriage and Family Therapists make known to the organization their commitment to the AAMFT Code of Ethics and take reasonable steps to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.

Binding Expectations

The AAMFT Code of Ethics is binding on members of AAMFT in all membership categories, all AAMFT Approved Supervisors and all applicants for membership or the Approved Supervisor designation. AAMFT members have an obligation to be familiar with the AAMFT Code of Ethics and its application to their professional services. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.

Resolving Complaints

The process for filing, investigating, and resolving complaints of unethical conduct is described in the current AAMFT Procedures for Handling Ethical Matters. Persons accused are considered innocent by the Ethics Committee until proven guilty, except as otherwise provided, and are entitled to due process. If an AAMFT member resigns in anticipation of, or during the course of, an ethics investigation, the Ethics Committee will complete its investigation. Any publication of action taken by the Association will include the fact that the member attempted to resign during the investigation.

Aspirational Core Values

The following core values speak generally to the membership of AAMFT as a professional association, yet they also inform all the varieties of practice and service in which Couple/Marriage and Family Therapists engage. These core values are aspirational in nature and are distinct from ethical standards. These values are intended to provide an aspirational framework within which Couple/Marriage and Family Therapists may pursue the highest goals of practice.

The core values of AAMFT embody:

1. Acceptance, appreciation, and inclusion of a diverse membership.
2. Distinctiveness and excellence in training of Couple/Marriage and Family Therapists and those desiring to advance their skills, knowledge and expertise in systemic and relational therapies.
3. Responsiveness and excellence in service to members.
4. Diversity, equity and excellence in clinical practice, research, education and administration.
5. Integrity evidenced by a high threshold of ethical and honest behavior within Association governance and by members.
6. Innovation and the advancement of knowledge of systemic and relational therapies.

Ethical Standards

Ethical standards, by contrast, are rules of practice upon which the Couple/Marriage and Family Therapists are obliged and judged. The introductory paragraph to each standard in the AAMFT Code of Ethics is an aspirational/explanatory orientation to the enforceable standards that follow.

STANDARD I: RESPONSIBILITY TO CLIENTS

Marriage and family therapists advance the welfare of families and individuals and make reasonable efforts to find the appropriate balance between conflicting goals within the family system.

1.1 Non-Discrimination.

Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity or relationship status.

1.2 Informed Consent. Marriage and family therapists obtain appropriate informed consent to therapy or related procedures and use language that is reasonably understandable to clients. When persons, due to age or mental status, are legally incapable of giving informed consent, marriage and family therapists obtain informed permission from a legally authorized person, if such substitute consent is legally permissible. The content of informed consent may vary depending upon the client and treatment plan; however, informed consent generally necessitates that the client: (a) has the capacity to consent; (b) has been adequately informed of significant information concerning treatment processes and procedures; (c) has been adequately informed of potential risks and benefits of treatments for which generally recognized standards do not yet exist; (d) has freely and without undue influence expressed consent; and (e) has provided consent that is appropriately documented.

1.3 Multiple Relationships. Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists document the appropriate precautions taken.

1.4 Sexual Intimacy with Current Clients and Others. Sexual intimacy with current clients or with known members of the client's family system is prohibited.

1.5 Sexual Intimacy with Former Clients and Others. Sexual intimacy with former clients or with known members of the client's family system is prohibited.

1.6 Reports of Unethical Conduct. Marriage and family therapists comply with applicable laws regarding the reporting of alleged unethical conduct.

1.7 Abuse of the Therapeutic Relationship.

Marriage and family therapists do not abuse their power in therapeutic relationships.

1.8 Client Autonomy in Decision Making.

Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise clients that clients have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

1.9 Relationship Beneficial to Client.

Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

1.10 Referrals. Marriage and family therapists respectfully assist persons in obtaining appropriate therapeutic services if the therapist is unable or unwilling to provide professional help.

1.11 Non-Abandonment. Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of treatment.

1.12 Written Consent to Record.

Marriage and family therapists obtain written informed consent from clients before recording any images or audio or permitting third-party observation.

1.13 Relationships with Third Parties.

Marriage and family therapists, upon agreeing to provide services to a person or entity at the request of a third party, clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and the limits of confidentiality.

STANDARD II: CONFIDENTIALITY

Marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client.

2.1 Disclosing Limits of Confidentiality. Marriage and family therapists disclose to clients and other interested parties at the outset of services the nature of confidentiality and possible limitations of the clients' right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.

2.2 Written Authorization to Release Client Information. Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from

each individual competent to execute a waiver. In the context of couple, family or group treatment, the therapist may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

2.3 Client Access to Records.

Marriage and family therapists provide clients with reasonable access to records concerning the clients. When providing couple, family, or group treatment, the therapist does not provide access to records without a written authorization from each individual competent to execute a waiver. Marriage and family therapists limit client's access to their records only in exceptional circumstances when they are concerned, based on compelling evidence, that such access could cause serious harm to the client. The client's request and the rationale for withholding some or all the records should be documented in the client's file. Marriage and family therapists take steps to protect the confidentiality of other individuals identified in client records.

2.4 Confidentiality in Non-Clinical Activities.

Marriage and family therapists use client and/or clinical materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with Standard 2.2, or when appropriate steps have been taken to protect client identity and confidentiality.

2.5 Protection of Records.

Marriage and family therapists store, safeguard, and dispose of client records in ways that maintain confidentiality and in accord with applicable laws and professional standards.

2.6 Preparation for Practice Changes.

In preparation for moving a practice, closing a practice, or death, marriage and family therapists arrange for the storage, transfer, or disposal of client records in conformance with applicable laws and in ways that maintain confidentiality and safeguard the welfare of clients.

2.7 Confidentiality in Consultations.

Marriage and family therapists, when consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written consent of the client, research participant, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of the consultation.

STANDARD III: PROFESSIONAL COMPETENCE AND INTEGRITY

Marriage and family therapists maintain high standards of professional competence and integrity.

3.1 Maintenance of Competency.

Marriage and family therapists pursue knowledge of new developments and maintain their competence in marriage and family therapy through education, training, and/or supervised experience.

3.2 Knowledge of Regulatory Standards.

Marriage and family therapists pursue appropriate consultation and training to ensure adequate knowledge of and adherence to applicable laws, ethics, and professional standards.

3.3 Seek Assistance.

Marriage and family therapists seek appropriate professional assistance for issues that may impair work performance or clinical judgment.

3.4 Conflicts of Interest.

Marriage and family therapists do not provide services that create a conflict of interest that may impair work performance or clinical judgment.

3.5 Maintenance of Records.

Marriage and family therapists maintain accurate and adequate clinical and financial records in accordance with applicable law.

3.6 Development of New Skills.

While developing new skills in specialty areas, marriage and family therapists take steps to ensure the competence of their work and to protect clients from possible harm. Marriage and family therapists practice in specialty areas new to them only after appropriate education, training, and/or supervised experience.

3.7 Harassment.

Marriage and family therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.8 Exploitation.

Marriage and family therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.9 Gifts.

Marriage and family therapists attend to cultural norms when considering whether to accept gifts from or give gifts to clients. Marriage and family therapists consider the potential effects that receiving or giving gifts may have on clients and on the integrity and efficacy of the therapeutic relationship.

3.10 Scope of Competence.

Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

3.11 Public Statements.

Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

3.12 Professional Misconduct.

Marriage and family therapists may be in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continue to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

STANDARD IV: RESPONSIBILITY TO STUDENTS AND SUPERVISEES

Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

4.1 Exploitation.

Marriage and family therapists who are in a supervisory role are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

4.2 Therapy with Students or Supervisees.

Marriage and family therapists do not provide therapy to current students or supervisees.

4.3 Sexual Intimacy with Students or Supervisees.

Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee.

4.4 Oversight of Supervisee Competence.

Marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.

4.6 Existing Relationship with Students or Supervisees Marriage and family therapists are aware of their influential positions with respect to supervisees, and they avoid exploiting the trust and dependency of such persons. Supervisors, therefore, make every effort to avoid conditions and

multiple relationships with supervisees that could impair professional judgment or increase the risk of exploitation. Examples of such relationships include, but are not limited to, business or close personal relationships with supervisees or the supervisee's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, supervisors document the appropriate precautions taken.

4.7 Confidentiality with Supervisees. Marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law.

4.8 Payment for Supervision.

Marriage and family therapists providing clinical supervision shall not enter into financial arrangements with supervisees through deceptive or exploitative practices, nor shall marriage and family therapists providing clinical supervision exert undue influence over supervisees when establishing supervision fees. Marriage and family therapists shall also not engage in other exploitative practices of supervisees.

STANDARD V: RESEARCH AND PUBLICATION

Marriage and family therapists respect the dignity and protect the welfare of research participants, and are aware of applicable laws, regulations, and professional standards governing the conduct of research.

5.1 Institutional Approval. When institutional approval is required, marriage and family therapists submit accurate information about their research proposals and obtain appropriate approval prior to conducting the research.

5. 2 Protection of Research Participants.

Marriage and family therapists are responsible for making careful examinations of ethical acceptability in planning research. To the extent that services to research participants may be compromised by participation in research, marriage and family therapists seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

5. 3 Informed Consent to Research.

Marriage and family therapists inform participants about the purpose of the research, expected length, and research procedures. They also inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate such as potential risks, discomforts, or adverse effects. Marriage and family therapists are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services or have impairments which limit understanding and/or communication, or when participants are

children. Marriage and family therapists inform participants about any potential research benefits, the limits of confidentiality, and whom to contact concerning questions about the research and their rights as research participants.

5.4 Right to Decline or Withdraw Participation.

Marriage and family therapists respect each participant's freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation. When offering inducements for research participation, marriage and family therapists make reasonable efforts to avoid offering inappropriate or excessive inducements when such inducements are likely to coerce participation.

5.5 Confidentiality of Research Data.

Information obtained about a research participant during the course of an investigation is confidential unless there is a waiver previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

5.6 Publication.

Marriage and family therapists do not fabricate research results. Marriage and family therapists disclose potential conflicts of interest and take authorship credit only for work they have performed or to which they have contributed. Publication credits accurately reflect the relative contributions of the individual involved.

5.7 Authorship of Student Work.

Marriage and family therapists do not accept or require authorship credit for a publication based from student's research, unless the marriage and family therapist made a substantial contribution beyond being a faculty advisor or research committee member. Co-authorship on student research should be determined in accordance with principles of fairness and justice.

5.8 Plagiarism.

Marriage and family therapists who are the authors of books or other materials that are published or distributed do not plagiarize or fail to cite persons to whom credit for original ideas or work is due.

5.9 Accuracy in Publication. Marriage and family therapists who are authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the published materials are accurate and factual.

STANDARD VI: TECHNOLOGY-ASSISTED PROFESSIONAL SERVICES

Therapy, supervision, and other professional services engaged in by marriage and family therapists take place over an increasing number of technological platforms. There are great benefits and responsibilities inherent in both the traditional therapeutic and supervision contexts, as well as in the utilization of technologically-assisted professional services. These standard addresses basic ethical requirements of offering therapy, supervision, and related professional services using electronic means.

6.1 Technology Assisted Services.

Prior to commencing therapy or supervision services through electronic means (including but not limited to phone and Internet), marriage and family therapists ensure that they are compliant with all relevant laws for the delivery of such services. Additionally, marriage and family therapists must: (a) determine that technologically-assisted services or supervision are appropriate for clients or supervisees, considering professional, intellectual, emotional, and physical needs; (b) inform clients or supervisees of the potential risks and benefits associated with technologically-assisted services; (c) ensure the security of their communication medium; and (d) only commence electronic therapy or supervision after appropriate education, training, or supervised experience using the relevant technology.

6.2 Consent to Treat or Supervise.

Clients and supervisees, whether contracting for services as individuals, dyads, families, or groups, must be made aware of the risks and responsibilities associated with technology-assisted services. Therapists are to advise clients and supervisees in writing of these risks, and of both the therapist's and clients'/supervisees' responsibilities for minimizing such risks.

6.3 Confidentiality and Professional Responsibilities.

It is the therapist's or supervisor's responsibility to choose technological platforms that adhere to standards of best practices related to confidentiality and quality of services, and that meet UGA CFT Doctoral Program Policy and Procedures Handbook - 92 applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

6.4 Technology and Documentation.

Therapists and supervisors are to ensure that all documentation containing identifying or otherwise sensitive information which is electronically stored and/or transferred is done using technology that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

6.5 Location of Services and Practice.

Therapists and supervisors follow all applicable laws regarding location of practice and services, and do not use technologically assisted means for practicing outside of their allowed jurisdictions.

6.6 Training and Use of Current Technology. Marriage and family therapists ensure that they are well trained and competent in the use of all chosen technology-assisted professional services. Careful choices of audio, video, and other options are made to optimize quality and security of services, and to adhere to standards of best practices for technology-assisted services. Furthermore, such choices of technology are to be suitably advanced and current to best serve the professional needs of clients and supervisees.

STANDARD VII: PROFESSIONAL EVALUATIONS

Marriage and family therapists Love and Money Center to the highest of standards in providing testimony in various contexts within the legal system.

7.1 Performance of Forensic Services. Marriage and family therapists may perform forensic services which may include interviews, consultations, evaluations, reports, and assessments both formal and informal, in keeping with applicable laws and competencies.

7.2 Testimony in Legal Proceedings Marriage and family therapists who provide expert or fact witness testimony in legal proceedings avoid misleading judgments, base conclusions and opinions on appropriate data, and avoid inaccuracies insofar as possible. When offering testimony, as marriage and family therapy experts, they shall strive to be accurate, objective, fair, and independent.

7.3 Competence.

Marriage and family therapists demonstrate competence via education and experience in providing testimony in legal systems.

7.4 Informed Consent.

Marriage and family therapists provide written notice and make reasonable efforts to obtain written consents of persons who are the subject(s) of evaluations and inform clients about the evaluation process, use of information and recommendations, financial arrangements, and the role of the therapist within the legal system.

7.5 Avoiding Conflicts.

Clear distinctions are made between therapy and evaluations. Marriage and family therapists avoid conflict in roles in legal proceedings wherever possible and disclose potential conflicts. As therapy begins, marriage and family therapists clarify roles and the extent of confidentiality when legal systems are involved.

7.6 Avoiding Dual Roles.

Marriage and family therapists avoid providing therapy to clients for whom the therapist has provided a forensic evaluation and avoid providing evaluations for those who are clients, unless otherwise mandated by legal systems.

7.7 Separation of Custody Evaluation from Therapy.

Marriage and family therapists avoid conflicts of interest in treating minors or adults involved in custody or visitation actions by not performing evaluations for custody, residence, or visitation of the minor. Marriage and family therapists who treat minors may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective as a treating marriage and family therapist, so long as the marriage and family therapist obtains appropriate consents to release information.

7.8 Professional Opinions.

Marriage and family therapists who provide forensic evaluations avoid offering professional opinions about persons they have not directly interviewed. Marriage and family therapists declare the limits of their competencies and information.

7.9 Changes in Service.

Clients are informed if changes in the role of provision of services of marriage and family therapy occur and/or are mandated by a legal system.

7.10 Familiarity with Rules.

Marriage and family therapists who provide forensic evaluations are familiar with judicial and/or administrative rules prescribing their roles.

STANDARD VIII: FINANCIAL ARRANGEMENTS

Marriage and family therapists make financial arrangements with clients, third-party payors, and supervisees that are reasonably understandable and conform to accepted professional practices.

8.1 Financial Integrity.

Marriage and family therapists do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals. Fee-for-service arrangements are not prohibited.

8.2 Disclosure of Financial Policies.

Prior to entering into the therapeutic or supervisory relationship, marriage and family therapists clearly disclose and explain to clients and supervisees: (a) all financial arrangements and fees related to professional services, including charges for canceled or missed appointments; (b) the use of collection agencies or legal measures for nonpayment; and (c) the procedure for obtaining payment from the client, to the extent allowed by law, if payment is

denied by the third-party payor. Once services have begun, therapists provide reasonable notice of any changes in fees or other charges.

8.3 Notice of Payment Recovery Procedures.

Marriage and family therapists give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, therapists will not disclose clinical information.

8.4 Truthful Representation of Services.

Marriage and family therapists represent facts truthfully to clients, third-party payors, and supervisees regarding services rendered.

8.5 Bartering.

Marriage and family therapists ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if: (a) the supervisee or client requests it; (b) the relationship is not exploitative; (c) the professional relationship is not distorted; and (d) a clear written contract is established.

8.6 Withholding Records for Non-Payment.

Marriage and family therapists may not withhold records under their immediate control that are requested and needed for a client's treatment solely because payment has not been received for past services, except as otherwise provided by law.

STANDARD IX: ADVERTISING

Marriage and family therapists engage in appropriate informational activities, including those that enable the public, referral sources, or others to choose professional services on an informed basis.

9.1 Accurate Professional Representation.

Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy in accordance with applicable law.

9.2 Promotional Materials.

Marriage and family therapists ensure that advertisements and publications in any media are true, accurate, and in accordance with applicable law.

9.3 Professional Affiliations.

Marriage and family therapists do not hold themselves out as being partners or associates of a firm if they are not.

9.4 Professional Identification.

Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.

9.5 Educational Credentials.

Marriage and family therapists claim degrees for their clinical services only if those degrees demonstrate training and education in marriage and family therapy or related fields.

9.6 Employee or Supervisee Qualifications.

Marriage and family therapists make certain that the qualifications of their employees and supervisees are represented in a manner that is true, accurate, and in accordance with applicable law.

9.7 Specialization.

Marriage and family therapists represent themselves as providing specialized services only after taking reasonable steps to ensure the competence of their work and to protect clients, supervisees, and others from harm.

9.8 Correction of Misinformation.

Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.

AAMFT Code of Ethics

https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx

Legal Consultation

Your membership in AAMFT allows you access to various member benefits, including consultations with AAMFT's legal and ethics staff. All members of AAMFT are eligible to receive Ethical Advisory Opinions. Members in the following AAMFT membership categories are eligible for Legal Consultations: Pre-Allied Mental Health Professional Members, Allied Mental Professional Members, Pre-Clinical Fellow, and Clinical Fellow.

https://www.aamft.org/Legal_Ethics/Consultations.aspx?WebsiteKey=8e8c9bd6-0b71-4cd1-a5ab-013b5f855b01

Ethics Complaint Process

The AAMFT Ethics Committee has the ability to investigate complaints against AAMFT members for alleged violations of the AAMFT Code of Ethics.

https://www.aamft.org/legal_ethics/Ethics_Complaint_Process.aspx

Ga. Clinical Evaluation Form (Student Self-Evaluation)

Student name: _____ Date: _____

Yr. Entered Program _____

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

CFT Program Educational Outcomes

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

I am:

Program Goal	Below	Meets	Exceeds	N/A
Students will develop interdisciplinary relational case conceptualization, intervention knowledge, and skills in couple and family therapy across a variety of contexts including tele-mental health.				
Students will develop culturally-responsive clinical skills to practice with international, multicultural, marginalized, and/or underserved communities and evolve an awareness of how positionality impacts clinical decision-making.				
Students will develop professional judgment demonstrated through analysis of legal and ethical decision-making in relational systemic clinical practice situations and licensure requirements.				
Students will assess and develop treatment plans for relational intervention and established mental health diagnostic categories across the lifespan.				
Students will demonstrate evidence-based practice informed by both theory and research.				
Comments:				

AAMFT Core Competencies

In the area below rate your competency with each activity on a scale of 1 (not competent) to 5 (very competent) or N/A. A score of 3 or higher shows competency while a 2 or below would indicate room for improvement. Please indicate N/A for items that were not observed this semester.

Competency	
1. Admission to Treatment	
<u>Executive Skills</u>	
Complete an intake/diagnostic assessment	
Determine who should attend therapy and in what configuration	
Facilitate therapeutic involvement of all necessary participants in treatment	
Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality, policies, and duty to care, to client or legal guardian	
Obtain informed consent to treatment from all responsible parties	
Solicit and use client feedback throughout the therapeutic process	
Develop and maintain collaborative working relationships with referral resources, other practitioners, and payers	
Manage session interactions with individuals, couples, groups and families	
Develop a workable therapeutic contract/plan with clients	
<u>Evaluative Skills</u>	
Evaluate case for appropriateness for treatment within professional scope of practice and competence	
Evaluate intake policies and procedures for completeness and contextual relevance	
Evaluate case appropriateness for telehealth services, if applicable	
<u>Professional Skills</u>	
Understand the legal requirements and limitations for working with vulnerable populations	
Collaborate effectively with clients and other professionals	
Complete case documentation in a timely manner and in accordance with relevant laws and policies	
Develop, establish, and maintain policies for fees, payment, record keeping, and confidentiality	
Draft documents required for treatment, including informed consent, release of information, and intake forms	

Comments	
2. Clinical Assessment and Diagnosis	
<u>Perceptual Skills</u>	
Determine the person or system that is the focus of treatment	
Assess each client's engagement in the change process	
Systemically integrate client report, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process	
Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems	
Consider the influence of treatment on extra-therapeutic relationships	
Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms	
<u>Executive Skills</u>	
Diagnose and assess client problems systemically and contextually	
Engage with multiple persons and manage multiple levels of information throughout the therapeutic process	
Provide assessments and deliver developmentally appropriate services to clients	
Apply effective and systemic interviewing techniques and strategies	
Administer and interpret results of assessment instruments	
Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others	
Assess family history and dynamics using a genogram or other assessment instruments	
Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems	
Make accurate behavioral and relational health diagnoses	
Identify clients' strengths, resilience, and resources	
Elucidate presenting problem from the perspective of each member of the therapeutic system	
Communicate diagnostic information so clients understand its relationship to treatment goals and outcomes	
<u>Professional Skills</u>	

Utilize consultation and supervision effectively	
Comments	
3. Treatment Planning and Case Management	
<u>Perceptual Skills</u>	
Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan	
<u>Executive Skills</u>	
Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans utilizing a systemic perspective	
Prioritize treatment goals	
Develop a clear plan of how sessions will be conducted	
Structure treatment to meet clients' needs and to facilitate systemic change	
Manage progression of therapy toward treatment goals	
Manage risks, crises, and emergencies	
Work collaboratively with other stakeholders, including family members and professionals not present	
Assist clients in obtaining needed care while navigating complex systems of care	
Develop termination and after-care plans	
<u>Professional Skills</u>	
Advocate for clients in obtaining quality care, appropriate resources, and services in their community	
Participate in case-related forensic and legal processes	
Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state laws	
Utilize time management skills in therapy sessions and other professional meetings	
Comments	
4. Therapeutic Interventions	
<u>Perceptual Skills</u>	

Recognize how different techniques may impact the treatment process	
Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes	
<u>Executive Skills</u>	
Identify treatment most likely to benefit clients for presenting clinical problem or diagnosis	
Match treatment modalities and techniques to clients' needs, goals, and values	
Deliver interventions in a way that is sensitive to special needs of clients	
Reframe problems and recursive interaction patterns	
Generate relational questions and reflexive comments in therapy	
Engage each family member in the treatment process as appropriate	
Facilitate clients developing and integrating solutions to problems	
Defuse intense and chaotic situations to enhance the safety of all participants	
Empower clients to establish effective familial organization, familial structures, and relationships with larger systems	
Provide psychoeducation to families whose members have serious mental illness or other disorders	
Modify interventions that are not working to better fit treatment goals	
Move to constructive termination when treatment goals have been accomplished	
Integrate supervision/team communications into treatment	
<u>Professional Skills</u>	
Respect multiple perspectives	
Set appropriate boundaries and manage issues of triangulation	
Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics	
Utilize and successfully implement interventions appropriate for telehealth, when applicable.	

Comments	
5. Legal Issues, Ethics, and Standards	
<u>Perceptual Skills</u>	
Recognize situations in which ethics, laws, professional liability, and standards of practice apply	
Recognize ethical dilemmas in practice setting	
Recognize when a legal consultation is necessary	
Recognize when clinical supervision or consultation is necessary	
Adhere to clinic policies and state and federal ethical standards regarding provision of telehealth services	
<u>Executive Skills</u>	
Monitor issues related to ethics, laws, regulations, and professional standards	
Develop policies, procedures, and forms consistent with standards of practice to protect client confidentiality and to comply with relevant laws and regulations	
Inform clients and legal guardians of limitations to confidentiality and parameters of mandatory reporting	
Develop safety plan for clients who present with potential self-harm, suicide, abuse, or violence	
Take appropriate action when ethical and legal dilemmas emerge	
Report information to appropriate authorities as required by law	
Practice within defined scope of practice and competence	
Obtain knowledge of advances and theory regarding effective clinical practice	
Obtain license and specialty credentials	
Implement a personal program to maintain professional competence	
Comments:	

Finally, please rate your satisfaction with the telehealth technology used at the LOVE AND MONEY CENTER Clinic (e.g., EHR, Time2track) with 1 being “I was highly dissatisfied with the technology” and 5 being “I was highly satisfied with the technology”, and N/A meaning you did not provide telehealth services at LOVE AND MONEY CENTER this semester.

Please offer any additional comments or context for your above ratings or provide suggestions in the space below:

Gb. Clinical Evaluation Form (Supervisor)

Student name: _____ Date: _____

Yr. Entered Program _____

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

CFT Program Educational Outcomes

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

I am:

Program Goal	Below	Meets	Exceeds	N/A
Students will develop interdisciplinary relational case conceptualization, intervention knowledge, and skills in couple and family therapy across a variety of contexts including tele-mental health.				
Students will develop culturally-responsive clinical skills to practice with international, multicultural, marginalized, and/or underserved communities and evolve an awareness of how positionality impacts clinical decision-making.				
Students will develop professional judgment demonstrated through analysis of legal and ethical decision-making in relational systemic clinical practice situations and licensure requirements.				
Students will assess and develop treatment plans for relational intervention and established mental health diagnostic categories across the lifespan.				
Students will demonstrate evidence-based practice informed by both theory and research.				

Comments:				
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AAMFT Core Competencies

In the area below rate your competency with each activity on a scale of 1 (not competent) to 5 (very competent) or N/A. A score of 3 or higher shows competency while a 2 or below would indicate room for improvement. Please indicate N/A for items that were not observed this semester.

Competency	
1. Admission to Treatment	
<u>Executive Skills</u>	
Complete an intake/diagnostic assessment	
Determine who should attend therapy and in what configuration	
Facilitate therapeutic involvement of all necessary participants in treatment	
Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality, policies, and duty to care, to client or legal guardian	
Obtain informed consent to treatment from all responsible parties	
Solicit and use client feedback throughout the therapeutic process	
Develop and maintain collaborative working relationships with referral resources, other practitioners, and payers	
Manage session interactions with individuals, couples, groups and families	
Develop a workable therapeutic contract/plan with clients	
<u>Evaluative Skills</u>	
Evaluate case for appropriateness for treatment within professional scope of practice and competence	
Evaluate intake policies and procedures for completeness and contextual relevance	
Evaluate case appropriateness for telehealth services, if applicable	
<u>Professional Skills</u>	
Understand the legal requirements and limitations for working with vulnerable populations	
Collaborate effectively with clients and other professionals	
Complete case documentation in a timely manner and in accordance with relevant laws and policies	
Develop, establish, and maintain policies for fees, payment, record keeping, and confidentiality	

Draft documents required for treatment, including informed consent, release of information, and intake forms	
Comments	
2. Clinical Assessment and Diagnosis	
<u>Perceptual Skills</u>	
Determine the person or system that is the focus of treatment	
Assess each client's engagement in the change process	
Systemically integrate client report, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process	
Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems	
Consider the influence of treatment on extra-therapeutic relationships	
Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms	
<u>Executive Skills</u>	
Diagnose and assess client problems systemically and contextually	
Engage with multiple persons and manage multiple levels of information throughout the therapeutic process	
Provide assessments and deliver developmentally appropriate services to clients	
Apply effective and systemic interviewing techniques and strategies	
Administer and interpret results of assessment instruments	
Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others	
Assess family history and dynamics using a genogram or other assessment instruments	
Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems	
Make accurate behavioral and relational health diagnoses	
Identify clients' strengths, resilience, and resources	
Elucidate presenting problem from the perspective of each member of the therapeutic system	
Communicate diagnostic information so clients understand its relationship to treatment goals and outcomes	
<u>Professional Skills</u>	
Utilize consultation and supervision effectively	
Comments	
3. Treatment Planning and Case Management	
<u>Perceptual Skills</u>	

Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan	
<u>Executive Skills</u>	
Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans utilizing a systemic perspective	
Prioritize treatment goals	
Develop a clear plan of how sessions will be conducted	
Structure treatment to meet clients' needs and to facilitate systemic change	
Manage progression of therapy toward treatment goals	
Manage risks, crises, and emergencies	
Work collaboratively with other stakeholders, including family members and professionals not present	
Assist clients in obtaining needed care while navigating complex systems of care	
Develop termination and after-care plans	
<u>Professional Skills</u>	
Advocate for clients in obtaining quality care, appropriate resources, and services in their community	
Participate in case-related forensic and legal processes	
Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state laws	
Utilize time management skills in therapy sessions and other professional meetings	
Comments	
4. Therapeutic Interventions	
<u>Perceptual Skills</u>	
Recognize how different techniques may impact the treatment process	
Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes	
<u>Executive Skills</u>	
Identify treatment most likely to benefit clients for presenting clinical problem or diagnosis	
Match treatment modalities and techniques to clients' needs, goals, and values	
Deliver interventions in a way that is sensitive to special needs of clients	
Reframe problems and recursive interaction patterns	
Generate relational questions and reflexive comments in therapy	
Engage each family member in the treatment process as appropriate	
Facilitate clients developing and integrating solutions to problems	
Defuse intense and chaotic situations to enhance the safety of all participants	

Empower clients to establish effective familial organization, familial structures, and relationships with larger systems	
Provide psychoeducation to families whose members have serious mental illness or other disorders	
Modify interventions that are not working to better fit treatment goals	
Move to constructive termination when treatment goals have been accomplished	
Integrate supervision/team communications into treatment	
<u>Professional Skills</u>	
Respect multiple perspectives	
Set appropriate boundaries and manage issues of triangulation	
Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics	
Utilize and successfully implement interventions appropriate for telehealth, when applicable.	
Comments	
5. Legal Issues, Ethics, and Standards	
<u>Perceptual Skills</u>	
Recognize situations in which ethics, laws, professional liability, and standards of practice apply	
Recognize ethical dilemmas in practice setting	
Recognize when a legal consultation is necessary	
Recognize when clinical supervision or consultation is necessary	
Adhere to clinic policies and state and federal ethical standards regarding provision of telehealth services	
<u>Executive Skills</u>	
Monitor issues related to ethics, laws, regulations, and professional standards	
Develop policies, procedures, and forms consistent with standards of practice to protect client confidentiality and to comply with relevant laws and regulations	
Inform clients and legal guardians of limitations to confidentiality and parameters of mandatory reporting	
Develop safety plan for clients who present with potential self-harm, suicide, abuse, or violence	
Take appropriate action when ethical and legal dilemmas emerge	
Report information to appropriate authorities as required by law	
Practice within defined scope of practice and competence	
Obtain knowledge of advances and theory regarding effective clinical practice	
Obtain license and specialty credentials	

Implement a personal program to maintain professional competence	
Comments:	

Finally, please rate your satisfaction with the telehealth technology used at the Love and Money Center Clinic (e.g., EHR, Time2track) with 1 being “I was highly dissatisfied with the technology” and 5 being “I was highly satisfied with the technology”, and N/A meaning you did not provide telehealth services at LOVE AND MONEY CENTER this semester.

Please offer any additional comments or context for your above ratings or provide suggestions in the space below:

Gc. Love and Money Center Clinical Performance Evaluation Form (Love and Money Center Clinic Director)

The purpose of this form is to share an evaluative perspective of the CFT doctoral students' level of clinical performance in the areas outlined below. This assessment will provide additional information to faculty for practicum grades each semester and annual evaluation feedback.

The student's performance in the following three areas (clinic policy, case management & documentation, professionalism) will be evaluated on the following scale:

- (1) Does not meet expectations
- (2) Meets expectations
- (3) Exceeds Expectations
- (N/A) Not applicable/Not observed this semester

Today's Date:

Semester:

Year:

Student's name:

Current clinical supervisor:

Demonstrates adherence to Love and Money Center policies and procedures as outlined in the LMC Handbook regarding:

I. Building Access & Use

Topics include, but are not limited to, adherence to building access and use policies, handling of emergency or injury situations, compliance with locked spaces, safety, and minors in the building policies, use of LMC printers, and Conference Room reservations.

II. Professional Expectations

Topics include, but are not limited to, confidentiality, standards of behavior, timeliness, attire, responsivity to communications, red flag or mandatory reporting requirements, and maintaining adequate caseload.

III. Clinician-Related Documentation

Topics include, but are not limited to, LMC forms, maintaining professional insurance on file, IVS VALT video evaluations, and internal reporting documentation.

IV. Client-Related Documentation

Topics include, but are not limited to, intake documentation, Good Faith Estimates contact logs, appointment logs, progress notes, treatment plans, IVS VALT video recordings, and case closures.

H. Clinical Supervisor Evaluation Form

Instructions: Please complete this evaluation for your clinical supervisor during the past term. Complete thoughtfully by marking the response that represents your training experience. All responses will be recorded anonymously for each practicum group. Please respond by xxxx. CFT faculty supervisors will not have access to student evaluation reports until xxxx, when xx semester begins to avoid potential concerns/tensions around anonymity and reprisal.

Please select your practicum supervisor.

- xxx
- xxx

Overall, how would you rate your supervisor's supervision?

- ☐ Very Ineffective
- ☐ Ineffective
- ☐ Neutral
- ☐ Effective
- ☐ Very Effective

How would you rate your supervisor's knowledge of family therapy theory and practice?

- ☐ Very Ineffective
- ☐ Ineffective
- ☐ Neutral
- ☐ Effective
- ☐ Very Effective

How would you rate your supervisor's ability to help you conceptualize treatment systemically? Very Ineffective

- ☐ Ineffective
- ☐ Neutral
- ☐ Effective
- ☐ Very Effective

How would you rate your supervisor's ability to encourage theoretically driven practice?

- ☐ Very Ineffective

- ☐ Ineffective
- ☐ Neutral
- ☐ Effective
- ☐ Very Effective

How would you rate your supervisor's ability to encourage your growth and development as a therapist?

- ☐ Very Ineffective
- ☐ Ineffective
- ☐ Neutral
- ☐ Effective
- ☐ Very Effective

How would you rate your supervisor's ability to help you expand your practice of therapy to include other models and techniques that you are less comfortable with?

- ☐ Very Ineffective
- ☐ Ineffective
- ☐ Neutral
- ☐ Effective
- ☐ Very Effective

How effective is your supervisor in helping you set goals?

- ☐ Very Ineffective
- ☐ Ineffective
- ☐ Neutral
- ☐ Effective
- ☐ Very Effective

How effective is your supervisor in helping you achieve your goals?

- ☐ Very Ineffective
- ☐ Ineffective
- ☐ Neutral
- ☐ Effective
- ☐ Very Effective

How effective is your supervisor in bringing up issues of power, race, gender, sexual orientation, age, class, etc.?

- ☐ Very Ineffective
- ☐ Ineffective
- ☐ Neutral
- ☐ Effective
- ☐ Very Effective

How effective is your supervisor in encouraging the integration of research and practice?

- ☐ Very Ineffective
- ☐ Ineffective
- ☐ Neutral
- ☐ Effective
- ☐ Very Effective

How effective is your supervisor in helping you work from a systemic and cultural perspective?

- ☐ Very Ineffective
- ☐ Ineffective
- ☐ Neutral
- ☐ Effective
- ☐ Very Effective

How effective is your supervisor in helping you make individual and relational diagnoses?

- ☐ Very Ineffective
- ☐ Ineffective
- ☐ Neutral
- ☐ Effective
- ☐ Very Effective

How effective was your supervisor regarding the integration of ethical clinical topics?

- ☐ Very Ineffective
- ☐ Ineffective

- ☐ Neutral
- ☐ Effective
- ☐ Very Effective

How knowledgeable was your supervisor regarding LOVE AND MONEY CENTER policies and procedures?

- ☐ Very Ineffective
- ☐ Ineffective
- ☐ Neutral
- ☐ Effective
- ☐ Very Effective

How effective was your supervisor in supporting you with telehealth and EHR (or other telehealth software used in external internships)?

- ☐ Very Ineffective
- ☐ Ineffective
- ☐ Neutral
- ☐ Effective
- ☐ Very Effective

How effective was your supervisor in enforcing updated case documentation?

- ☐ Very Ineffective
- ☐ Ineffective
- ☐ Neutral
- ☐ Effective
- ☐ Very Effective

How effective was your supervisor in tracking and signing monthly forms?

- ☐ Very Ineffective
- ☐ Ineffective
- ☐ Neutral
- ☐ Effective
- ☐ Very Effective

Please comment on the strengths of your supervisor:

Please comment on any limitations of your supervisor:

Please comment on the group dynamics of practicum:

Please share any additional comments you might have about your supervisor or practicum experience:

Thank you so much for your time. Please remember that all responses are recorded anonymously.

I. CFT Student Climate Survey

Please share how you assess the Couple and Family Therapy program providing an inclusive and diverse learning environment that has an *“overall atmosphere within the program (including classroom, supervision, research, and other relevant settings) that is sensitive to the needs of diverse, marginalized, and or underserved communities and promotes an open, safe, and respectful exchange of a diversity of views and opinions”* (COAMFTE standards).

1. Overall, how comfortable are you with the climate in your **CFT specific courses**?

very uncomfortable	uncomfortable	neutral	comfortable	very comfortable
1	2	3	4	5

Please elaborate on your experiences:

2. Overall, how comfortable are you with the climate in your **research**?

very uncomfortable	uncomfortable	neutral	comfortable	very comfortable
1	2	3	4	5

Please elaborate on your experiences:

3. Overall, how comfortable are you with the climate in your **CFT faculty**?

very uncomfortable	uncomfortable	neutral	comfortable	very comfortable
1	2	3	4	5

Please elaborate on your experiences:

4. Overall, how comfortable are you with the climate in your **advising relationships (within or outside of CFT)**?

very uncomfortable	uncomfortable	neutral	comfortable	very comfortable
1	2	3	4	5

Please elaborate on your experiences:

5. Overall, how comfortable are you with the climate in your **clinical work & supervision**?

very uncomfortable	uncomfortable	neutral	comfortable	very comfortable
1	2	3	4	5

Please elaborate on your experiences:

6. Overall, how comfortable are you with the **program climate – including peers, staff, leadership, etc.**?

very uncomfortable	uncomfortable	neutral	comfortable	very comfortable
1	2	3	4	5

Please elaborate on your experiences:

7. Overall, how comfortable are you with CFT efforts in promoting **diversity & social justice**?

very uncomfortable	uncomfortable	neutral	comfortable	very comfortable
1	2	3	4	5

Please elaborate on your experiences:

J. Communities of Interest Survey

Thank you for choosing to participate in our Communities of Interest Survey for the Master of Science in Couple and Family Therapy at the University of Georgia. Communities of Interest are stakeholders whom we solicit feedback in the continual process of revising our program and curriculum to consider the needs and expectations of our field. This process is consistent with the best practices in accreditation, and we sincerely value your opinion and honest feedback. The link to our program can be accessed at <https://www.fcs.uga.edu/hdfs/graduate-cft>.

The survey should take under **ten minutes** to complete. If you have any questions, please feel free to contact Dr. XX at (email address).

This survey is anonymous. Names or emails will not be recorded with survey responses.

Please complete this survey by XXX. By clicking the ">>" button below you agree to voluntarily participate in this survey.

Q1 What is your relationship to the University of Georgia's Couple and Family Therapy Program?

- ☐ I am an alumni of the program.
- ☐ I supervise a current student of the program.
- ☐ I consider hiring students who graduate from the program.
- ☐ I am the director of a COAMFTE accredited program.

Q2 Do you supervise more than one UGA CFT student?

- ☐ Yes
- ☐ No

Q3 What type of supervisory experience do you have?

- ☐ Clinical
- ☐ Research
- ☐ Administrative
- ☐ Hybrid, specifically: _____

Q4 How satisfied were you with the supervisee?

- ☐ Extremely unsatisfied
- ☐ Somewhat unsatisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Extremely satisfied

What would you like UGA to know about your experience supervising CFT students?

Q5 How likely are you to consider supervising more UGA CFT students in the future?

- ☐ Extremely unlikely
- ☐ Somewhat unlikely
- ☐ Neither likely nor unlikely
- ☐ Somewhat likely
- ☐ Extremely likely

Q6 Based on your supervisory experience with UGA CFT student(s) please rate the following statements:

UGA CFT students have competencies in/being:

	Strongly Disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
Professional therapists (1)	☐	☐	☐	☐	☐	☐	☐
Completing intake/diagnostic assessments (2)	☐	☐	☐	☐	☐	☐	☐
Developing a treatment plan (3)	☐	☐	☐	☐	☐	☐	☐
Managing their cases (4)	☐	☐	☐	☐	☐	☐	☐
Using therapeutic interventions (5)	☐	☐	☐	☐	☐	☐	☐
Navigating legal and ethical issues (6)	☐	☐	☐	☐	☐	☐	☐
Upholding workplace standards (7)	☐	☐	☐	☐	☐	☐	☐

Q7 How likely are you to consider supervising more UGA CFT students in the future?

- ☐ Extremely likely
- ☐ Somewhat likely
- ☐ Neither likely nor unlikely
- ☐ Somewhat unlikely
- ☐ Extremely unlikely

Q8 What would you like UGA to know about your experience supervising CFT students?

Q9 Please answer the following questions based on your role as a potential employer of UGA CFT students.

Please indicate your level of agreement with the following statements. We would be interested in hiring someone who:

Strongly Disagree

Strongly Agree

0

1

2

3

4

5

Is a competent CFT clinician. ()	
Has, or can, work clinically with a wide range of families and populations. ()	
Meets the AAMFT approved supervisor requirements. ()	
Is a knowledgeable consumer and producer of relationally oriented research that seeks to improve the health and well-being of individuals, couples, families, and societies. ()	
Is prepared to independently teach at the university-level. ()	
Is prepared to articulate the diverse social contexts that influence his/her work and the influence his/her work has on those diverse social contexts. ()	
Is prepared to articulate the diverse social contexts that influence his/her/their work and the influence hi/her/their work has on those diverse social contexts. ()	

Q10 What other attributes or skill sets are you looking for in a new hire that we have not mentioned here?

Q11 Please answer the following questions based on your position as a COAMFTE accredited CFT program director.

☐ Master's Program

☐ Doctoral Program

Q12 Please indicate your level of agreement with the following statements. We would be interested in hiring a potential faculty member who:

Strongly Disagree

Strongly Agree

0

1

2

3

4

5

Is a competent CFT clinician. ()	
Has, or can, work clinically with a wide range of families and populations. ()	
Meets the AAMFT approved supervisor requirements. ()	
Click to write Choice 4 ()	
Click to write Choice 5 ()	
Click to write Choice 6 ()	

Q13 What other attributes or skill sets are you looking for in a new faculty hire that we have not mentioned here?

Q7 What is your current contact information (optional)?

Name:

Address:

City:

State:

Postal Code:

Phone (Personal):

Phone (Professional):

Email Address:

Q8 I consent to allow the CFT Program to include my contact information in a list of graduates that is for CFT Program use only.

☐ Yes

☐ No

Q9 If you feel comfortable, please upload your most recent curriculum vitae (CV) or resume here. This helps us track your accomplishments, which is important to the program's accreditation reporting. Your CV/resume will not be distributed or used outside of this context.

Q10 Are you a clinical member of the AAMFT (American Association for Marriage and Family Therapy)?

☐ Yes

☐ No

Q11 Please list all of your professional memberships:

Q12 Please list any professional organization offices you have held since graduating:

Q13 Please list any professional licenses/certifications you have:

Q14 Please list all of your current employment:

Q15 How satisfied are you with your current employment?

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	
	0	1	2	3	4	5
Satisfaction ()						

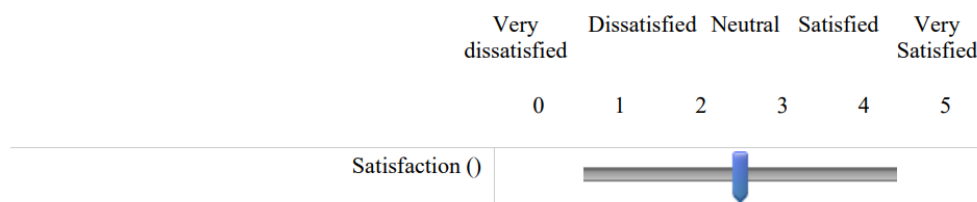
Q16 How satisfied are you with the income from your employment?

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	
	0	1	2	3	4	5
Satisfaction ()						

Q17 When did you graduate from the University of Georgia's CFT Program?

- ☐ In the past two years.
- ☐ Two or more years ago.

Q18 How satisfied are you with the CFT graduate education you received at the University of Georgia?



Q19 While I was a student at the University of Georgia:

	Yes (1)	No (2)	N/A (3)
I presented research at the local, state, or national level. (1)	☐	☐	☐
I served as a teaching assistant. (2)	☐	☐	☐
Faculty regularly infused the language and content of diversity and social context into their instruction through lectures, discussions, or experiential activities. (3)	☐	☐	☐
The academic support services were sufficient (e.g., library, writing lab, computer labs, counseling services, etc.). (4)	☐	☐	☐
I understood that I was being trained as a scientist-practitioner in CFT. (5)	☐	☐	☐

Q20 Upon graduating from the University of Georgia, I was:

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
knowledgeable consumer of relationally oriented research. (1)	☐	☐	☐	☐	☐
A competent producer of relationally oriented research. (2)	☐	☐	☐	☐	☐
A competent CFT clinician. (3)	☐	☐	☐	☐	☐
Able to implement my foundational training in providing clinical supervision. (4)	☐	☐	☐	☐	☐
Prepared to teach at the university level. (5)	☐	☐	☐	☐	☐

Q21 The training at the University of Georgia prepared me to:

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
Articulate the diverse social contexts that influence my work. (1)	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

Q22 Did you come to the University of Georgia specifically for education centered on social justice/diversity and inclusivity?

- ☐ Yes
- ☐ Somewhat
- ☐ No

Q23 How satisfied were you with your experience at the University of Georgia regarding issues of social justice?

- ☐ Extremely satisfied
- ☐ Moderately satisfied
- ☐ Slightly satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Slightly dissatisfied
- ☐ Moderately dissatisfied
- ☐ Extremely dissatisfied

Q24 Looking back, what are the things you really liked about your graduate education at the University of Georgia?

Q25 What improvements do you think we need to make for the benefit of current and future students?

Q26 Do you have any advice for current students in our program?

Q27 Are there other comments/information that you would like to share with us?

K. Internship Evaluation – Internship Supervisor

Internship Evaluation for the Couple and Family Therapy Doctoral Program

Department of Human Development and Family Science

Name of the Student Intern:

Name of Site:

Approved Supervisor:

Number of hours intern works per week:

Clinical: _____

Research: _____

Administrative: _____

Other: _____

Please provide a statement of your **overall evaluation** of the intern over the time period noted above (including both areas of strengths and concerns). As part of your assessment, please comment on student's knowledge and skills level related to social justice and providing culturally responsive and attuned therapy.

AAMFT Core Competencies

In the area below 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. If the skill was not observed, please rate as N/A (Not Applicable)

COMPENTENCIES	
1. Admission to Treatment	
Executive Skills	
Complete an intake/diagnostic assessment	
Determine who should attend therapy and in what configuration	
Facilitate therapeutic involvement of all necessary participants in treatment	

Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality, policies, and duty to care, to client or legal guardian (and telehealth practices if applicable)	
Obtain informed consent to treatment from all responsible parties	
Establish and maintain appropriate and productive therapeutic alliances with clients	
Solicit and use client feedback throughout the therapeutic process	
Develop and maintain collaborative working relationships with referral resources, other practitioners, and payers.	
Manage session interactions with individuals, couples, groups and families	
Develop a workable therapeutic contract/plan with clients	
Evaluative Skills	
Evaluate case for appropriateness for treatment within professional scope of practice and competence	
Evaluate intake policies and procedures for completeness and contextual relevance	
Evaluate case appropriateness for telehealth services, if applicable.	
Professional Skills	
Understand the legal requirements and limitations for working with vulnerable populations	
Collaborate effectively with clients and other professionals	
Complete case documentation in a timely manner and in accordance with relevant laws and policies	
Develop, establish, and maintain policies for fees, payment, record keeping, and confidentiality	
Draft documents required for treatment, including informed consent, release of information, and intake forms	
Comments	
2. Clinical Assessment and Diagnosis	
Perceptual Skills	
Determine the person or system that is the focus of treatment	
Assess each client's engagement in the change process	
Systemically integrate client report, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process	

Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems	
Consider the influence of treatment on extra-therapeutic relationships	
Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms	
Executive Skills	
Diagnose and assess client problems systemically and contextually	
Engage with multiple persons and manage multiple levels of information throughout the therapeutic process	
Provide assessments and deliver developmentally appropriate services to clients	
Apply effective and systemic interviewing techniques and strategies	
Administer and interpret results of assessment instruments	
Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others	
Assess family history and dynamics using a genogram or other assessment instruments	
Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems	
Make accurate behavioral and relational health diagnoses	
Identify clients' strengths, resilience, and resources	
Elucidate presenting problem from the perspective of each member of the therapeutic system	
Communicate diagnostic information so clients understand its relationship to treatment goals and outcomes	
Professional Skills	
Utilize consultation and supervision effectively	
Comments	
3. Treatment Planning and Case Management	
Perceptual Skills	
Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan	

Executive Skills	
Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans utilizing a systemic perspective	
Prioritize treatment goals	
Develop a clear plan of how sessions will be conducted	
Structure treatment to meet clients' needs and to facilitate systemic change	
Manage progression of therapy toward treatment goals	
Manage risks, crises, and emergencies	
Work collaboratively with other stakeholders, including family members and professionals not present	
Assist clients in obtaining needed care while navigating complex systems of care	
Develop termination and after-care plans	
Professional Skills	
Advocate for clients in obtaining quality care, appropriate resources, and services in their community	
Participate in case-related forensic and legal processes	
Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state laws	
Utilize time management skills in therapy sessions and other professional meetings	
Comments	
4. Therapeutic Interventions	
Perceptual Skills	
Recognize how different techniques may impact the treatment process	
Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes	
Executive Skills	
Identify treatment most likely to benefit clients for presenting clinical problem or diagnosis	
Match treatment modalities and techniques to clients' needs, goals, and values	
Deliver interventions in a way that is sensitive to special needs of clients	

Reframe problems and recursive interaction patterns	
Generate relational questions and reflexive comments in therapy	
Engage each family member in the treatment process as appropriate	
Facilitate clients developing and integrating solutions to problems	
Defuse intense and chaotic situations to enhance the safety of all participants	
Empower clients to establish effective familial organization, familial structures, and relationships with larger systems	
Provide psychoeducation to families whose members have serious mental illness or other disorders	
Modify interventions that are not working to better fit treatment goals	
Move to constructive termination when treatment goals have been accomplished	
Integrate supervision/team communications into treatment	
Professional Skills	
Respect multiple perspectives	
Set appropriate boundaries and manage issues of triangulation	
Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics	
Utilize and successfully implement interventions appropriate for telehealth, when applicable.	
Comments	
5. Legal Issues, Ethics, and Standards	
Perceptual Skills	
Recognize situations in which ethics, laws, professional liability, and standards of practice apply	
Recognize ethical dilemmas in practice setting	
Recognize when a legal consultation is necessary	
Recognize when clinical supervision or consultation is necessary	
Recognize when telehealth services are no longer appropriate due to issues of confidentiality, safety, etc.	
Executive Skills	

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

On behalf of the CFT faculty at UGA, we are especially grateful for all that you do for our students and for this collaboration. Please do not hesitate to contact me directly if you would like to share more information, have any concerns or comments, or simply to just touch base.

I appreciate your time.

Sincerely,
 Dr. Jennifer Gonyea, Ph.D., LMFT, LPC
 Clinical Professor and Program Director
 Master of Science of Couple and Family Therapy Program

Signatures:

Supervisor(s): _____

Date:

L. CFT Program Meeting Schedules

Monthly

- CFT Faculty review of program (August through May) including student representative or Graduate Student Organization representative in half of those meetings
- CFT Program meeting - students and faculty will meet monthly (Around August/May)
 - ★ All CFT students are required to be present for all CFT program meetings.
- Monthly meeting between Love and Money Center Director and Program director

Bi-Annual

- Bi-annual meeting of Love and Money Center advisory board
- Meeting between program director and HDFS department head
- Faculty retreats annually (August & May)

Annual

- Faculty annual student evaluations based on annual report (May)
- 1st year students' LOVE AND MONEY CENTER orientation with clinic director (August)
- Annual review of faculty done annually with Department head (Around May/June)
- Review of CFT program by CFT faculty based on data collected for the previous year:
 - Review of curriculum
 - Review of student evaluations
 - Review of program policies
 - Review alumni survey
 - Review feedback from Communities of Interest
 - Review of physical resources annually May
 - Review of fiscal resources annually May
 - Review of academic support services annually May
 - Review of evaluations of faculty teaching

M. Clinical Competencies Tracking Form (Supervisor)

Student name: _____ Date: _____

Yr. Entered Program _____

In the area below indicate the date the skill or competency was observed during practicum, in recorded sessions, or during live supervision. Please indicate N/A for items that were not observed this semester. Use this form throughout the semester to track the skills and competencies observed to document students' progress and to assist in completing the Clinical Evaluation Form at the end of the semester.

AAMFT Core Competencies

Competency	Date
2. Admission to Treatment	
<u>Executive Skills</u>	
Complete an intake/diagnostic assessment	
Determine who should attend therapy and in what configuration	
Facilitate therapeutic involvement of all necessary participants in treatment	
Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality, policies, and duty to care, to client or legal guardian	
Obtain informed consent to treatment from all responsible parties	
Solicit and use client feedback throughout the therapeutic process	
Develop and maintain collaborative working relationships with referral resources, other practitioners, and payers	
Manage session interactions with individuals, couples, groups and families	
Develop a workable therapeutic contract/plan with clients	
<u>Evaluative Skills</u>	
Evaluate case for appropriateness for treatment within professional scope of practice and competence	
Evaluate intake policies and procedures for completeness and contextual relevance	
Evaluate case appropriateness for telehealth services, if applicable	
<u>Professional Skills</u>	
Understand the legal requirements and limitations for working with vulnerable populations	
Collaborate effectively with clients and other professionals	
Complete case documentation in a timely manner and in accordance with relevant laws and policies	

Develop, establish, and maintain policies for fees, payment, record keeping, and confidentiality	
Draft documents required for treatment, including informed consent, release of information, and intake forms	
Comments	
2. Clinical Assessment and Diagnosis	
<u>Perceptual Skills</u>	
Determine the person or system that is the focus of treatment	
Assess each client's engagement in the change process	
Systemically integrate client report, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process	
Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems	
Consider the influence of treatment on extra-therapeutic relationships	
Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms	
<u>Executive Skills</u>	
Diagnose and assess client problems systemically and contextually	
Engage with multiple persons and manage multiple levels of information throughout the therapeutic process	
Provide assessments and deliver developmentally appropriate services to clients	
Apply effective and systemic interviewing techniques and strategies	
Administer and interpret results of assessment instruments	
Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others	
Assess family history and dynamics using a genogram or other assessment instruments	
Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems	
Make accurate behavioral and relational health diagnoses	
Identify clients' strengths, resilience, and resources	
Elucidate presenting problem from the perspective of each member of the therapeutic system	
Communicate diagnostic information so clients understand its relationship to treatment goals and outcomes	
<u>Professional Skills</u>	
Utilize consultation and supervision effectively	
Comments	

3. Treatment Planning and Case Management	
<u>Perceptual Skills</u>	
Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan	
<u>Executive Skills</u>	
Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans utilizing a systemic perspective	
Prioritize treatment goals	
Develop a clear plan of how sessions will be conducted	
Structure treatment to meet clients' needs and to facilitate systemic change	
Manage progression of therapy toward treatment goals	
Manage risks, crises, and emergencies	
Work collaboratively with other stakeholders, including family members and professionals not present	
Assist clients in obtaining needed care while navigating complex systems of care	
Develop termination and after-care plans	
<u>Professional Skills</u>	
Advocate for clients in obtaining quality care, appropriate resources, and services in their community	
Participate in case-related forensic and legal processes	
Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state laws	
Utilize time management skills in therapy sessions and other professional meetings	
Comments	
4. Therapeutic Interventions	
<u>Perceptual Skills</u>	
Recognize how different techniques may impact the treatment process	
Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes	
<u>Executive Skills</u>	
Identify treatment most likely to benefit clients for presenting clinical problem or diagnosis	
Match treatment modalities and techniques to clients' needs, goals, and values	
Deliver interventions in a way that is sensitive to special needs of clients	
Reframe problems and recursive interaction patterns	
Generate relational questions and reflexive comments in therapy	
Engage each family member in the treatment process as appropriate	
Facilitate clients developing and integrating solutions to problems	

Defuse intense and chaotic situations to enhance the safety of all participants	
Empower clients to establish effective familial organization, familial structures, and relationships with larger systems	
Provide psychoeducation to families whose members have serious mental illness or other disorders	
Modify interventions that are not working to better fit treatment goals	
Move to constructive termination when treatment goals have been accomplished	
Integrate supervision/team communications into treatment	
<u>Professional Skills</u>	
Respect multiple perspectives	
Set appropriate boundaries and manage issues of triangulation	
Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics	
Utilize and successfully implement interventions appropriate for telehealth, when applicable.	
Comments	
5. Legal Issues, Ethics, and Standards	
<u>Perceptual Skills</u>	
Recognize situations in which ethics, laws, professional liability, and standards of practice apply	
Recognize ethical dilemmas in practice setting	
Recognize when a legal consultation is necessary	
Recognize when clinical supervision or consultation is necessary	
Adhere to clinic policies and state and federal ethical standards regarding provision of telehealth services	
<u>Executive Skills</u>	
Monitor issues related to ethics, laws, regulations, and professional standards	
Develop policies, procedures, and forms consistent with standards of practice to protect client confidentiality and to comply with relevant laws and regulations	
Inform clients and legal guardians of limitations to confidentiality and parameters of mandatory reporting	
Develop safety plan for clients who present with potential self-harm, suicide, abuse, or violence	
Take appropriate action when ethical and legal dilemmas emerge	
Report information to appropriate authorities as required by law	
Practice within defined scope of practice and competence	

Obtain knowledge of advances and theory regarding effective clinical practice	
Obtain license and specialty credentials	
Implement a personal program to maintain professional competence	
Comments:	

N. Time2Track Hours Example

Add a New Activity

Level * Doctoral ([change](#))

Date * July 26, 2021

Placement or [Add a Placement](#)

Supervisor *

Treatment Setting

Activity Type * Select an Option

Client Choose an existing client or [Add a Client](#)

Hours * Hours Time 1:30 or 1.5

Tags select or add tags

[+ Notes](#)

[+ Assessments](#)

[+ Schedule as Recurring](#)

[Add](#) [Add & Enter Another](#) [Cancel](#)

July 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Relational Direct 0.00

Individual Direct 0.00

Indirect/Support 0.00

Supervision 0.00

July Total 0.00

O. Masters Program Exit Interview

Graduates will be asked the following questions.

	Strongly Disagree	Disagree	Agree	Strongly Agree
<i>My education prepared me to:</i>				
Develop interdisciplinary relational case conceptualization, intervention knowledge, and skills in couple and family therapy across a variety of contexts including tele-mental health.				
Develop culturally-responsive clinical skills to practice with international, multicultural, marginalized, and/or underserved communities and evolve an awareness of how positionality impacts clinical decision-making.				
Develop professional judgment demonstrated through analysis of legal and ethical decision-making in relational systemic clinical practice situations and licensure requirements.				
Assess and develop treatment plans for relational intervention and established mental health diagnostic categories across the lifespan.				
Demonstrate evidence-based practice informed by both theory and research.				
<i>The CFT Faculty was:</i>				
- engaged in professional development of their clinical skills				
- demonstrated effective teaching abilities				

- purposeful in addressing issues of diversity throughout the program (in class, practicum, research group, etc.)				
---	--	--	--	--

Graduates will be asked the following open-ended questions.

- What was your overall experience like in the MS CFT program?
- What is the MS CFT program doing well that should be continued?
- In what areas can the MS CFT program make improvements to ensure students have a high-quality educational experience?
- What do you wish you had known about coming into the program?
- Are there experiences you wish you hadn't had or had less of?
- How would you describe the mentorship you received specific to the MS CFT program?
- Please say something about how prepared you feel you are to embark on your chosen career.
- Anything else you would like to share about your experiences in the MS CFT program/HDFS department?

P. Annual CFT Student Evaluations

Student name:

Cohort Year:

The CFT Faculty met as a group on _____, to discuss your annual self-evaluation materials, your overall interactions with CFT faculty over the academic year, and the results of all faculty feedback provided on the course rubric forms. The information below indicates your progress in meeting program and faculty expectations according to the CFT program's educational outcomes and the AAMFT Core Competencies.

Program goals: Student is able to:	Does not Meet Expectations	Meets Expectations	Exceeds Expectations
1. Develop interdisciplinary relational case conceptualization, intervention knowledge, and skills in couple and family therapy across a variety of contexts including tele-mental health.			
2. Develop culturally-responsive clinical skills to practice with international, multicultural, marginalized, and/or underserved communities and evolve an awareness of how positionality impacts clinical decision-making.			
3. Develop professional judgment demonstrated through analysis of legal and ethical decision-making in relational systemic clinical practice situations and licensure requirements.			
4. Assess and develop treatment plans for relational intervention and established mental health diagnostic categories across the lifespan.			
5. Demonstrate evidence-based practice informed by both theory and research.			

AAMFT CORE Competencies Statement

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

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

Summary of Professionalism Assessment by LMC staff and/or off-campus site supervisor

Overall Assessment:

Strength Areas:

Growth Areas:

Program Director Signature: _____

Date: _____

Q. Program Director Evaluation

Please take a few minutes to contribute to this important survey to provide feedback on Dr. XX. Thanks in advance for your time. (Response options: Strongly agree to strongly disagree, and “I don’t know” option)

- Appropriately represents the MS CFT program at departmental and college functions.
- Attends the AAMFT national conference regularly and effectively recruits students to the program.
- Is available to meet with students to discuss program-related concerns.
- Provides effective leadership sufficient to meet the program’s stated learning outcomes.
- Conducts regular MS CFT faculty meetings.
- Is open to hearing differing opinions about the administration of the program.
- Understands and successfully implements COAMFTE accreditation guidelines.
- Communicates effectively with relevant stakeholders (Communities of Interest) about program business.
- Is a good professional role model
- Demonstrates innovation in trying to meet the MS CFT program goals
- Is effective in promoting inclusivity
- Actively supports the development of a safer environment for a diverse student body.

What is the program director doing effectively?

What would you like to see the program director do differently?

Ra. Love AND Money Center Client Satisfaction Survey

We would like to ask you about your experience receiving services at LOVE AND MONEY CENTER. Your responses to this brief survey will be used to ensure that clients continue to feel satisfied and to resolve any issues that are identified. Thank you for taking the time to complete this.

Please rate how much you agree with the following statements (options: strongly agree, agree, neutral, disagree, strongly disagree)

I feel understood by my therapist

I believe my therapist is skilled and capable

I feel respected by my therapist

I am satisfied with the services I am receiving

Feedback for my therapist:

Rb. Love and Money Center Encuesta de satisfacción del cliente

Les estamos pidiendo a nuestros clientes que por favor llenen esta encuesta en la tercera visita, cada diez consultas y en la consulta final.

Usando unas de las siguientes respuestas, ¿que tan de acuerdo está usted con las siguientes oraciones? (totalmente de acuerdo, de acuerdo, ni en acuerdo ni en desacuerdo, en desacuerdo, totalmente en desacuerdo):

Siento que mi terapeuta me entiende

Me siento respetado/a/e por mi terapeuta

Creo que mi terapeuta es competente

Estoy satisfecho/a/e con mi consulta de hoy

Comentarios para mi terapeuta: _____

S. Student Support Services Survey

COAMFTE standards require a periodic evaluation of the University's Student Support Services. Please rate your experiences using each of the student services below with 1 being "the service did not meet my needs" and 5 being "the service met my needs", and N/A meaning you did not try to access that service at all.

Service	1	2	3	4	5	N/A
Campus Security						
Career Center						
Disability Resources Center						
Food Services						
Housing Services						
LGBT Resource Center						
Transportation and Parking Services						
Student Consumer Information						
University Health Center						
University Testing Services						
Veteran Resources						
Other: _____						
Other: _____						

Please offer any additional comments or context for your above ratings or provide suggestions in the space below:

If you were unsatisfied with your experience at any resource this year, please complete the following:

The name of the service you accessed, and with which you were unsatisfied:

Detail your experience, especially what was unsatisfactory about your experience:

What would you like to see different about this service?

If you were very satisfied with your experience at any resource this year, please complete the following:

The name of the service you accessed:

Detail your experience, especially what was enjoyable about your experience:

T. Internship Plan Proposal

Name: _____

Date: _____

Competency	Activities	Semester	# Clock of Hours	Credit Hours	Supervisor/Mentor

Student signature: _____ Date: _____

Major Professor: _____ Date: _____

Program Director: _____ Date: _____

U. Internship Final Report Form

Name: _____

Date: _____

Competency	Activities	Semester	Brief Report	Supervisor/ Mentor

Student signature: _____ Date: _____

Major Professor: _____ Date: _____

Program Director: _____ Date: _____

V. Course Substitution Form

Student name: _____ Date: _____ Year in program: _____

Title and course code for the course to be substituted (i.e., UGA CFT program course):

Have you sent the syllabus for the course to the program director?

☐ Yes

☐ No

Title and course code for the course already taken (i.e., course taken at another institution/in another department):

Have you sent the syllabus for the course (the exact semester you completed it) to the program director?

☐ Yes

☐ No

Have you sent copies of your transcripts that show you have completed this course to the program director?

☐ Yes

☐ No

Student signature: _____ Date: _____

Major professor's signature: _____ Date: _____

Director of Graduate Studies signature: _____ Date: _____

W. Clinical Competency Capstone Rubric (Written)

Faculty Evaluator: _____

Student's Name: _____

<i>Written Presentation</i>				
<i>Numeral explanations are listed below</i>	1	2	3	4
Conceptualization of Clinical Competence Paper				
1. Describes philosophical and/or epistemological orientations for conducting therapy				
2. Presents Couple/Marriage and Family Therapy literature (foundational and current) that informs clinical competence paper				
3. Offers theoretically consistent integration of theory and practice (includes clinical examples)				
4. Discusses how research informs clinical competence paper				
5. Describes how issues of various diversity topics - context, diversity, gender, power - are addressed in their model/clinical competence paper				
6. Explains how clinical competence paper applies to individual, couples, and families				
7. Describes how the change process occurs in theoretical orientation outlined clinical competence paper				
8. Describes key practices used in conducting therapy: Assessment				
9. Describes key practices used in conducting therapy: Diagnosis				
10. Describes key practices used in conducting therapy: Intervention				
11. Situates clinical competence paper within ethical and professional standards (including telehealth)				
12. Describes how self (e.g. intersections of identity, family of origin, personal history, worldview, etc.) informs practice				

<i>Written Presentation</i>				
	1	2	3	4
Quality of Writing				
13. Adheres to APA style; paper within 20-25 pages (without references, tables, figures)				
14. Uses proper grammar, spelling and punctuation				
15. Clear organization- good use of headings, readability				
16. Demonstrates proper and substantial use of scholarly sources				

Comments:

A **pass** on the written paper is defined as receiving “meets expectations” or above on at least 13 items on the rubric (**Appendix I**) by majority faculty votes.

Review Process: Students will submit their **final Clinical Competence Capstone** for faculty review according to the timeline in the Handbook, during Year 2 Spring. Students should complete the departmental form and return it to the department contact so your defense can be announced at least 2 weeks in advance. Your committee should receive a copy of your paper and completed clinical project about two weeks in advance of the meeting. **FINAL PASS** is based on majority committee votes.

Numeral Explanations:

1= Unacceptable

There is lack of organization to the document. Sentences are difficult to read and understand. Ideas and concepts are not explored and integrated throughout the paper but simply listed and defined.

2=Below Expectations

Organization of document is difficult to follow due to inadequate transitions or rambling format. Insufficient or irrelevant information presented. Poor grammar and sentence mechanics. Discrepancies among theories and ideas are minimally explained with no rationale provided or ignored. Information presented is poorly referenced and key citations are omitted.

3=Meets Expectations

The document can be followed easily (basic transitions and a structured format is provided). The document contains minimal distractions, such as flow in thought, grammar, and mechanics. Idea or concept is partially explored and integrated though out the paper. Discrepancies among theories and ideas are, for the most, part explained in a logical manner. Information presented is, for the most part, adequately and appropriate referenced.

4=Exceeds Expectations

Idea or concept is fully explored and integrated throughout the paper. Discrepancies among theories and ideas are explained in a logical manner. Information presented is adequately and appropriately referenced.

X. Clinical Competence Capstone Rubric (Oral Presentation)

Student's Name _____

Faculty Evaluator: _____

Semester, year, and date _____

<i>Oral Presentation</i>					
<i>Numeral explanations listed below</i>	1	2	3	4	NA
Conceptualization of Theoretical Orientation – as elaborated in the Clinical Competence Paper					
1. Describes philosophical and/or epistemological orientations for conducting therapy					
2. Presents Couple/Marriage and Family Therapy literature (foundational and current) that informs clinical orientation					
3. Offers theoretically consistent integration of theory and practice (includes clinical examples)					
4. Discusses how research informs clinical orientation					
5. Describes how issues of context, diversity, gender, and power are addressed in theoretical model/clinical orientation					
6. Explains how clinical orientation applies to individual, couples, and families					
7. Describes how the change process occurs in their clinical orientation					
8. Describes key practices used in conducting therapy: Assessment					
9. Describes key practices used in conducting therapy: Diagnosis					
10. Describes key practices used in conducting therapy: Intervention					
11. Situates clinical orientation within ethical and professional standards (including telehealth)					
12. Describes how self (e.g. intersections of identity, family of origin, personal history, worldview, etc.) informs practice					
13. Portability of degree – what is your path to becoming licensed in the state where you want to be clinically active?					

<i>Slides and/or Video Presentation</i>					
	1	2	3	4	NA
Quality of PPT slides and video					
14. Clear organization- good use of headings, readability					
15. Video clearly presents points made					
16. Overall quality of oral presentation					
17. Sophistication in answering questions about clinical orientation					

Comments:

Review Process: Students will schedule the oral presentation of their Clinical Capstone Project when they submit their final paper, with at least two week, during Year 2 Spring. **FINAL PASS** is based on majority faculty votes.

Numeral Explanations:

1= Unacceptable

There is lack of organization to the document.

Sentences are difficult to read and understand.

Ideas and concepts are not explored and integrated throughout the paper but simply listed and defined.

2=Below Expectations

Organization of document is difficult to follow due to inadequate transitions or rambling format.

Insufficient or irrelevant information presented.

Poor grammar and sentence mechanics.

Discrepancies among theories and ideas are minimally explained with no rationale provided, or ignored.

Information presented is poorly referenced and key citations are omitted.

3=Meets Expectations

The document can be followed easily (basic transitions and a structured format is provided).

The document contains minimal distractions, such as: flow in thought, grammar, and mechanics.

Idea or concept is partially explored and integrated though out the paper.

Discrepancies among theories and ideas are, for the most, part explained in a logical manner.

Information presented is, for the most part, adequately and appropriate referenced.

4=Exceeds Expectations

Idea or concept is fully explored and integrated throughout the paper.

Discrepancies among theories and ideas are explained in a logical manner.

Information presented is adequately and appropriately referenced.

Y. CFT Program Assessment Schedule

Form Name	Assessment Object	Assessment Subject	Time Frame	Form Location
Faculty Annual Report (self-report and meeting w/ Department Head)	Faculty	Faculty & department head	Yearly – spring semester	HDFS Website: https://www.fcs.uga.edu/hdfs
CFT Practicum Supervisor Evaluation	Faculty	Students	End of each semester of practicum – anonymous QuestionPro survey	MSCFT Handbook Appendix H
CFT Program Director	Faculty	All CFT students and faculty. HDFS faculty and staff who have direct contact with PD in their role.	Even numbered years – end of spring semester (2026, 2028)	MSCFT Handbook Appendix Q
Yearly HDFS student review	Students	HDFS faculty	Yearly – End of spring semester	HDFS Doctoral Student Handbook Section 14: https://www.fcs.uga.edu/docs/HDFS_Doctoral_Program_Handbook_2024.pdf
Annual MSCFT student clinical evaluation	Students	CFT Faculty	Yearly - End of spring semester	MSCFT Handbook Appendix Gb
MSCFT student self-evaluation	Students	Students	Every Spring	MSCFT Handbook Appendix Ga
Student clinical evaluations	Students	Practicum/	Every semester of	MSCFT Handbook Appendices Ga through Gc

		Internship supervisor	Practicum or Internship	
Student Support Services	Students	Students	Yearly – end of spring semester	MSCFT Handbook Appendix S
Educational outcomes compared against SLO targets	Program	Program Director & MSCFT Faculty	Yearly – discussed during MSCFT Spring retreat and revised during the summer	MSCFT Handbook, section “MSCFT Educational Outcomes”
Review and revision of all educational outcomes	Program	Program Director & MSCFT Faculty	Every 3 years 2029, 2032, etc., and during COAMFTE self-study preparation	
Program Exit Interview	Program alumni	Program Director or Administrative Personnel	Every year within 6 months of graduation	MSCFT Handbook Appendix O
Communities of Interest General Survey	Program	Community members	Every 2 years 2026, 2028, etc.	Communities of Interest Survey Appendix J
Fiscal, Physical, & Clinical Resources Review	Program	Students and CFT faculty	Yearly	Appendices Ga through Gc – Clinical Evaluation Forms; Appendix H – Clinical Supervisor Evaluation Form; Appendix K – Internship Evaluation; Appendix O – Program Exit Interview; Appendix Q – Program Director Evaluation.

Z. Acknowledgement Form

Master of Science, Couple and Family Therapy Program
Student Acknowledgement Form
(completed digitally via Question Pro)

Student name:

810#

Resources:

Link to MSCFT Handbook:

Directions to find LMC Handbook

Link to [Georgia MFT Licensure Law](#):

	Yes	No
I agree to abide by all University of Georgia Graduate School policies and requirements as outlined and as updated throughout my time the university. Graduate School Bulletin, https://grad.uga.edu/graduate-policies/ Theses and Dissertations Student Guide to Preparation and Processing, https://grad.uga.edu/development/academic/theses-dissertations-overview/ Graduate School's Academic Regulations and Procedures, https://grad.uga.edu/graduate-policies		
I understand that I must take full responsibility for ensuring that my degree program meets the licensing requirements of my local state and/or country licensing board (where applicable). Portability of Degree Acknowledgement.		
I have read and understand the Demonstrating Clinical Competence section of the Program Handbook. Specifically, I understand that I will be provided written notice of my clinical competency at pre-determined timepoints in my first year. I understand that if I am not developing clinical competency, I will be notified no later than the summer semester (end of first year) to either be removed from the program or steps to complete a MS in HDFs.		

I understand that I am required to immediately inform the Program Director of any situations that may interfere with my ability to competently and safely perform the essential functions of the CFT profession. I do not need to disclose the nature of the situation (e.g. diagnosis, treatment, or hospital or other facility admission for the treatment of any psychiatric disorder; suicide attempt(s); substance abuse; or the illegal use of any controlled substance, habit-forming drug or prescription medication). I further understand that if this occurs, I will be required to provide a letter from a treating physician or licensed professional indicating I am compliant with treatment and currently able to practice safely and competently.		
I understand that a minimum cumulative GPA of 3.0 must be maintained throughout the program and is required for graduation.		
I understand that I will begin to see clients in practicum when deemed ready to do so by program faculty and Love and Money Center Director(s). Further, I understand that a delay in the start of my clinical training may affect my graduation date.		
I understand that I may be placed on probation or other corrective actions by the University or administrative CFT faculty for unsatisfactory academic progress or for unsatisfactory performance in other training domains, including, but not limited to, practicum placements, internship placements, professional or ethical violations or concerns. If I am placed on probation, I understand that a remediation plan will be developed which I am expected to follow; completing all required elements of the plan.		
I agree to abide by the University of Georgia's Academic Honesty policy. https://honesty.uga.edu/academic-honesty-policy/		
I understand that as a student in this program and as a student therapist I am required to conduct myself with professionalism and respect for all who I engage with connected to my educational experience during my time the program and in accordance with the most current edition of the AAMFT Code of Ethics.		
During my clinical training, I understand I am responsible for keeping an accurate record of all of my client contact and supervision hours for review by my local supervisor(s), the University CFT faculty, and for the purpose of applying to state (or other) licensing boards.		
I understand that I am required to complete at least 300 direct client contact hours (a <i>minimum of</i> 100 of these hours must be relational - working with couples, parents and children together, or whole		

families together; a <i>maximum</i> 100 of the 300 can be telemental health hours. I understand that I am required to complete at least 100 hours of clinical supervision (at least 50 hours of observable data supervision - either recording of client sessions or live supervision). The 100 hours of supervision are in addition to the 300 hours of direct client contact.		
I understand that prior to beginning any clinical training, I am required to submit proof of active professional liability insurance.		
I have read the sections on Confidentiality in the Program Handbook and Love and Money Center Handbook and agree to abide by these policies.		
I understand that faculty, Love and Money Center staff, and Clinical Supervisors work collaboratively for the benefit of the students and the CFT program. Therefore, I understand that all parties, including faculty, supervisors, and staff, may discuss and disclose information concerning my performance as a student and as a therapist-in-training. This information, including information that I may share in courses or in supervision, will only be disclosed to other CFT clinical faculty, supervisors, and staff as needed (deemed pertinent for my personal and/or the CFT program's benefit by faculty, supervisors, and staff), except where otherwise outlined in the Program or Clinic Handbooks.		
I have read the Masters in Couple and Family Therapy (CFT) Program Handbook relevant to my program and understand the information contained therein. I have been given an opportunity to ask questions about the Handbook and understand that if I have concerns about it or the contents of it, I may speak with the Program Director before signing this statement. Furthermore, I agree with the information provided in the CFT Program Handbook and agree to abide by the conditions stated therein.		
I have reviewed the MSCFT Program's mission, goals and student learning outcomes in the Program Handbook and during orientation. I understand that I may directly contact the Program Director with any questions or feedback that I have.		
I acknowledge that the M.S. in Couple and Family Therapy was designed to adhere to the COAMFTE accreditation standards (Version 12.5) and the program intends to eligibility criteria for accreditation after two years as outlined in the accreditation process.		
As a program designed to meet COAMFTE accreditation standards, the M.S. in Couple and Family Therapy curriculum is consistent with the professional identity and mission as set forth by the American Association of Marriage and		

Family Therapy [AAMFT]. I have read the Mission and Core Purpose statement and acknowledge that the curriculum was designed to be consistent with AAMFTs mission, values, and goals.		
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