



Human Development & Family Science

College of Family and Consumer Sciences

UNIVERSITY OF GEORGIA

Couple and Family Therapy Doctoral Program Policies and Procedures Handbook

August 2026

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1. Introduction

Welcome to the Couple and Family Therapy (CFT) Doctoral Program at the University of Georgia. The CFT program is housed within the College of Family and Consumer Science and the Department of Human Development and Family Science. The CFT program is accredited by the Commission on Accreditation for Marriage and Family Therapy (COAMFTE) and The International Accreditation Commission for Systemic Therapy Education (IACSTE).

This handbook will cover information unique to the CFT Program and was developed to promote transparency and accuracy about policies, procedures, and program expectations. It should be used in concordance with the HDFS Doctoral Program and the LOVE AND MONEY CENTER Clinic Manual. It is necessary for students to meet the guidelines of all three documents.

The HDFS Doctoral Handbook:

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

The LOVE AND MONEY CENTER Clinic Manual:

<https://docs.google.com/document/d/1ZYVGFAhPSgWqEw1NfOCRRQoP73pyGYtjdR8duJqLgiA/edit?usp=sharing>

Like all graduate programs at UGA, the CFT 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., transitions to updated COAMFTE guidelines when appropriate).

Last updated, reviewed and approved by CFT core faculty: August 14, 2026

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.

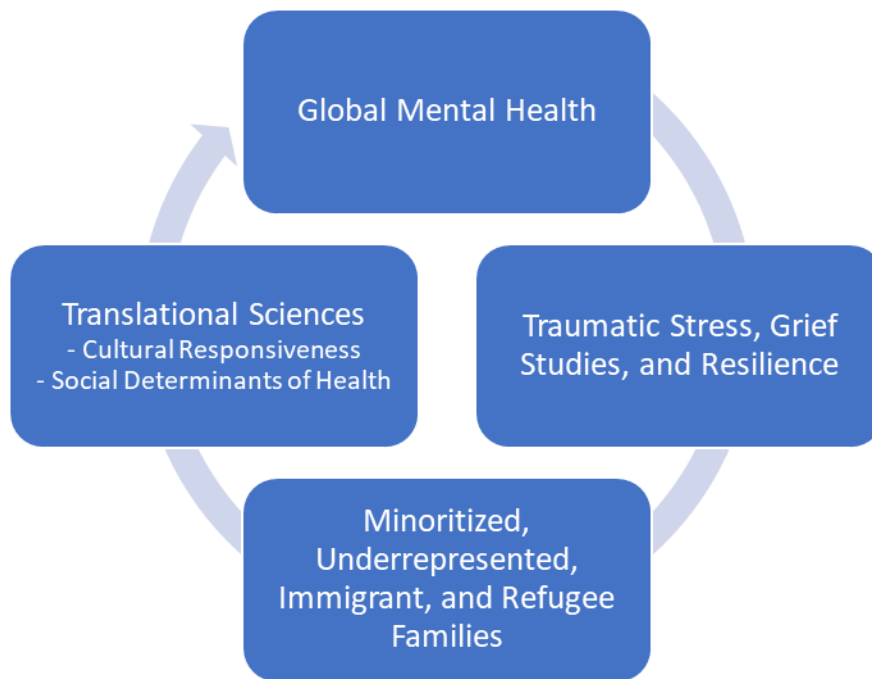
Source: <https://bulletin.uga.edu/UnivInfo/content/university-info-landing.html>

1.2 UGA CFT Doctoral Program Mission Statement

The mission of the Couple and Family Therapy (CFT) Doctoral Program at the University of Georgia is to train scientist-practitioners to become innovative leaders in addressing contemporary challenges in global mental health. Faculty and students will engage in scholarship that advances ethical solutions to complex issues affecting diverse individuals, families and communities using a systemic relational orientation. Scholars will demonstrate excellence in teaching, clinical research and engagement focused on promoting a social justice agenda.

1.3 CFT Program Identity

Working relationally and systemically with *diverse individuals, couples, families and communities*:



The above graphic is a representation of the dynamic interaction between our values and areas of scholarship. As a program we strive towards relational scholarship – research, clinical work, teaching, and community outreach – that centers and/or benefits diverse individuals, couples, families, and communities. This manifests around four central topics: global mental health, traumatic stress & resilience, minoritized, underrepresented, immigrant & refugee families, and translational sciences with particular attention to cultural responsiveness and an emphasis on social determinants of health. These areas of scholarship are reflected in most, but not all of our work, and are not exclusive of the range of research that we conduct. Each area of research is dynamic in and of itself and interacts with broader topics within the field of Human Development and Family Science.

1.4 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.

In accordance with COAMFTE Eligibility Criterion D (COAMFTE Accreditation Standards, pp. 9-10), the University of Georgia's doctoral Couple and Family Therapy program is committed to striving toward affirming the lives and identities of all 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 all people "inclusive of race, age, gender, ethnicity, sexual orientation, relationship status, gender identity, socioeconomic status, disability, health status, religious or spiritual belief, religious or spiritual affiliation and national origin" (COAMFTE Accreditation Standards, p. 9). We also recognise that we are a part of a global community and are committed to attending to issues of inequity around the world.

This work includes centering marginalized groups in our scholarship, doing work that benefits them, as well as supporting the growth and development of students of marginalized identities and our international students. We strive to accomplish this by engaging in ongoing self-examination, deploying decolonizing practices, and promoting the liberation of historically and currently disenfranchised populations.

Although inclusion and affirmation are key in supporting diversity and equity in the field of Couple/Marriage and Family Therapy, we are also committed to striving towards dismantling those systems of oppression that continue to marginalize and oppress. This includes not only acknowledging the ways in which we benefit from and are complicit in maintaining these systems, but also taking direct actions to deconstruct White supremacy, cissexism, ableism, sexism, classism, heterosexism, xenophobia, and their intersections in our scholarship, and in our own department and academic community.

We believe this work is never done; we believe we can never be done. We are therefore committed to listening to marginalized and oppressed groups and raising their voices. We endeavor to hold each other accountable, students and faculty alike, aspiring to create a space that is safer for all, that inspires sustainable socially-just scholarship, and that inspires the growth and development of social justice leaders in the field of Couple/Marriage and Family Therapy.

The doctoral Couple and Family Therapy 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 (Key Element III-D, COAMFTE Accreditation Standards, p. 25).

The CFT Doctoral Program abides by the University of Georgia's policy that prohibits unlawful harassment of or discrimination against any person by any member of the University Community 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.

The language in UGA's Non-Discrimination and Anti-Harassment Policy was updated in March 2025 to align with the University System of Georgia Board of Regents policy that took effect in January 2025. This change has not altered the manner in which UGA reviews or investigates complaints involving all forms of discrimination and harassment. UGA policy continues to forbid all forms of discrimination and harassment prohibited under federal law.

The University follows Board of Regents (BOR) Policy 6.6 Non-Discrimination and Anti-Harassment, found at <https://www.usg.edu/policymanual/section6/C2654>, Board of Regents Policy 6.7 Sexual Misconduct Policy, found at <http://www.usg.edu/policymanual/section6/C2655> and the USG Policy to Prohibit Discrimination & Harassment, found at: <https://legal.uga.edu/policies/non-discrimination-and-anti-harassment-policy/>. The University of Georgia Non-Discrimination and Anti-Harassment Policy (NDAH Policy), found at <https://eoo.uga.edu/laws-policies-and-regulations/civil-rights-and-ndah/non-discrimination-and-anti-harassment-policy/>, incorporates by reference the applicable sections of the BOR Non-Discrimination and Anti-Harassment Policy, BOR Sexual Misconduct Policy, and the USG Policy to Prohibit Discrimination & Harassment.

[Émilie Ellis and Elizabeth Wieling, Updated 2026]

1.5 Diverse Composition of Faculty, Students, and Supervisors

Part of maintaining a professional, inclusive and affirming learning environment involves promoting diversity and protecting individuals (students, faculty and staff) from diverse, marginalized and/or underserved communities. We strive to maintain a diverse 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. 33). As such, we strive to have:

- Program faculty that are representative of the population.
- A student body that is representative of the population.
- A variety of epistemological and clinical and research approaches will be represented among students, faculty, and supervisors in the program.

1.6 Diverse Composition of Faculty, Students, and Supervisors

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/

FACS Guidelines for Resolving Problems, Grievances, and Disagreements	https://www.fcs.uga.edu/faculty_staff_resources/facs-guidelines-for-resolving-problems-grievances-and-disagreements#top
UGA 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://policy.uga.edu/policies/#/programs/BydQdw_u6
Accessibility and Testing	https://accessibility.uga.edu/
Center for Global and Cultural Student Engagement	https://cgcse.uga.edu/
Student Success and Well-being	https://grad.uga.edu/student-success-well-being/
HDFS International Graduate Student Resource Guide	https://www.fcs.uga.edu/docs/HDFS_International_Graduate_Students_Resource_Guide.pdf

1.7 Faculty

All CFT core faculty are doctoral-level Couple/Marriage and Family Therapists and AAMFT Approved Supervisors or in the process of becoming 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>

Core Faculty

Dr. Elizabeth Wieling

CFT PhD Program Director

Professor

Evidenced based treatments for families affected by traumatic stress

Evidence based parenting interventions/child mental health and behavioral outcomes

Immigrant and refugee mental health

Global mental health

Translational Sciences - prevention, intervention, and implementation sciences

Qualitative and mixed methodologies



Dr. Doneila McIntosh

Assistant Professor

Black Health and Relational Well-being

Grief, loss (death-related and non-death related), trauma, exposure to violent death, and community violence

Culturally responsive interventions for traumatic grief

Qualitative, Quantitative, and Mixed Methodologies

Practice-Based Evidence therapeutic models, culturally attuned therapeutic models,

Multi-heritage couples therapy



Dr. Josh Novak

Associate Professor

The Nexus of Family Relationships and Health

Chronic Illness, Disease Risk, Health Management, and Health Behaviors

Bioregulation in Systemic Therapy; Neurodiversity in Systemic Therapy

Medical Family Therapy and Behavioral Health Integration

Quantitative, Qualitative, and Mixed Methods

Program and Intervention Development and Evaluation



Affiliate Faculty

Affiliate Faculty are non-core faculty in the doctoral program who may contribute a clinical course to the CFT doctoral curriculum but are not considered core faculty. They have a permanent position at the University with a primary assignment in another departmental unit and teach specific courses in the CFT curriculum for which they are professionally, educationally and experientially prepared.

Dr. J. Maria Bermúdez



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. Christine Hargrove

Assistant Director, Love and Money Center

Clinical Assistant Professor

Evidence based interventions for individuals, couples, and families with ADHD
Financial therapy interventions
Quantitative research methods



Dr. Bowden Templeton

Clinical Associate Professor

Systemic therapy in medical contexts
Medical family therapy
Interdisciplinary practice
Improving provider health and wellbeing
Program evaluation
Training C/MFT providers



Dr. Gerry Gale

Professor Emeritus

Meditation as a relational practice for personal and social justice
Financial therapy
Interdisciplinary approaches to treating financial and relational stress
Attachment in families with adopted children



1.8 Faculty Outcomes & Policies

1. **CFT faculty will have monthly meetings** between August and May (see **Appendix C**). The CFT student-faculty liaison will be present at every meeting for discussions that do not involve a violation of confidentiality or boundary breach. The CFT 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 Teams. CFT faculty, HDFS Department Head and Director of Graduate Studies have access to meeting minutes.

2. Once a year in August the CFT faculty meet for a **half/full day retreat**. The purpose is to discuss changes to the CFT Handbook, incoming CFT student cohort, curriculum, speaker series, and generally coordinate efforts for the new academic year.
3. Once a year in May the CFT faculty will have a **full day retreat** (see **Appendix C**). 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 throughout the year will be aggregated by administrative support staff and analyzed by CFT 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 Spring retreat, CFT faculty will evaluate and review the curriculum and teaching of CFT courses. Minutes will be kept.
5. **Exit interviews** with graduates/recent alumni will be conducted within 6 months of graduation. LMFT exam pass rates and employment status will also be obtained. These data will be reported to COAMFTE on the annual report.
6. The CFT Program Directors will **meet on a monthly basis with the Clinical Director of the LOVE AND MONEY CENTER** (see **Appendix C**). Minutes will be kept of these meetings by either director, uploaded to Teams, and shared with CFT faculty and students as appropriate.
7. The CFT Program Director will **meet on a monthly basis with HDFS Department Head** about program topics. Minutes will be kept of these meetings, uploaded to Teams, and content will be shared with CFT faculty and students as appropriate.
8. The CFT Program Director will **meet as needed with the HDFS Director of Graduate Studies and Admissions Coordinator/s**.

To obtain our program goals (see CFT Educational Outcomes), our faculty are held to specific standards 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:

1. Be engaged in research relevant to CFT – as evidenced by publications, presenting at national/international conferences, and pursuing external funding.
2. Be clinically engaged and licensed as a Marriage and Family Therapist and 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 abilities with specific attention to addressing health disparities and promoting social justice.
4. Provide service in the department, university, field, and other interested and diverse communities.
5. Demonstrate culturally-responsive clinical skills to practice with international, multicultural, marginalized, and/or underserved communities (Key Element III-D

COAMFTE Accreditation Standards, p. 25) and have an awareness of how positionality impacts clinical decision-making.

Tracking and evidence of these achievements will be demonstrated by completing the **“CFT_Faculty Achievement and Effectiveness Form for Faculty”** each year and submitted to the CFT Program Director and HDFS Department Head along with the yearly annual review documents.

2. CFT Educational Outcomes

2.1 Program goals:

1. Developing advanced culturally responsive and ethical clinical knowledge and skills in family therapy practice and supervision
2. Gaining multi-method research skills that focus on individuals, couples, and families
3. Building foundational pedagogical grounding and effective teaching skills
4. Becoming engaged in ecologically relevant translational science, prevention, and clinical intervention scholarship focused on social justice

Program goal #1: Developing advanced culturally responsive and ethical clinical knowledge and skills in family therapy practice and supervision (Key Element III-D COAMFTE Accreditation Standards, p. 25)

Student Learning Outcome 1.1: Students will gain advanced, culturally responsive, ethical and relationally oriented clinical practice skills throughout the program and demonstrate clinical competency. Accomplishment of this criterion will be measured through the Annual CFT Student Evaluation (**Appendix O**), wherein the student will be evaluated on their clinical competency based on their performance in Practicum or a clinical internship (if applicable). Students who have exited Practicum and are not completing a clinical internship (but who are remaining clinically active through providing supervision or other faculty-approved means) will be evaluated on whether they have met standards for demonstrating clinical competency according to their chosen path (Path A, B, or C), which is evaluated in the CFT Portfolio Evaluation Rubric:

Target: 80% of students will meet or exceed expectations on annual CFT student evaluations on item 1 and/or CFT Portfolio Rubric Items 4(a).

Student Learning Outcome 1.2: Students will demonstrate that they have gained skills as a relational and systemic supervisor in accordance with CFT principles, and AAMFT and local ethical standards and are prepared to supervise CFTs in training. Accomplishment of this criterion will be measured through completing the course “CFT Supervision” (HDFS 9080), which will be assessed through reviewing student transcripts:

Target: 100% of students will meet or exceed expectations on the final philosophy of supervision paper and case presentation according to the *AAMFT Approved Supervisor Designation Standards and Responsibilities Handbook*.

Student learning outcome 1.3: Students will demonstrate advanced knowledge of a clinical area and specialty in relationally oriented clinical work. Accomplishment of this criterion will be measured through the clinical competence writing and oral presentation rubric (**Appendices I & J**) and CFT Portfolio Evaluation Rubric (**Appendix R**).

Target: 100% of students will pass the clinical competence written and oral presentation rubrics and the CFT Portfolio Evaluation Rubric Item 4(b).

Program goal #2: Gaining multi-method research skills that focus on individuals, couples, and families

Student Learning Outcome 2.1: Students will be prepared to conduct ethical, independent, rigorous, ecologically relevant and relationally oriented systemic research with opportunities to address mental health across diverse populations. Accomplishment of this criterion will be measured through CFT Portfolio Evaluation Rubric (**Appendix R**):

Target: 80% of students will meet or exceed expectations on all criteria on CFT Portfolio Items 1(a), 1(b), and 1(c).

Student Learning Outcome 2.2: Students will be mentored to collaborate with peers and supervisors on rigorous relationally oriented clinical research. Accomplishment of this criterion will be measured through CFT Portfolio Evaluation Rubric (**Appendix R**):

Target: 80% of students will graduate with single or co-authorship on a clinical research paper or presentation with CFT faculty and/or other students as demonstrated by CFT Portfolio Items 1(a) and 1(b).

Student Learning Outcome 2.3: Students will have demonstrated that they are prepared to conduct ethical research and apply collaboratively or independently for grants. Accomplishment of this criterion will be measured through the CFT Portfolio Evaluation Rubric (**Appendix R**).

Target: 80% of students will meet or exceed expectations on CFT Portfolio Item 1(d).

Student Learning Outcome 2.4: Students will obtain training in multiple research methodologies for application in culturally-responsive clinical research with individuals, couples and families and demonstrate specific competency in either quantitative or qualitative methods¹. Accomplishment of this criterion will be measured through student's successful completion of comprehensive exams:

Target: 80% of students will pass comprehensive exams that includes a component that involves demonstrating methodological expertise.

¹HDFS/CFT students are required to complete one methodological emphasis in either quantitative or qualitative design and are strongly encouraged to complete the Quantitative Methods in Family Science Certificate through the Human Development and Family Science department or the Certificate in Interdisciplinary Qualitative Inquiry through the Mary Frances Early College of Education. For more details, see the HDFS Doctoral Student Handbook p.15.

Program goal #3: Building foundational pedagogical grounding and effective teaching skills

Student Learning Outcome 3.1: Students will be prepared to independently teach at the university level to a diverse group of students. Accomplishment of this criterion will be measured through CFT Portfolio Evaluation Rubric (**Appendix R**):

Target: 80% of students will meet or exceed expectations on CFT Portfolio Item 2

Student Learning Outcome 3.2: Students will demonstrate ethical professionalism through their active involvement in professional organizations and be prepared to conduct professional training workshops and consultations in community settings.

Accomplishment will be measured through the CFT Portfolio Evaluation Rubric (**Appendix R**):

Target: 80% of students will meet or exceed expectations on CFT Portfolio Item 1(b) and Item 3.

Program #4: Becoming engaged in ecologically relevant translational science, prevention, and clinical intervention scholarship focused on social justice.

Student Learning Outcome 4.1: Students will demonstrate engagement in ethical, systemic clinical research that addresses social change – individual, relational, community – across diverse populations. Accomplishment will be measured through the CFT Portfolio Evaluation Rubric (**Appendix R**) and the final approved internship plan:

Target: 80% of students will either meet or exceed criteria on Portfolio Item 1(c) or have a research focus for internship criterion 4.

Student Learning Outcome 4.2: Students will demonstrate that they have gained advanced clinical knowledge and practice skills in an area related to the emotional and relational health of diverse or marginalized populations. Accomplishment of this criterion will be measured through the clinical competence paper and presentation rubrics (**Appendices I & J**) and the final approved internship plan:

Target: 80% of students will either meet or exceed criteria on the clinical competence paper and oral presentation rubrics item 5 or have a clinical focus for internship criterion 4.

Student Learning Outcome 4.3: Students will demonstrate an understanding of how to address issues of social justice pedagogically and professionally. Accomplishment of this criterion will be measured through the CFT Portfolio Evaluation Rubric (**Appendix R**):

Target: 80% of students will meet or exceed criteria on Portfolio Item 2(b) or 3(c).

Data sources for review:

- CFT Portfolio evaluation rubric

- Annual CFT student evaluation (includes review of practicum and internship clinical evaluations)
- Final approved plan for internship
- Clinical competence writing and oral presentation evaluation rubrics
- Unofficial transcripts from the University of Georgia
- Student's CV

2.2 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 Program Mission Statement			
The mission of the Couple and Family Therapy (CFT) Program at the University of Georgia is to train scientist-practitioners to become innovative leaders in addressing contemporary challenges in global mental health. Faculty and students will engage in scholarship that advances solutions to complex issues affecting diverse individuals, families and communities using a systemic relational orientation. Scholars will demonstrate excellence in teaching, clinical research and engagement focused on promoting a social justice agenda.			
Program Outcomes			
Developing advanced culturally responsive and ethical clinical knowledge and skills in family therapy practice and supervision	Gaining multi-method research skills that focus on individuals, couples, and families	Building foundational pedagogical grounding and effective teaching skills	Becoming engaged in ecologically relevant translational science, prevention, and clinical intervention scholarship focused on social justice
Student Learning Outcomes			
Student Learning Outcome 1.1: Students will gain advanced, culturally responsive, ethical and relationally oriented clinical practice skills throughout the program and demonstrate clinical competency .	Student Learning Outcome 2.1: Students will be prepared to conduct independent, rigorous ecologically relevant and relationally oriented systemic research with opportunities to address mental health across diverse populations (Key Element III-D COAMFTE	Student Learning Outcome 3.1: Students will be prepared to independently teach at the university level to a diverse group of students . Student Learning Outcome 3.2: Students will demonstrate ethical professionalism through	Student Learning Outcome 4.1: Students will demonstrate engagement in systemic clinical research that addresses social change – individual, relational, community – across diverse populations .

Student Learning Outcome 1.2: Students will demonstrate that they have gained skills as a relational and systemic supervisor in accordance with CFT principles and are prepared to supervise CFTs in training. Student learning outcome 1.3: Students will demonstrate advanced knowledge of a clinical area and specialty in relationally oriented clinical work.	Accreditation Standards, p. 25). Student Learning Outcome 2.2: Students will be mentored to collaborate with peers and supervisors on rigorous relationally oriented clinical research. Student Learning Outcome 2.3: Students will have demonstrated that they are prepared to conduct ethical research and apply collaboratively or independently for grants. Student Learning Outcome 2.4: Students will obtain training in multiple research methodologies for application in culturally-responsive clinical research with individuals, couples and families and demonstrate specific competency in either quantitative or qualitative methods.	their active involvement in professional organizations and be prepared to conduct professional training workshops and consultations in community settings.	Student Learning Outcome 4.2: Students will demonstrate that they have gained advanced clinical knowledge and practice skills in an area related to the emotional and relational health of diverse or marginalized populations. Student Learning Outcome 4.3: Students will demonstrate an understanding of how to address issues of social justice pedagogically and professionally.
Faculty Outcomes			
1. Be engaged in research relevant to CFT – as evidenced by publications, presenting at national/international conferences, and securing external funding 2. Be clinically engaged and licensed as a Marriage and Family Therapist and 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 abilities with specific attention to addressing health disparities and promoting social justice; 4. Provide service in the department, university, field, and other interested and diverse communities. 5. Address diversity, equity and inclusion throughout their scholarship			
Key: Clinical, teaching/outreach, research, diversity/social justice			

Curriculum Requirements

The CFT curriculum is designed to meet COAMFTE Educational Guidelines and our program's stated learning outcomes. CFT students who are starting the program with a COAMFTE-approved master's degree and who are looking for a **full outline for the curriculum should refer to Appendix P**; the table below is included for accreditation purposes. A program requirement checklist (**Appendix B**) is also provided to students to be used for ongoing self-assessment of progress in the program.

Students coming from COAMFTE-approved programs will have completed the Foundational Curriculum² and will complete the required courses for the Advanced Curriculum as a part of the program. Students entering the program without a COAMFTE-approved master's degree will complete additional courses and/or requirements to have met the standards for the Foundational Curriculum. The program director will review student transcripts to determine what additional coursework will be required. Students may request that completed master's level courses serve as a substitution for some Foundational Curriculum requirements. If this is the case, students must submit a Course Substitution Form (**Appendix Y**) and attach the course syllabi (one each for the course already taken and for the course to be substituted) as well as copies of transcripts that demonstrate the year and semester the student completed the course which they wish to serve as a substitution. The program director will then review these materials and determine which courses may be counted. Clinical experience will not count as a substitution, and no course from the Foundational Curriculum can be waived. Students must complete the Foundational Curriculum prior to completing their comprehensive exams.

Course substitutions for the Advanced Curriculum must be approved by the student's major professor, Director of Graduate Studies and the CFT Program Director (**Appendix Y**). Department requirements can be found in Section 4 of the HDFS Doctoral Handbook. To waive a course, students must follow the steps outlined in the HDFS Doctoral Handbook.

Advanced Curricula Areas	Program Course
ACA 1: Advanced Research	HDFS 7170: Intro to Statistics HDFS 9000: Research Practicum HDFS 8810: Qualitative Methods HDFS 8830: Regression HDFS 9910/9920: CFT Internship HDFS 8050: Mechanisms of Change HDFS 8800: Quantitative Methods Elective methodology courses (9 credits)

² Students will receive telehealth training in HDFS 9070: CFT Practicum and HDFS 9080: Supervision in CFT to meet criteria for the FCA 10: Preparation for Teletherapy Practice.

ACA 2: Advanced Relational/Systemic Clinical Theory	HDFS 8610: Family Theory HDFS 8710: Advanced Human Development Theory HDFS 8720: Ecological Perspectives on Individual and Family Diversity HDFS 8050: Mechanisms of Change HDFS 8080: Global Mental Health HDFS 8060: Contemporary Family Therapy Across the Lifespan
ACA 3: Advanced Relational/Systemic Applications to Contemporary Challenges	HDFS 9070: CFT Practicum HDFS 8050: Mechanisms of Change HDFS 8080: Global Mental Health HDFS 8060: Contemporary Family Therapy Across the Lifespan HDFS 9910/9920: CFT Internship
ACA 4: Foundations of Relational/Systemic Teaching, Supervision, Consultation, and/or Leadership	GRSC 7001: Graduate Professional Seminar HDFS 9080/9085: Supervision in CFT HDFS 9070: CFT Practicum HDFS 9910/9920: CFT Internship

Graduate School requirements are found on their website:

<https://grad.uga.edu/index.php/current-students/>

2.3 CFT Curriculum Change Policy

Official changes to the CFT curriculum must adhere to the following procedures approved by CFT and HDFS Faculty Spring 2023:

1. Documentation of the rationale for the change and proposed change in writing – changes may be proposed by CFT Program Director and/or CFT Core Faculty.
2. Discussion of proposed change in CFT Faculty Meeting/s.
3. Discussion of proposed change in CFT 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 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 MFT faculty and students and incorporated into the CFT 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 <https://capa.uga.edu/>
https://reg.uga.edu/_resources/documents/curriculum/CAPAFLOWchart.pdf

3. Major Professor and Advising Committee

3.1 Initial Advisor

Upon admission to the program, all students are assigned an initial faculty advisor in the HDFS department. Your advisor may or may not be a member of the CFT core faculty. During the first semester only, the HDFS Director of Graduate Studies, CFT Program Director or the student's initial advisor will provide students with the prescribed coursework for the semester. However, per the HDFS Doctoral Program Handbook, students must officially declare their major professor by the end of their second semester following matriculation into the program. **Students must officially declare their advising committee using the Graduate School form** (see section 3 of the HDFS Doctoral Program Handbook or go to https://www.fcs.uga.edu/docs/Advisory_Committee_Instructions.pdf for instructions).

3.2 Choosing a Major Professor and Advisory Committee

Per the HDFS Doctoral Program Handbook, students should have chosen a major professor and declared their advisory committee to the Graduate School by the end of their second semester in residence. You may choose any faculty member from the HDFS Department as your major professor and, in consultation with your major professor, choose your committee.

However, **students in the CFT Program are required to have at least one CFT core faculty** (not adjunct or affiliate faculty) on their committee to serve as the clinical advisor on the committee. Students may have more than one CFT faculty on their committee.

The student's committee members will be responsible for approving their program of study, the Milestone project (follow HDFS Handbook guidelines), structure of comprehensive exam, clinical competence exams, and any other milestones or issues related to mentoring and guiding the student toward completion of their degree. It is the responsibility of the student's CFT committee major advisor (or CFT core faculty serving on the committee) to advise students, in consultation with the CFT program director, on all clinically-related matters, including but not limited to review of clinical coursework, achieving clinical competence, providing written feedback and mentoring on the clinical competence paper, and guidance on developing the student's plan for internship.

4. Comprehensive Exams

A departmental program requirement, students will complete comprehensive exams prior to beginning their dissertation. The timing, format, and assessment (what constitutes a pass or fail) will be determined by the student's advisory committee. **For more information, see section 7 of the HDFS Doctoral Handbook.**

CFT students may complete clinical competence requirements prior to or after completing their comprehensive exams. The two milestones are not required to be completed simultaneously and are two separate processes, one specific to the CFT program and the other specific to HDFS department requirements.

If the CFT student has not had coursework or experience with external grant writing, it is recommended that the student's committee consider having at least one question in the student's comprehensive exam in the format of a NIH grant proposal (or equivalent external grant mechanism) in order to meet requirements for CFT Portfolio Item 1(d). Additionally, CFT students are required to include a methodological component in their comprehensive exams, the exact design of which will be determined by the student's committee (e.g., one question prompting a systematic review of the literature, a proposed study, a methodological paper, etc.).

5. Portfolio Requirements

All students pursuing a doctoral degree in the UGA human development and family science department are required to complete the portfolio requirements detailed in **section 9 of the HDFS Doctoral Handbook**.

Students completing the CFT program will have additional and/or more specific portfolio requirements. Here we list the HDFS doctoral portfolio requirements, with the added requirements for CFT students (identified by an Asterix *). For further information on portfolio requirements for the doctoral degree, including a sample cover page, sample table of contents, and required documentation refer to the HDFS Doctoral Handbook: https://www.fcs.uga.edu/docs/HDFS_Doctoral_Program_Handbook.pdf

Domain 1: Research			
SLOs	Item		Required documentation
2.1	1(a)	One first-authored article in a peer-reviewed journal.	See HDFS Doctoral Handbook
2.2 3.2	1(b)	Four presentations, <u>since matriculation into the program</u> , at meetings of national/international academic/professional organizations, you must be single author or first author for at least two. *CFT students must have co-authors/collaborators for at least one of the projects in 1(a) or 1(b).	See HDFS Doctoral Handbook
4.1	1(c)	*CFT students will have authorship on at least one paper or conference presentation that demonstrates sophistication in addressing clinical social justice issues.	Notification of acceptance from the conference or journal
2.3	*1(d)	*CFT students will have had experience with grant writing. Students can apply for an actual external grant either independently or collaboratively OR have written a hypothetical proposal that follows the format for an NIH grant proposal (or equivalent external grant mechanism).	Final approved internship plan; comprehensive exams; dissertation prospectus; final project for HDFS 8800

Domain 2: Teaching/Outreach		
SLOs	Item	Required documentation

3.1	2(a)	“Professional level performance in teaching, outreach, or teaching/outreach. Document one of the following (all requirements related to these options must be met while in residence as a doctoral student in the department): a. Co-teach a course in the department [CFTs see 2(b)]. Applied supervision (HDFS 9085) may satisfy the HDFS portfolio co-teaching requirement. b. Primary responsibility for a programmatic series of six to ten (6-10) presentations for local service agency. The scope, content, and number of presentations in the series must be approved in advance by the advisory committee. c. On-going (at least 40 contact hours) clinical/work/outreach in an institutional setting (e.g., hospital, school, service agency, etc.) with a specialized population. d. Significant involvement in research evaluation for a specific program, including creation of an evaluation report e. Production of a significant document for outreach purposes or an outreach publication.”	See HDFS Doctoral Handbook
		f. *(CFT Students) Completion of at least 2 semesters of the applied supervision of supervision (HDFS 9085) that includes co-teaching the weekly practicum for the Master’s Level students providing clinical services at the Love and Money Center.	1) Append course syllabi; 2) Student evaluations (numerical) and all written comments; 3) Supervision of supervision evaluation.
	*2(b)	*If applicable, CFT students with teaching responsibilities will include readings and lectures that address social justice issues and family health with diverse populations.	Syllabus from the course/s they taught or co-taught

Domain 3: Leadership & Service		
SLOs	Item	Required documentation

3.2	3(a)	Maintaining membership in a professional society beginning from the first year in the program.	See HDFS Handbook
		*CFT students must maintain a membership of AAMFT from the beginning of their first year in residence . Students may opt to also maintain memberships with other organizations (i.e. AFTA, IFTA, NCFR) in addition to AAMFT, but memberships with other organizations cannot replace their AAMFT membership.	Proof of AAMFT membership – verification letter or email
	3(b)	Participation in leadership and/or professional activities: At least two of the following are required (other activities may be included if approved by the student’s advisory committee): - Reviewing proposals for presentations at a conference or publications in a journal. - Service on departmental, university, outreach, or professional organization committees. - Membership on professional or service organization boards. - Volunteer work at state, multistate, national or international conferences. - Election to office in a state, multistate, national, or international organization. - Appointment or election for committee involvement in state, multistate, national, or international organizations. - Moderation of a session at a state, multistate, national, or international meeting. - Significant involvement in the Graduate Student Organization. Appointment or election to serve as a Graduate Student representative in programmatic planning.	See HDFS Doctoral Handbook
	*3(c)	*Participation in professional organizations that demonstrates a commitment to and understanding of social justice and diverse across professional domains. Examples include: - Participation in or organizing a social justice-focused special interest group within a professional, departmental, or university organization (e.g., AAMFT Queer and Trans Advocacy Network) - Participation in organizing a social justice-themed conference or other professional	Student CV

		event (e.g., Athens Social Justice Symposium) • Participation in a professional or academic-focused program or course with a social justice focus (e.g., Academics for Black Survival and Wellness).	
	*Domain 4: Clinical		
SLOs	Item		Required documentation
1.1	*4(a)	*Students will show that they have demonstrated clinical competence depending on the path to clinical competency that the student has chosen (in collaboration with their major professor or CFT committee member and CFT program director approval): If the student has chosen path A or path B, which includes collecting 1000 clinical contact hours, the student will demonstrate that they are prepared to pursue LCFT licensure in Georgia, or another state.	Copy of the student's license <u>or</u> documentation of the state's licensing requirements; copy of approved Time2Track hours logs
		If the student has chosen path B or C, which includes collecting 600 clinical contact hours and submission of a first-authored paper on a relational, clinical issue, students will demonstrate that they have completed their clinical contact hours, and that their clinical paper was accepted for publication.	Copy of approved Time2Track hours logs; proof of paper submission from the journal for their clinical paper.
1.3	*4(b)	*Students will demonstrate that they have completed their clinical competence paper and presented their clinical competence at an CFT program meeting.	Copy of the completed clinical competence written and oral rubrics demonstrating a pass.
* CFT-specific additional portfolio requirement			

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 CFT Program Director and the Director of the Love and Money Center. It is expected that students seeing clients will follow the AAMFT Code of Ethics (see **Appendix K**) and State of Georgia laws related to the practice of Couple/Marriage and Family Therapy. Any concerns of either a legal or ethical nature must be reported to a clinical supervisor immediately.

6.2 Verification of Hours Obtained Prior to UGA

After students are accepted into the CFT doctoral program at UGA, the CFT program director will work closely with each student to complete the **COAMFTE Foundational Elements Form**. The purpose is to evaluate what potential curriculum and/or clinical training gaps there are before students commit to joining the program. With respect to clinical hours, the form specifies the number of hours the student petitions to apply towards the doctoral program, which is submitted along with proper verification from the previous institution (submit verification of previously earned client-contact hours that will count towards up to 500 client contact hours (maximum of 250 individual hours). Students may apply towards the program's 1000-hour (Path A or alternative clinical competency through Paths B or C) requirement for graduation.

Additionally, this form will list exactly what foundational curriculum (courses) may be missing from the master's degree, and include an action plan and timeline for addressing gaps; and the form will include an estimate of the clinical hours expected to be completed during the doctoral program. This form will be completed by the student, reviewed by the CFT program director, approved by core faculty, and signed by both parties.

If it is determined that the student needs additional foundational coursework and clinical hours beyond the structured doctoral program curriculum, which may extend their time to graduation, the student will be asked to review and sign a **funding acknowledgement form** (Appendix AC) to verify that this topic has been discussed with them and they are aware of the potential funding implications after their 4th year in the program.

Students who do not hold an LAMFT designation may only count hours from COAMFTE accredited programs. Those students holding an LAMFT designation may also count client-contact hours supervised by an AAMFT approved supervisor. No more than 500 client-contact hours may be applied towards the 1000-hour requirement. If you currently hold an LAMFT or LMFT designation, submit your credentials to the CFT program director and the Love and Money Center clinic director.

Please note that in the State of Georgia, per Universal Citation: GA Code § 43-10A-13 (2024), the maximum number of hours students can apply from their master's program to their licensure hours total changed from 500 to 300 hours. See:

<https://law.justia.com/codes/georgia/title-43/chapter-10a/article-1/section-43-10a-13/>

Specifically:

(C) A doctorate degree from:

(i) A program in marriage and family therapy;

(ii) A program in clinical counseling, clinical social work, any allied profession, applied child and family development, or applied sociology; provided, however, that, on and after July 1, 2025, any such doctorate degree program or additional post-master's degree coursework shall include courses equivalent to those of a marriage and family therapy degree program; or

(iii) Any program accredited by the Commission on Accreditation for Marriage and Family Therapy Education, which degree shall have been granted by a recognized educational institution; two years' full-time post-master's experience under direction in the practice of marriage and family therapy which shall include a minimum of 1,000 hours of direct clinical experience, one year of which may have been in an approved internship program before or after the granting of the doctoral degree, which shall meet the minimum number of direct clinical contact hours and supervision hours as set forth on July 1, 2023, by the Commission on Accreditation for Marriage and Family Therapy Education, and one year of which shall have been full-time post-master's experience, which shall include a minimum of 700 hours of direct clinical experience; and 100 hours of supervision of such experience in the practice of marriage and family therapy, 50 hours of which may have been obtained while a student or intern in an accredited doctoral program.

6.3 Practicum

Doctoral students with a master's degree from a COAMFTE accredited program will have the opportunity to start their clinical work a few weeks into their first semester. Students from a non-accredited master's degree will start seeing clients at the discretion of CFT program director and their supervisor. Students in Practicum are required to register for 3 credit hours of HDFS 9070 each semester they see clients.

Students will have both individual supervision and group practicum when seeing clients in practicum; however, individual supervisors can make changes as they deem necessary. Practicum will meet weekly for live observations, video observations or consultation of cases. All students will be required to complete a minimum of 1 year (2 semesters and 1 summer) and up to 2 years (4 semesters and 2 summers) of clinical practicum, depending on their clinical competence and accumulated hours. All students will be required to complete a minimum of **200** client contact hours in the Love and Money Center, and **students without a master's in CFT must acquire at least 100 relational hours** as part of

the 200 hours (there is no required relational/individual ratio for students with a COAMFTE accredited master's background).

6.4 Telehealth Training

The Love and Money Center complies with state regulations on telehealth practices.

Students engaging in teletherapy practice at the Love and Money Center must adhere to all teletherapy-related clinic guidelines and policies. Follow the link for the [Love and Money Center 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 Manual to gain additional important information regarding teletherapy.**

Faculty leading practica will also systematically incorporate various advanced clinical topics, including instruction on conducting telehealth sessions, into the structure of weekly supervision. All students are required to complete CEUs from APA or AAMFT on topics specific to providing telehealth services and provide copies of their certifications to the program director per state requirements. Students who do not have the opportunity to engage in teletherapy at the Love and Money Center or in their clinic internship are still required to complete an 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 & Gb**).

6.5 Requirements for Practicum

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

1. Present a live case in Practicum at least twice 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's policies and procedures (refer to the Love and Money Center 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 M**; please reference the Love and Money Center Manual for up-to-date information on accessing and using Time2Track). **Students must adhere to Love and Money Center 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 activities (paperwork, phone calls, clinic meetings, etc.), which may count for licensure requirements in some states (for more information on state licensure requirements see

https://www.aamft.org/Advocacy/State_Resources/MFT_State_Resources.aspx).

A **Client Satisfaction Survey (Appendix S)** will be circulated to Love and Money Center clients (specific survey and distribution process is being re-evaluated Fall 2026)

3. Complete any required readings or assignments. Practicum will also have a **clinical content component**, wherein supervisors will teach on clinical content for a portion of the 3-hour Practicum class. Students will therefore also be expected to complete any required readings or assignments as outlined in the syllabus at the beginning of each semester.
4. Maintain a full case load. 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 **6-10 active clients, and average 4-7 hours of direct client contact/week**. Students should aim to complete their clinical practicum within a 2-year period and transition into their internships.
5. Updated maintenance of case management – includes being current with the clinic’s documentation software (e.g., TheraNest, Time2Track).

Failure to complete any of these requirements will affect 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 Director via phone or text. If the supervisor cannot be reached, contact any core CFT 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 Director will also complete the semesterly [clinical performance evaluation form \(Appendix Gc\)](#). This evaluation has weight in the grading and annual evaluation process (please see the Love and Money Center Manual for more information regarding this form and the evaluation process).

6.7 Exiting Practicum

Following the completion of 200 hours and minimum of 1 year of practicum, eligible students may request permission to exit practicum and propose internship activities. To exit practicum, students must request permission of the CFT faculty **one semester prior** to that in which the student anticipates completing their 200 client contact hours at Love and Money Center (e.g., in the Spring semester, the student will request permission to exit Practicum at the end of the Summer semester). NOTE: CFT faculty do not meet in the Summer semester. Therefore, if you plan to exit Practicum in the Fall semester, you must submit your request to exit in the Spring semester.

To obtain permission to exit the clinic, a student must submit the Completion and Request to Exit Practicum Form (**Appendix X**) to the program director and indicate support of their major professor or their CFT core committee member. Students must also complete the Clinical Transition Form (see Love and Money Center Manual) and turn this in to the Love and Money Center Director/s **approximately 1 month prior to your exit**, outlining your plan for closing or transferring cases. The program director will then present the student's request at the next faculty meeting for their approval. The student will receive written notification of the faculty's decision from the program director. Students will then work with the CFT program director to draw up an internship proposal to be presented to faculty for their approval. Students must also work with the Clinic Coordinator and carefully review the Love and Money Center Manual for policies regarding transitioning out of the Love and Money Center. Students must obtain faculty permission and have an approved internship plan prior to exiting Practicum.

Active Clinical Engagement. Students are to remain clinically active/engaged throughout the program prior to graduating, which may include maintaining a client caseload in either Practicum or Internship, supervising other clinicians (HDFS 9085), working clinically in a community mental health agency (for pay or volunteer), conducting clinical research (clinical interviews/intervention on project or doctoral dissertation), conducting clinical trainings for lay professionals or clinicians, or other faculty-approved means. After completing clinical internship and meeting the program clinical competency requirements, students are encouraged to maintain a minimum of 3 hours/week of clinical engagement. Clinical activities should be documented in the CFT Student Semester Self-Report (**Appendix A**).

6.8 Supervision

Students are required to accumulate at least 200 hours of supervision, of which 100 must be individual supervision. Individual supervision is defined as either one or two supervisees with a supervisor. Group supervision cannot exceed six supervisees. A supervisee behind the mirror with the supervisor (and one therapist doing therapy) can receive individual supervised contact hours for this time. A maximum of 100 supervised hours of live observation or video supervision (alternative hours) can count toward clinical competency

requirements (1000 or 600 client contact hours, depending on your chosen path and CFT faculty approval), from either your master's CFT program or from UGA or both.

Throughout practicum, each student must maintain a minimum **ratio of 5:1** of client contact with supervision. Both individual and group supervision with clinical CFT faculty counts for these hours. As noted above, supervised hours accrued prior to starting the program may be included in this total. 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 manual and any notification of policy changes (link to the Love and Money Center Manual is provided on page 5). Doing so is a requirement of Practicum. There will be a mandatory Love and Money Center policy training meeting every Fall semester for first-year students, which may be held during practicum. At this meeting, clinic policies and procedures will be explained and reviewed.

6.9 Demonstrating Clinical Competence

All students are required to demonstrate clinical competency in order to meet criteria for CFT Portfolio Item 4(a). This is not measured exclusively by the number of hours a student has gained, although clinical contact hours are a component. As noted above, all students will be required to complete a minimum of **200** client contact hours in the Love and Money Center. In addition to completing these 200 hours, students will need to choose a path to demonstrating clinical competence.

There are three paths to demonstrating clinical competence available for CFT students (see table below). These correspond to the level of clinical experience the student has accumulated prior to entry into the program and/or their specific clinical goals. **Students will meet with their CFT clinical advisor as well as the CFT Program Director as they seek approval to exit practicum to determine which path they intend to pursue.**

6.9.1 Path A

Students who enter the program **fully licensed OR obtain full licensure** prior to the exit from practicum are required to complete **200 client contact hours in the Love and Money Center and a minimum of one year of practicum** (2 semesters and 1 summer). Upon obtaining approval to exit practicum, these students are required to accumulate a total of 9 months (non-contiguous) internship activities. Internship activities are not required to focus on clinical work but should have clinical implications (e.g., community outreach about clinical topics, work on clinical research projects, and grant writing). These students must also complete an AAMFT-approved supervision course.

6.9.2 Path B

Students who enter the program following the completion of either an **COAMFTE accredited master's program or a non-accredited CFT master's program that provides students with AAMFT approved supervision**, may demonstrate clinical competence in one of the two following ways:

1. Students will accumulate a total of 1000 client contact hours prior to graduation with the ability to transfer up to 500 client contact hours from their master's training (max 250 individual client contact hours) that have been supervised by an AAMFT approved supervisor. These students are required to complete a **minimum of 200 client contact hours in the Love and Money Center** and a **minimum of one year of practicum** at the clinic (2 semesters and 1 summer). Students coming to UGA without a COAMFTE-accredited master's degree must acquire at least 100 relational client contact hours towards their 200 hours at the Love and Money Center. Upon obtaining approval to exit practicum, these students are required to accumulate a total of 9 months (non-contiguous) internship activities. These students are generally required to prioritize internship activities that facilitate the completion of the required 1000 clinical contact hours for graduation.
2. Students will accumulate a total of 600* client contact hours **and CFT faculty approval** to "end" collecting contact hours, with the ability to transfer up to 250 client contact hours from their master's training. These students are required to complete a **minimum of 200 client contact hours in the Love and Money Center** and a **minimum of one year of practicum** at the clinic (2 semesters and 1 summer). Students coming to UGA without a COAMFTE-accredited master's degree must acquire at least 100 relational client contact hours towards their 200 hours at Love and Money Center. Upon obtaining approval to exit practicum, these students are required to accumulate a total of 9 months (non-contiguous) internship activities. These students are generally required to prioritize internship activities that facilitate the completion of the required 600 clinical contact hours for graduation.

** The CFT doctoral program has had this 600 hour alternative path in place since 2020 and is currently accredited with this provision. However, with the recent GA law change (GA Code: <https://law.justia.com/codes/georgia/title-43/chapter-10a/article-1/section-43-10a-13/>), we will review this path and evaluate whether we may need to make modifications.*

3. In addition, students who select this path will be required to have a first author relational/systemic clinical paper submitted for publication prior to portfolio sign-off. Requirements for the clinical paper include the following: the clinical paper must be approved in writing by at least two CFT faculty members; the paper and evidence of the faculty members' approval must then be sent to the Program director, who will give the final approval, and update the student's file; the clinical paper must be submitted to a journal with a focus on clinical work (for example, Journal of Marital and Family Therapy, Journal of Feminist Family Therapy,

Contemporary Family Therapy); and the student must be first author on the paper. The student's faculty mentor or advisor on the paper may be added as co-author if they have met APA guidelines for authorship. Note: students who complete the 600 client contact hours for path C and clinical paper will meet graduation requirements but will typically not meet the clinical hour requirements for state licensure.

4. These students must also complete an AAMFT-approved supervision course.

6.9.3 Path C

Students who enter the program following the completion of a non-accredited CFT master's program that does not provide students with AAMFT approved supervision, or a master's in a closely related field (e.g., clinical psychology, counseling, educational psychology, social work) are required to accumulate a total of 600 client contact hours prior to graduation **and CFT faculty approval** to "end" collecting contact hours, with the ability to **petition the program director** for approval to transfer up to 250 client contact hours from their master's training. These students are required to complete a **minimum of 200 client contact hours in the Love and Money Center** and a **minimum of one year of practicum** (2 semesters and 1 summer). Upon obtaining approval to exit practicum, these students are required to accumulate a total of 9 months (non-contiguous) of internship activities. These students are generally required to prioritize internship activities that facilitate the completion of the required 600 clinical contact hours for graduation.

1. In addition, students who select this path will be required to have a first author relational/systemic clinical paper submitted for publication prior to portfolio sign-off. Requirements for the clinical paper include the following: the clinical paper must be approved in writing by majority CFT core faculty members; the paper and evidence of the faculty members' approval must then be sent to the Program Director, who will give the final approval, and update the student's file; the clinical paper must be submitted to a journal with a focus on clinical work (for example, Journal of Marital and Family Therapy, Journal of Feminist Family Therapy, Contemporary Family Therapy); and the student must be first author on the paper. The student's faculty mentor or advisor on the paper may be added as co-author if they have met APA guidelines for authorship. Note: students who complete the 600 client contact hours for path C and clinical paper will meet graduation requirements but will typically not meet the clinical hour requirements for state licensure.
2. These students must also complete an AAMFT-approved supervision course.

6.10 Paths to Demonstrating Clinical Competency

<i>Student background upon entering the program</i>	Fully licensed (LCFT) upon program entry OR at practicum exit	COAMFTE accredited CFT masters	Non- accredited CFT masters with AAMFT approved sup.	Clinical masters in related field (psych, counseling, etc.) or non-accredited CFT w/o AAMFT approved sup.
<i>Path to clinical competency</i>	Path A	Path B	Path C	
<i>Clinical activities required prior to exiting practicum & proposing internship activities</i>	200 client contact hours (100 relational hours for students without a COAMFTE masters) required in Love and Money Center. Minimum of 1-year of practicum.	1000 client contact hours to graduate. Transfer up to 500 (up to 250 individual) hours supervised by AAMFT approved supervisor. 200 client contact hours (100 relational hours for students without a COAMFTE masters) required in Love and Money Center, minimum 1-year practicum	600 client contact hours to graduate. Students may petition to transfer up to 250 hours. 200 client contact hours (100 relational hours for students without a COAMFTE masters) required in Love and Money Center, minimum 1-year practicum. First-author relational/systemic clinical paper approved by CFT core faculty and submitted for publication.	
<i>Supervision requirements</i>	Complete an AAMFT-approved supervision course, or demonstrate that the student is an AAMFT-approved supervisor	Complete an AAMFT-approved supervision course	Complete an AAMFT-approved supervision course	
<i>Internship requirements</i>	Complete a total of 9 months of contiguous or non-contiguous Internship activities. No clinical component required.	Complete an accumulated total of 9 months of Internship activities. Completion of clinical hours prioritized.	Complete an accumulated total of 9 months of Internship activities. Completion of clinical hours prioritized.	

7. Applying Hours Towards Licensure

Students will be provided with information about licensure in the state of Georgia (**Appendix E**). Every other 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: There is a difference between what constitutes Direct Client hours for the purposes of the doctoral 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.

7.1 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 F**) indicating they understand the limitations of the portability of their degree. Students may refer to the [AAMFT website](#) for information specific to the states that they may be interested in obtaining licensure. With this information, students 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 information regarding licensing requirements in that country.

7.2 Clinical Supervisor Equivalency Requirements

The Program Director may designate a person who is not an AAMFT Approved Supervisor as equivalent to the status for purposes of supervision if the person is an AAMFT Supervisor Candidate or if:

1. the student provides documents that the equivalent supervisor has demonstrated training, education and experience in Couple/Marriage and Family Therapy. This may be demonstrated by state CFT credential, AAMFT clinical membership or other documentation of training, education and experience in individual, couple and family therapy, **and**
2. the student provides documentation of supervisor's demonstrated training, education and experience in individual, couple, and family therapy supervision. This may be demonstrated by state credentials to provide CFT supervision, completing coursework or continuing education in CFT supervision, significant CFT supervised supervision experience, or more than 10 years' experience

supervising CFT students. Equivalence criteria must include training in CFT supervision.

7.3 Supervision Training

Supervision training is divided into two portions: a didactic portion (HDFS 9080) and a supervision of supervision portion (HDFS 9085; previously HDFS 9010). CFT Students are only required to complete the didactic portion (HDFS 9080), which will be offered every other Fall semester, and can elect to complete the practical portion (HDFS 9085).

Students **need core CFT faculty permission to enroll in the supervision of supervision portion (HDFS 9085)**. Students are also not required to enroll in supervision of supervision (HDFS 9085) in the same academic year as the supervision course (HDFS 9080). However, **students must have completed the supervision course (HDFS 9080) prior to enrolling in supervision of supervision (HDFS 9085)**.

7.3.1 Requirements for the Supervision Courses (HDFS 9080 and HDFS 9085)

Prior to enrolling in HDFS 9080, students must have:

1. CFT faculty approval;
2. Completed a majority of their clinical coursework;
3. Completed a minimum of 200 clinical hours supervised by an AAMFT Approved Supervisor or the equivalent;
4. Been enrolled in doctoral program for at least 18 months;

Prior to enrolling in HDFS 9085, students must have:

1. CFT doctoral core faculty approval
2. Major advisor approval
3. HDFS 9085 instructor approval
4. Passed Clinical Competence Written and Oral exams

7.3.2 Students Pursuing AAMFT Approved Supervisor Status

It is highly recommended that students interested in pursuing AAMFT Approved Supervisor Status also complete the practical supervision of supervision portion (HDFS 9085).

However, it is the **student's responsibility** to know AAMFT Approved Supervisor requirements. Students must apply for eligibility to take the course if it is offered (see requirements) and register with the supervision of supervision portion (HDFS 9085) accordingly to conform with AAMFT's requirements. Supervision of supervision (HDFS 9085) will be offered depending on student need, the number of supervisees available, and availability of faculty to provide a minimum of 18 hours of supervision.

The AAMFT requirements for approved supervisor status are available at:

<https://www.aamft.org/supervision>

8. Clinical Competence Paper and Final Oral Presentation

All CFT students are required to submit one initial clinical competence paper and one final clinical competence paper, as well as give one final oral presentation for their approved clinical competence paper.

8.1 Schedule for Clinical Competence Papers & Oral Presentation

All students will submit a **first** clinical competence paper during the **first week of the first Spring semester** in residence. The goal of this paper is for the student to articulate their baseline understanding of relational/systemic clinical theory.

Students will then advance their clinical competence paper every semester, submitting them to their Practicum supervisors at the end of each semester. Supervisors will provide guidance and feedback as students develop their papers into their final draft.

The **final** clinical competence paper will be submitted during the **first week of the Fall semester of the third year** in residence. Students will also have to meet the following requirements: they will have completed at least 200 hours in the Love and Money Center; they will have completed at least 300 total client contact hours (including individual and relational contact hours); permission of the student's CFT committee member, and the program director. The final clinical competence paper should reflect growth from the initial draft turned in during the first year but does not determine when the student exits Practicum.

Additionally, after the student's clinical competence paper has been passed by the CFT faculty, the student will deliver **an oral clinical presentation** during an CFT program meeting in the Fall or Spring semester. The purpose of the clinical presentation is for the student to demonstrate knowledge and competency in a setting similar to a job interview.

8.2 Criteria

The clinical competence paper should describe the student's assumptions about change, as well as their philosophical, epistemological, and theoretical orientations for conducting therapy. It should be grounded in CFT literature, and demonstrate an integration of theory, practice and research. The paper must be scholarly and well cited. The first clinical competence paper is used to establish a baseline of student clinical practice and is not evaluated beyond that purpose. Clinical competence papers (see **Appendix I** for the rubric) are to be written in APA format (strict limit of 25 pages maximum, plus references). The following are suggested sections and guiding questions for the clinical competence paper (see **Appendix I** for rubric):

Paradigm – Epistemology, Ontology, Axiology (self of therapist)

- How do you see the **social world and change processes**?

- What are your **personal values/beliefs/assumptions** about therapy?
- According to your theory – **how do problems develop**?

Diversity and Inclusion/Social Justice

- How does **diversity** (gender, race, ethnicity, social class, sexual orientation, age, religion) inform your clinical competence? Discuss the universality (applicability) of your theory.

Theoretical Framework/s – conceptualization, integration, research

- What is the **role of the therapist** (self of the therapist)?
- What are the **change strategies** – identifying stages in change process?
- What are the **goals of therapy**?
- How do you conceptualize **family health**? What state do you hope a family is in when your work with them is complete?
- How do you adapt your approach to different **presenting problems**?

Research

- How does **research inform your practice** and vice-versa?
- What are your **continued areas of growth** with regard to your theory?

Systems level – Individual, couple, family, other subsystems

- How is your theory informed by the **systems paradigm** and what is the basis for your preference of a relational (as opposed to an individual, intrapsychic, or other) orientation?
- When would you work with different **family constellations** (individual, couple, family, and other subsystems)?

Application - assessment, diagnosis, clinical progression and treatment outcomes clinical examples

- What are the **critical elements** of your model – specifically – what makes your model work?
- Describe several **techniques** used throughout therapy and the intended **treatment outcomes**.
- How do you **assess clinical progress and treatment outcomes**?

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)?

8.3 Review and Feedback Process

Students will receive feedback on their paper from all active CFT core faculty within **4 weeks** of submission. After 4 weeks, the CFT core faculty will vote on whether the student passes or has ongoing revisions. For final papers, faculty will vote on whether the student will conduct their clinical presentation in the Fall or Spring semester. Students will meet with their CFT committee member and/or the program director to discuss their feedback. If the student has ongoing revisions, they will have 4 weeks to resubmit their paper for each round of revisions. 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 all CFT core faculty members. Note that in the 2025/26 academic year, there are only two core CFT faculty members evaluating these projects, therefore both must PASS the clinical papers and oral presentations.

8.4 Alternative to Traditional Clinical Competence Paper

Students may develop a clinical paper to submit for publication with CFT faculty permission. The focus must be clinical, and all content listed in the **Appendix I** (written rubric) must be incorporated into the paper or in an accompanying appendix. This option provides students with the possibility of using this milestone to publish their clinical competence paper.

8.5 Oral Clinical Presentation

The oral presentation will follow the format used by many universities when hiring a new faculty member. The presentation will be scheduled for **30 minutes, with an additional 15 minutes for questions and discussion (total 45 minutes)**. Students must include each of the components described in the rubric (**Appendix J**), and include a case summary with live video (when possible) or video excerpts of one or more cases. Students are expected to: a) make connections of the case to the theoretical/clinical positions elaborated in the clinical competence paper; b) demonstrate cultural responsiveness; c) describe the clinical outcome/s of the therapy; d) state where they are planning to pursue licensure after graduation; and e) 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 J** for complete evaluation rubric.

Finally, students must describe their plan to seek licensure in the state where they 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.

8.6 Evaluation

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 Paper for faculty review during the first week of the Fall semester. Faculty will evaluate and provide feedback within 30 - 45 days with a **pass** or **revise and resubmit**. Students will have 30 days to complete revisions and resubmit. When a pass is achieved, students will have permission to proceed to oral presentation. **FINAL PASS** is based on majority faculty votes.

9. Internship/Advanced Practical Experience Requirements

Students are required to complete a clinical and/or research internship. Internships will be at least 9 months cumulatively, but activities do not need to be contiguous. Upon approval of the student's proposed internship plan (**Appendix V**), internship activities may be integrated over the course of the doctoral program. The internship/advanced practice experience must include experienced in at least two of the following areas for a duration of at least nine non-contiguous months.

- Advanced research
- Grant writing
- Teaching
- Supervision
- Consultation
- Advanced clinical theory
- Clinical practice/innovation
- Leadership
- Presenting
- Policy
- Program development
- Professional writing

At least part of the internship should include a) a social-justice focus, b) work in an underserved setting OR c) work with marginalized or diverse populations either in terms of clinical work or clinical research.

If the student has not yet completed all their 1000 or 600 client contact hours (depending on their chosen path and CFT faculty approval), the student should prioritize an internship plan that will allow them to finish accumulating their clinical hours. The proportion of clinical activities to research and/or other activities will depend on:

1. The path for demonstrating clinical competence that was chosen in collaboration with the student's CFT advisor or committee member/s;
2. The number of client contact hours the student has yet to complete.
3. CFT faculty approval. All students must prepare an internship proposal to be reviewed by the entire CFT faculty for approval. The proposal is to be prepared by the student in collaboration with their major professor and/or CFT committee member, and the program director.

The student's proposed internship plan (**Appendix V**) must include a breakdown of all proposed internship activities including:

- The competency and program goal associated with the internship activity (i.e., clinical, research, teaching, social justice);
 - A description of the proposed activity;
 - The semester(s) during which the student plans to complete the activity;
 - The estimated number of clock hours the student intends to spend on each activity;
 - The corresponding number of credit hours. Per the UGA bulletin “students are expected to complete a minimum of 40 total clock hours per 1 credit hour for which they are registered.”³ Students will register for the corresponding number of internship credits each semester they are involved in internship activities.
- The identified supervisor or mentor who has agreed to direct the student’s work in that activity. **If the proposed internship is to include client contact, 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.**

When the student’s internship proposal is presented at the faculty meeting, faculty will have the opportunity to provide feedback and to propose changes to the student’s plan for internship. Students will then have the opportunity to incorporate changes and resubmit their proposal for faculty approval if necessary.

If the internship includes clinical client contact, 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).

9.1 Internship Evaluation

The final, approved internship plan (signed **Appendix V**) will be considered the student’s contract with faculty, dictating that **if the student satisfactorily completes the components described in the final plan, their efforts will count towards degree requirements.**

³ Found at <http://bulletin.uga.edu/CoursesHome.aspx?Prefix=HDFS> under the course description for HDFS 9910

During the internship, students must also complete additional evaluations. At the end of the internship, the student will complete the Internship Final Report Form (**Appendix W**) 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 L**) 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**).

10. Dissertation

As required by CFT Educational Guidelines the dissertation topic must be in the field of Couple/Marriage and Family Therapy or closely related field (e.g. family studies, family science, human development, Human Development and Family Science, gerontology) and include a comprehensive discussion of implications for the field of Couple/Marriage and Family Therapy.

It is recommended that, if the CFT student has not already met criteria for the CFT Portfolio Item 1(d), students write their dissertation prospectus in the format of a NIH grant proposal (or equivalent external grant mechanism). For more information, see section 11 of the HDFS Doctoral Handbook.

11. Annual CFT Student Evaluations

At the end of each academic year, the CFT Faculty will meet to discuss each student's progress and complete each student's Annual CFT Student Evaluation (**Appendix O**). Students will be evaluated on meeting program and faculty expectations according to the CFT program's educational outcomes and the AAMFT Core Competencies. This will be decided based on: CFT semester self-report (provided to students via Qualtrics at the end of the Spring semester; **Appendix A**); overall interactions with Love and Money Center Director, CFT faculty over the academic year; and Clinical Evaluations (**Appendices Ga, Gb, and Gc**). At times, faculty may ask other relevant people who may have been involved with supervising the student to join the meeting. The purpose of the evaluation is to assess each student's clinical strengths, professional development as a Couple/Marriage and Family Therapy, and areas of development. Students will be provided written feedback from the Program Director on behalf of the faculty about their progress in the program (**Appendix O**).

Students in the HDFS Department and CFT Program are evaluated on a continual basis. This includes within courses, in CFT faculty meetings, and in Departmental Faculty meetings. In the Spring semester, the graduate faculty of the HDFS department will meet to discuss progress of all students. Additionally, students on assistantship will be evaluated each semester, and will receive a letter from the assistantship advisor summarizing their review. If concerns are raised, these are noted, and a remediation plan will be presented to the student and their major professor. For more information, see section 14 of the HDFS Doctoral Handbook.

12. CFT Program Climate

We strive to make the CFT 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 CFT program, including faculty and students will have monthly meetings between August and May (see **Appendix C**). A departmental staff person will serve as note taker. **All students are required to attend all CFT program meetings (exceptions may be made for doctoral candidates in good standing or if out of state on internship).**
- Once every Spring semester, students will have the opportunity to be selected by the CFT faculty as student-faculty liaison. The CFT faculty will select the student-faculty liaison in their Spring semester faculty retreat.
- Once every Fall and Spring semester, the CFT program student-faculty liaison will meet alone with all students in the CFT program to assess program climate. Students will have the opportunity to discuss as a group 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 CFT faculty. Finally, the CFT faculty will discuss and present their planned action steps at the next most reasonable CFT 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 CFT program every other year, as well as to students enrolled in HDFS 9080 as a part of supervision training.
- Additional presentations are be given by other resources (such as the UGA Pride Center) on occasion to provide specified, updated information on certain topics.
- Students will also be asked to complete the CFT Student Climate Survey (**Appendix AA**) and the Student Support Services Survey (**Appendix T**) annually at the end of the Spring semester.

12.1 Diversity

The CFT 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. Additionally, we adhere and abide by the AAMFT Diversity, Equity, and Inclusivity Statement (https://www.aamft.org/AAMFT/About_AAMFT/DI_Statement.aspx)

12.2 Communities of Interest

- **The program is able to identify communities of interest (COI).** The main COI for the UGA CFT Doctoral Program include: current students, current faculty, community site supervisors/employers, graduates and alumni of the program, and directors of other COAMFTE accredited programs.
- The CFT 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 Z**).
 - Finally, clients of the Love and Money Center will be asked for feedback using the Client Satisfaction Survey (**Appendix S**)
- **Program records and saves meeting minutes, emails, or other records of communication with its COI.** Responses to the Communities of Interest survey (**Appendix Z**), and the Client Satisfaction Survey (**Appendix S – undergoing revision Fall 2026**) 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 CFT faculty meetings as needed, and further discussed at the May annual retreat. Relevant policy and procedure changes will be noted in the revised CFT Handbook each academic year.
- The program director collects and shares information about program updates with faculty at each departmental and program meeting.
- Finally, COIs will be updated on relevant program changes through the CFT Program Newsletter and will be circulated via email on the same schedule as the Communities of Interest Survey (**Appendix Z**; i.e., Spring semester every two years). For example, link to CFT program website, handbook, graduate achievement data, and other relevant highlights.

12.3 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 CFT program faculty are fully invested in your success and want to see you achieve your goals.** We will work with you and make reasonable accommodations in 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 CFT Program Director to explore options to support your health and success in the program.
3. Talk with the CFT 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.

12.4 Presentations in Community Settings

Love and Money Center service providers have a responsibility 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 core faculty member on their committee to discuss presentations. They should also provide 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.

12.5 Grievance Policy

If a student in the CFT 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 CFT Program (Dr. Elizabeth Wieling) to discuss the concerns. If the problem is not resolved at this level, or it is not appropriate to discuss the issue with the CFT Program Director, the individual should take the concern to the Director of Graduate Studies (Dr. Noel Card). 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 (Dr. Patricia

Hunt-Hurst – Interim Department Head). 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 (Dr. Anisa Zvonkovic). 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. More information on appeals can be found in the [UGA Policy Library](#).

12.6 Clinical Performance

All faculty and students in the UGA CFT 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.

12.7 Publications

Students and faculty in the UGA CFT 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. 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](#).

12.8 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](#).

12.9 Sexual Harassment

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

12.10 Students with Disabilities

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

12.11 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 Section 1.3 of the HDFS Doctoral Handbook.

12.12 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.

Additionally, CFT doctoral core faculty will be engaging in discussions this academic year (2026) about AI use across the broader clinical landscape and within CFT doctoral training programs. We may develop guidelines to support ethical practice and appropriate use of AI within our program. University-level policies regarding student use of AI can be found on [UGA's academic integrity webpage](#).

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.

12.13 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 CFT 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. Additional info on university-level policies regarding probation can be found [here](#).

12.14 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 CFT faculty. A copy of the report will be kept on file with the Program Director. Interview questions are provided in **Appendix N**.

13. Appendix

13.1 Appendix A – CFT Student Semester Self-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 no, 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 CFT 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 no, 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 Concern

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.

13.2 Appendix B – CFT Program Student Requirement Checklist

CFT Student: _____

CFT Faculty Advisor: _____ Date: _____

<u>Date</u>	<u>Faculty's Initials</u>	<u>Requirement</u>
		File program of study with the Graduate School
		Completion of second-year project
		Completion of 200 clinical contact hours at Love and Money Center
		Completion of supervision course
		Completion of clinical competence written paper
		Completion of clinical competence oral presentation
		Completion of written comprehensive exam
		Completion of oral comprehensive exam
		Completion or plan for obtaining grant writing experience
		Admission to candidacy
		Completion of 600 or 1000 client contact hours (depending on clinical competency path)
		Completion of portfolio
		Completion of dissertation

13.3 Appendix C – 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

13.4 Appendix D – Job Descriptions

Program Director

Develop and maintain program curriculum to meet COAMFTE Standards

- Facilitate the review of the CFT curriculum with other CFT faculty.
- Formulate (with clinical faculty) CFT courses and teaching assignments as needed for the department head and Director of Graduate Studies.
- Develop and implement necessary CFT Program policies and documents.
- Schedule and chair clinical faculty meetings.
- Keep data on graduates of the program.
- Solicit feedback on the program from past graduates.
- Oversee that exit interviews with graduates of the program are conducted.
- Oversee the preparation of the annual report for COAMFTE. Respond and rectify concerns from COAMFTE.
- Write policies and update the Policy and Procedures Handbook annually
- Schedule and chair an annual retreat with the CFT Faculty
- Coordinate and write the self-study required for COAMFTE re-accreditation. Work with HDFS staff, CFT faculty and graduate assistants on this task.
- Coordinate the COAMFTE site visit.
- Respond to COAMFTE regarding issues pertaining to accredited programs.
- Do the registration and coordinate the program's display at the COAMFTE showcase at the annual conference.

Coordinate the CFT Program within the HDFS Department and program liaison with HDFS Department Head.

- Address CFT Program issues as necessary in HDFS faculty meetings.
- Meet with the HDFS Department Head and the Director of Graduate Studies regarding programmatic concerns.
- Serve on one of the following Departmental committees (Graduate Program and Policy Committee, Admissions, Comps/portfolio).
- Coordinate the promotion and advertisement of the CFT Program through managing the Web page, and other methods.
- Work with student recruitment and current student issues.
- Oversee recruitment activities for prospective CFT doctoral students.
- Coordinate and schedule the new CFT student orientation.
- Coordinate the interview schedule for prospective students to the CFT Program.
- Coordinate meetings with students and clinical faculty.
- Attend clinical competence oral presentations.
- Participate in clinical evaluations.
- Coordinate with the Love and Money Center.
- Meet monthly with the Love and Money Center director to coordinate CFT students' involvement in the clinic, develop policies and address concerns.

- Review research projects conducted at Love and Money Center.

Other responsibilities

- Be clinically active or engaged.
- Organize clinic meetings of the students and faculty.
- Respond to emergency situations at the clinic, as needed.
- Collect the annual CFT evaluation forms from students and chair annual CFT evaluations of students.
- Maintain files for all the students' clinical work and evaluations – coordinated with Love and Money Center and HDFS staff.
- Work with the Clinic Director to track all client contact and supervision hours.
- Work with the Office of Legal Affairs regarding clinical liability.
- Monitor insurance coverage for all students enrolled in practicum and internships.
- Meet with students to discuss clinical training issues as needed.
- Monitor COAMFTE clinical training requirements including the completion of all paperwork related to clinical training for the annual report and the self-study for reaccreditation.

Internship (Coordinated by Dr. Elizabeth Wieling, Program Director with HDFS staff support)

- Support students in securing approved internship sites and coordinating placements, including the management of all contracts between the university and the internship site.
- Review and approve internship plans (Appendices V and W)
- Track and keep files of all supervision evaluations for practicum and internship settings.
- Coordinate MOUs for clinical/research placements
- Be in communication with internship sites/supervisors and requests midpoint and end of the internship experience evaluations.
- Be available to internship supervisors should concerns arise with the student or the placement.

Responsibilities and Requirements of all Tenured Line CFT Faculty

- Attend clinic meetings.
- Attend clinical faculty meetings.
- Attend Love and Money Center meetings as necessary.
- Participate in the review of prospective students and in the interview process and meet with students when they visit campus.
- Participate in the new student orientation.
- Remain clinically engaged.
- Attend and participate in the COAMFTE showcase at the annual conference (when attending the conference).
- Participate in the evaluation of practicum students.
- Be available for student recruitment activities (meet with students when they visit campus, help with the group visit, etc.).

- Respond to emergency situations at the clinic, as needed.
- Attend clinical competence oral presentations.
- Maintain LCFT License in Georgia
- Maintain AAMFT supervisor status
- Attend accreditation meetings
- Assist with accreditation tasks as assigned
- Attend the CFT annual retreat/s
- Maintain CEUs
- Renew supervisor status and AAMFT membership as clinical fellows and approved supervisors
- Write recommendation letters for students for licensure, approved supervisors and to become licensed in their state
- Review Love and Money Center policies, documents, and measures
- Review all CFT student applicant files
- Attend student interview activities

13.5 Appendix E – 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 500 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, submit a revised Contract for Post-Graduate Experience and Supervision; and,

- 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.

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 **marriage and family therapy license (LMFT)** are as follows:

An applicant who holds a current license as an Associate Marriage and Family Therapist in Georgia must meet the following requirements for licensure as a marriage and family therapist:

- 1) Experience. The applicant must document two years of full-time post-master's experience or its equivalent, under direction and supervision.
 - a) Such experience shall have been in the practice of marriage and family therapy and shall include a minimum of 2,000 hours of direct clinical experience.
 - b) For applicants who have worked less than full-time, equivalent experience may be accrued over a total of not less than two years and not more than five years.
- 2) Supervision. The applicant must have obtained 100 hours of supervision, concurrent with his/her documented experience.
 - a) Such supervision shall have been provided by:
 - i) a licensed marriage and family therapist, professional counselor, clinical social worker, psychiatrist, or psychologist who shall have been licensed and in good standing for a minimum of three years; or
 - ii) an American Association for Marriage and Family Therapy (AAMFT) Approved Supervisor, a Georgia Board Approved Marriage and Family Therapy Supervisor, or a person who was receiving supervision-of-supervision to qualify for either designation.
 - b) A minimum of 50 of these 100 hours must have been in individual supervision, and a maximum of 50 of these 100 hours may have been in group supervision; and
 - c) A minimum of 5 hours of such supervision must have been obtained concurrent with each 100 hours of direct clinical experience.
- 3) Examination Waived. The applicant is not required to re-take the Examination in Marital and Family Therapy following Board approval of his/her application for licensure as a marriage and family therapist.

An applicant who holds a Doctoral Degree must meet the following requirements for licensure as a marriage and family therapist:

- 1) Education. The applicant must have earned a doctoral degree in Couple/Marriage and Family Therapy, counseling, social work, medicine, applied psychology, psychiatric nursing, pastoral counseling, applied child and family development, applied sociology, or from any program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). Such degree shall be from 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).

- a) For the purpose of licensure under this rule, a degree in psychology, child and family development or sociology shall be considered an applied degree and a degree in divinity or in theology shall be considered a degree in pastoral counseling if the applicant has completed, as part of the degree program or as additional post-master's coursework, either of the following two options:
 - i) Three courses in clinical content areas; or
 - ii) Two courses in clinical content areas, plus an approved practicum or internship, which shall include a minimum of 500 hours of direct clinical experience in the practice of professional counseling, clinical social work or Couple/Marriage and Family Therapy.
 - b) The coursework required under this section shall be in addition to the five required courses in Marriage and Family Therapy, Marriage and Family Studies, and Marriage and Family Therapy Ethics.
 - c) The applicant shall have completed, as part of a master or doctoral degree program, or as additional post-graduate degree coursework, at least two courses in Marriage and Family Therapy, two courses in Marriage and Family Studies, one course in Marriage and Family Therapy Ethics, and one course in either psychopathology or the diagnosis of mental problems and conditions. These courses shall have been obtained from an educational institution accredited by a regional body recognized by the Council on Higher Education Accreditation (CHEA) or, prior to January 1, 2020, from a training institute which offers Board approved graduate courses.
- 2) Experience. The applicant must document two years of full-time post-master or post-doctorate experience, in the practice of marriage and family therapy, under direction and supervision, which shall include a minimum of 1,500 hours of direct clinical experience.
- a) One year of such experience may have been in an approved internship program before or after the granting of the doctoral degree, which shall include a minimum of 500 hours of direct clinical experience.
 - b) At least one year of such experience shall have been full-time post-master or post-doctorate experience, which shall include a minimum of 1,000 hours of direct clinical experience.
- 3) Supervision. The applicant must have obtained 100 hours of supervision, concurrent with their documented experience.
- a) Such supervision shall have been 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.
 - b) A minimum of 50 of these 100 hours must have been in individual supervision, and a maximum of 50 of these 100 hours may have been in group supervision;
 - c) A minimum of 5 hours of such supervision must have been obtained concurrent with each 100 hours of direct clinical experience; and

- d) A maximum of 50 of these 100 hours may have been obtained during the applicant's doctoral degree or internship program.
- 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 a 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 \(aamft.org\)](http://aamft.org)

13.6 Appendix F – 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 varies 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 \(aamft.org\)](http://aamft.org)

The coursework for the University of Georgia CFT Doctoral 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-and-family-therapist>

This information is also available in our CFT Program Handbook (see Appendix E).

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

Please sign this form and return with your program admissions packet.

Student name: _____ Date: _____

13.7 Appendix 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. As the majority of the core competencies are related to clinical practice, your training in these areas most likely took place in your master's program. However, we are interested in knowing what areas of training you believe need further attention. 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
Developing advanced culturally responsive and ethical clinical knowledge and skills in family therapy practice and supervision				
Gaining multi-method research skills that focus on individuals, couples, and families				
Building foundational pedagogical grounding and effective teaching skills				
Becoming engaged in ecologically relevant translational science, prevention, and intervention clinical scholarship focused on social justice.				
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.

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	
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	
<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	
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	
<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 (e.g., Theraquest, 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:

13.8 Appendix Gb –Clinical Evaluation Form (Supervisor)

Student name: _____ Date: _____
 Yr. Entered Program: _____ Supervisor Name: _____

This form is used for CFT faculty to rate student's clinical progress each semester. Please mark the appropriate response to each question and respond to the open-ended questions that follow. This form should be reviewed and signed by the supervisor, and then returned to the CFT Program Director. The purpose of the evaluation is to provide valuable feedback to students about their clinical progress.

CFT Program Educational Outcomes

In this area, please indicate if you feel the student is "Below," "Meets" or "Exceeds" their developmental level for each category. The CFT faculty expects that most students would be rated as "Meets" expectations for their developmental level because most students are actively engaged in the learning process.

The student is:

Program Goal	Below	Meets	Exceeds	N/A
Developing advanced culturally responsive and ethical clinical knowledge and skills in family therapy practice and supervision				
Gaining multi-method research skills that focus on individuals, couples, and families				
Building foundational pedagogical grounding and effective teaching skills				
Becoming engaged in ecologically relevant translational science, prevention, and intervention clinical scholarship focused on social justice.				
Comments:				

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) or N/A. A score of 3 or higher shows competency while a 2 or below would indicate room for improvement.

COMPETENCY	
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	
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	
<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	

13.9 Appendix Gc – Love and Money Center Clinical Performance Evaluation Form (Love and Money Center 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*

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.

13.10 Appendix 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?

- (Same options as above)

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

- (Same options as above)

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

- (Same options as above)

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

- (Same options as above)

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?

- (Same options as above)

How effective is your supervisor in helping you set goals?

- (Same options as above)

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

- (Same options as above)

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

- (Same options as above)

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

- (Same options as above)

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

- (Same options as above)

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

- (Same options as above)

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

- (Same options as above)

How knowledgeable was your supervisor regarding Love and Money Center policies and procedures?

- (Same options as above)

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

- (Same options as above)

How effective was your supervisor in enforcing updated case documentation?

- (Same options as above)

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

- (Same options as above)

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.

13.11 Appendix I – Clinical Competence Paper Writing Rubric

[DATE]

Faculty Evaluator: _____

Student's Name: _____

<i>Written Presentation</i>				
<i>Numeral explanations are listed bellow</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				
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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 paper** for faculty review during the first week of the Fall semester. Faculty will evaluate and provide feedback within 30 - 45 days with a **pass** or **revise and resubmit**. Students will have 30 days to complete revisions and resubmit. When a pass is achieved, students will have permission to proceed to oral presentation. **FINAL PASS** is based on majority faculty votes.

Numerical 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.

13.12 Appendix J – Clinical Competence Oral Presentation Rubric

Student's Name _____

Faculty Evaluator: _____

Semester, year, and date _____

<i>Oral Presentation</i>					
<i>Numerical explanations listed below</i>	1	2	3	4	NA/ IDK
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 – describes path to becoming licensed in the state where they want to be clinically active					
<i>Slides and/or Video Presentation</i>					

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

Comments:

Review Process: Once students PASS their written clinical competence paper, they are given approval to move forward with scheduling the oral clinical competence presentation. **FINAL PASS** is based on majority faculty votes.

Numeral Explanations:

1= Unacceptable

There is lack of organization to the oral presentation.

Written materials (PPT) and oral presentation is difficult to read and/or understand.

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

2=Below Expectations

Organization of presentation is difficult to follow due to inadequate transitions or rambling format. Insufficient or irrelevant information presented.

Poor depth of explanation and demonstration of skills throughout oral presentation.

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

Information presented is poorly referenced and linked to relevant scholarly sources.

3=Meets Expectations

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

The presentation contains minimal distractions, such as: flow and coherence of thoughts and key conceptual points linking the theoretical and clinical presentation.

Ideas or concepts are explored and integrated throughout the presentation.

Congruence and discrepancies among theories and ideas are mostly explored and explained in a logical manner.

Information presented is adequately and appropriate referenced and linked to relevant scholarly sources.

4=Exceeds Expectations

Ideas or concepts are fully explored and integrated throughout the presentation.

Congruence and discrepancies among theories and ideas are comprehensively explained in a logical manner.

Information presented is exceptionally well referenced and linked to relevant scholarly sources.

13.13 Appendix K – 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 is 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 of the record 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 do not permit students or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.

4.5 Oversight of Supervisee Professionalism.

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. This 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 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 SERVICES WITHIN THE LEGAL SYSTEM

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

13.14 Appendix L – Internship Evaluation



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

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 (include 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.

COMPETENCY	
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 student 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,

Elizabeth Wieling, Ph.D., LCFT
Professor and Director of Human Development and Family Science/
Couple and Family Therapy

Signatures:

Supervisor(s): _____ Date: _____

13.15 Appendix M – Time2Track Hours Example

The screenshot shows the 'Add a New Activity' form in the Time2Track application. The form is on the left, and a calendar sidebar for July 2021 is on the right.

Add a New Activity Form:

- Level:** Doctoral (change)
- Date:** July 26, 2021
- Placement:** [Dropdown menu] or Add a Placement
- Supervisor:** [Dropdown menu]
- Treatment Setting:** [Dropdown menu]
- 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:** [Text area]
- Assessments:** [Text area]
- Schedule as Recurring:** [Text area]
- Buttons:** Add, Add & Enter Another, Cancel

July 2021 Calendar:

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

Summary Table:

Relational Direct	0.00
Individual Direct	0.00
Indirect/Support	0.00
Supervision	0.00
July Total	0.00

13.16 Appendix N – Program Exit Interview

Graduates will be asked the following forced-choice questions.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Comments
<i>My education prepared me to:</i>					
Developing advanced culturally responsive and ethical clinical knowledge and skills in family therapy practice and supervision					
Gaining multi-method research skills that focus on individuals, couples, and families					
Building foundational pedagogical grounding and effective teaching skills					
Becoming engaged in ecologically relevant translational science, prevention, and clinical intervention scholarship focused on social justice.					
<i>The CFT Faculty was:</i>					
- engaged in research relevant to CFT					
- 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 CFT program?
- What is the CFT program doing well that should be continued?
- In what areas can the CFT program make improvements to ensure students have a high-quality educational experience?
- What do you wish you had known 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 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 CFT program/HDFS department?

13.17 Appendix O – 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. Developing advanced culturally responsive and ethical clinical knowledge and skills in family therapy practice and supervision			
2. Gaining multi-method research skills that focus on individuals, couples, and families			
3. Building foundational pedagogical grounding and effective teaching skills			
4. Becoming engaged in ecologically relevant translational science, prevention, and clinical intervention research focused on social justice.			

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.

Overall Assessment:Strength Areas:Growth Areas:

Program Director Signature: _____ Date: _____

13.18 Appendix P – CFT Curriculum and Sample Course Sequencing

CFT Degree Requirements

<u>Theory (9 credit hours):</u>	
8710 Advanced Human Development	3
8610 Advanced Family Theory	3
8720 Diversity	3
<u>Methods (9 credit hours):</u>	
8800 Advanced Research Methods	3
8810 Qualitative Methods	3
8830 Regression	3
7170 Quantitative Methods 1	3
<u>Methods Electives (pick 1)</u>	3
8730 Quant II (SEM) (3)	
8840 Quant III (Multilevel/Longitudinal) (3)	
8850 Quant IV (Categorical/Dyadic) (3)	
8860 Quant V (Adv Longitudinal) (3)	
QUAL 8410 Designing qualitative research (3)	
QUAL 8420 Analyzing qualitative research (3)	
QUAL 9400 Teaching qualitative methods (3)	
<u>CFT Courses</u>	
8050 Mechanisms of Change	3
8060 Contemporary Approaches to FT	3
8080 Global Mental Health	3
9080 Supervision	3
9085 Sup of Sup (optional)	
9070 CFT Practicum	9
9910 or 9920 Internship	6
<u>Professional Development</u>	
GradFirst	1
<u>Research Hours</u>	
9000 Doctoral Research	7
9300 Doctoral Dissertation hours	9
TOTAL	65

Sample Sequencing – will vary depending on course rotations

Key: CFT Courses, Methods, Practicum or internship, Theory, Portfolio

Milestones

Y 1	Fall	Credits	Spring	Credits	Summer	Credits
	8610 Family Theory	3	8710 Adv Human Development	3	9070 CFT Practicum	3
	7170 Quant I	3	8800 Adv Research Methods	3	9005 GRA	3
	8050 Mechanisms of Change	3	8810 Qualitative Methods	3	9000 Doc Research	3
	9070 CFT Practicum	3	9070 CFT Practicum	3		
	GRSC 7001 GradFirst	1	9005 GRA	3		
	9005 GRA	3	9000 Doctoral Research	1		
	9000 Doctoral Research	1				
	Total	17	Total	16	Total	9
Y 2	Fall	Credits	Spring	Credits	Summer	Credits
	8720 Diversity	3	8080 Global Mental Health	3	9070 or 9910	3
	Quant/Qual Elective	3	9070 Pract or 9910 Internship	3	9005 GRA	3
	8060 Contemporary FT	3	Quant/Qual (Additional elective)	3	9000 Doc Research	3
	9070 Pract or 9910 Internship	3	9000 Doctoral Research	1		
	9005 GRA	3	9005 GRA	3		
	9000 Doctoral Research	1	Complete Milestone Project			
			Total			
	Total	16		13	Total	9
Y 3	Fall	Credits	Spring	Credits	Summer	Credits
	9080 Supervision	3	9085 Sup of Sup_optional	3		
	9070 Pract or 9910 Internship	3	9070 Pract or 9910 Internship	3		
	Quant/Qual (Additional elective)	3	Quant/Qual (Additional elective)	3		
	9000 Doctoral Research	1	9000 Doctoral Research	1		
	9005 GRA	3	9005 GRA	3		
	CFT Clinical Comp Written Exam		CFT Clinical Comp Oral Exam			
			Comprehensive Exams			
			Dissertation Prospectus			
	Total	13	Total	13	Total	0
Y 4	Fall	Credits	Spring	Credits	Summer	Credits
	9300 Dissertation hours	6	9300 Dissertation hours	6		
	9005 GRA	3	9005 GRA	3		
	9910 Clinical Internship	3	9910 Clinical Internship	3		
			Dissertation Defense			
	Total	12	Total	12		0

Note 1: This example does not include additional CFT foundational courses that students may be required to take if they do not have a C/MFT master's degree from COAMFTE accredited program.

Note 2: If student does not have a master's degree from a COAMFTE accredited program, it is more likely that they will need a minimum of 5 years to complete the program.

Note 3: Methods - It is strongly recommended that CFT doctoral students take additional methods courses beyond the minimum requirement to develop depth in methodological expertise. Students are also encouraged to consider completing a certificate in either qualitative or qualitative research methods.

Note 4: The “9005 GRA” item in the table above does not count towards Program of Study Hours.

Note 5: Only 3 credits of the “9300 Dissertation Hours” item in Y4 Fall is counted to reach the 9 credit total displayed on page 111. However, students will still need to register for 6 in order to be at 12 credit hours for the semester and GRA requirement.

CFT Content Courses:

HDFS 8720: Ecological Perspectives on Individual and Family Diversity

COURSE OBJECTIVES:

1. Awareness of their own positionality in relation to ethnicity, race, and other forms of individual and family diversity.
2. Knowledge of how structural racism has impacted the well-being of families and children.
3. Knowledge of how structural racism has affected the scientific process at all stages including dominant theories of human development and family functioning, identification of research questions, prevention and intervention research design and implementation, interpretation of findings, and dissemination of results.
4. Application of critical thinking skills in identifying and implementing best practices for addressing diversity in research, teaching and practice.
5. For Couple and Family Therapy Students: This is a foundational course in developing knowledge for Program Goals and meeting Student Learning Objectives.

HDFS 8050: Mechanisms of change

COURSE DESCRIPTION: This course focuses on change in a relational context. Theoretical complexity of change within relationships and how this complexity informs intervention and research will be reviewed and discussed. Students will be expected to demonstrate an advanced understanding and application of multiple couple and family models across a continuum of empirically-supported interventions in the field. Students will have the opportunity to critically examine these interventions within the contexts of gender, ethnicity, socioeconomic status, and applicability to specific presenting problems. This course will also place specific emphasis in couple and sex therapy interventions and on telehealth practices as mechanisms of change.

COURSE OBJECTIVES:

1. Become knowledgeable with current systemic approaches to treating individual health (relational impact), couple and family functioning – emphasis on core components and related mechanisms of change within each intervention (key readings based on JCFT 2022 special issue on the efficacy and effectiveness of couple and family interventions – 2010-2019).

2. Critically examine each intervention within the DEISJ contexts and specific presenting problems.
3. Understand the methodological approaches used to evaluate/study each intervention – implications for future designs and approaches in prevention and intervention research.
4. Be able to apply the information on effective interventions with various presenting problems and in clinical practice.

HDFS 8060: Contemporary Approaches to Family Therapy

COURSE OBJECTIVES:

To develop critical thinking skills in order to:

1. To learn about postmodern theories and postmodern approaches for viewing individual and family identity development within relational and socio/political/spiritual contexts, as well as practices of intervention within socio/political/spiritual contexts. We will examine the construction of identity across the lifespan. Clinical approaches that will be examined include narrative therapy, solution focused therapy, and collaborative language systems.
2. To understand how the concepts of *self* and *other* is culturally and historically embedded, such that cultural norms and values including religious and spiritual views influence one's identity and relationships as well as influence clinical and educational practices.
3. We will examine how the social institution of therapy contributes in shaping our identities.
4. To evaluate key distinctions, assumptions, metaphors and practices of various models of therapy and applying postmodern theories to therapy models for working with individuals, couples, families and larger systems.
5. To examine how issues such as race, class, gender, sexual orientation, etc. are included and excluded in theories of research, pedagogy and clinical practice.
6. To examine one's own "embodiment" and how this embodiment impacts our pedagogical, research and therapeutic practices. This includes a biopsychosocial-spiritual perspective.
7. To examine how postmodern ideas and practices can be applied to **pedagogical, research and clinical perspectives**.
8. To examine practices of social engagement for community change and transformation.
9. To examine meditation and contemplative practices and their application to research, teaching, learning and clinical practice.
10. To examine the critiques and limits of postmodern approaches.

HDFS 8080: Global Mental Health

COURSE DESCRIPTION:

This core course in the Department of Human Development and Family Science, specialization in Couple and Family Therapy is designed as an advanced course on global mental health with an emphasis on systemic applications to contemporary challenges. Although the course is primarily directed at introducing skills in evidence based clinical interventions, non-clinical students interested in prevention, intervention, and translational sciences are also welcome to participate. The course uses a social justice orientation to address global mental health. Implications for the design and conduct of clinical trials will also be addressed with attention to ethical conduct. The course is divided into three modules: 1) topics in global mental health, with a specific emphasis on displaced populations and traumatic stress; 2) Narrative Exposure Therapy (NET), an evidence-based intervention for complex posttraumatic stress; and 3) Parent Management Training-Oregon Model (PMTO), and evidence-based intervention for parents of school-age children (4-13 years old). The course will rely on applied and active participation of students throughout the semester. Please note that taking this course does not certify you in practicing NET or PMTO with fidelity.

COURSE OBJECTIVES:

1. Understand global mental health within the complexities of employing a **social justice orientation, cultural attunement and action research**.
2. Demonstrate **content and critical knowledge** of contemporary contexts of global mental health, with specific implications for prevention and intervention research.
3. Understand the **role of evidence based systemic interventions** in mental health and family relationships globally.
4. Identify and **critically analyze** a range of challenges and future directions in global mental health – intersections with theoretical frameworks in HDFS.
5. Examine **ethical implications** for addressing complex systems in global mental health.
6. Examine the **legal and policy level implications** of addressing global mental health nationally and internationally.
7. Develop **conceptual and applied knowledge** in Narrative Exposure Therapy and Parent Management Training-Oregon Model.
8. Reflect on your **own assumptions and subjectivities** regarding the implementation and dissemination of evidence-based interventions.
9. Integrate content and applied knowledge into your own scholarly areas of interest.

HDFS 9070 – Clinical Practicum (minimum of 9 credits)**COURSE DESCRIPTION:**

The purpose of this course is to carefully examine systemic and cybernetic frameworks as they apply to diverse families. The course will help students think systemically about families across multiple ecological systems. Students will also learn to identify the crucial epistemological issues in both theoretical and applied areas of family science and couple and family therapy. Students will be introduced to the major theoretical frameworks that inform family therapists. Learning activities will incorporate a variety of pedagogical approaches including experiential role-playing, videos, and class discussion. All practica will place specific emphasis on the development of competencies related to social justice, DEI, and global mental health.

COURSE OBJECTIVES:

After participating in this course, students should be able to:

1. Increase their knowledge about the historical evolution and development of General System Theory (GST) and systems theory, in particular, as well as first and second order cybernetics.
2. Increase their ability to speak the language of systems theory and its concepts.
3. Conceptualize family processes by the application of key concepts of GST, cybernetics and the “new epistemologies,” including postmodern, poststructuralist, deconstructionist, and deep ecology frameworks.
4. Understand the interface between family subsystems, family systems, extended family systems and ecosystems.
5. Become knowledgeable about major paradigmatic influences and movements that inform family therapy approaches.
6. Recognize patterns of interaction, information processing, structure, intergenerational processes, belief systems within the family, and the ramifications these patterns hold for overall family functioning. Further, to understand how systems concepts are used to bring about change in the lives of family members and greater systems.
7. Obtain knowledge of the major theoretical/clinical approaches used by family therapists.
8. Apply the concepts learned in class to cross-cultural and diverse family structures across multiple ecological contexts.

HDFS 9080: Clinical Supervision

COURSE DESCRIPTION: This course is offered over the course of two semesters and is designed to fulfill the AAMFT Supervision Course Requirements. The main goals of this course are as follows:

1. Teach advanced doctoral students and supervisors-in-training (SIT) content and research related to systemic/family therapy supervision,
2. Support the continual exploration and experience of SITs in supervisory practice, and
3. Provide students supervision of their supervisory experience with master level students (enrolled in the Couple and Family Therapy Certificate Program) at the Love and Money Center at the University of Georgia.

COURSE OBJECTIVES: Upon successful completion of this course the student will (From the AAMFT Approved Supervisor Designation Standards and Responsibilities Handbook):

“The personal philosophy of supervision paper is required for the doctoral courses, singular 30-hour fundamentals courses, and didactic supervision courses (delivered in any format) as well as the mentoring experiences. Singular 30-hour or didactic course instructors and the final mentor evaluate the paper.”

The purpose of the personal philosophy of supervision paper is to assess and evaluate the supervisor candidates’ thinking and articulation of the content and process of supervision. The paper must include the candidate’s articulation in the following areas:

1. Evidence of systemic thinking
2. Clarity of purpose and goals for supervision
3. Clarity of supervisory roles and relationships
4. Evidence of awareness of personal and professional experiences that impact supervision (e.g., person of the supervisor)
5. Preferred supervision model or practices and their connection with the candidate’s own therapy model
6. Evidence of sensitivity and attention to contextual factors such as developmental phase of the trainee
7. Training setting, culture, ethnicity, race, sexual orientation, age, sex, gender, economics, power and privilege, etc.
8. Familiarity with modes of supervision (individual/group, Consultation/live/audio-video, and technology-assisted)
9. Evidence of sensitivity to and competency in ethics and legal factors of supervision and integrated CFT supervision literature
10. Evidence of the ability to structure supervision, solve problems, and implement supervisory interventions within a range of supervisory modalities (for example, live and videotaped supervision)
11. Address distinctive issues that arise in supervision mentoring
12. Demonstrate understanding of the requirements and procedures for supervising trainees for becoming an AAMFT Clinical Fellow.

Course descriptions for non-CFT specific courses can be found on the [UGA Bulletin](#).

13.19 Appendix 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 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 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 parties (Communities of Interest) about program business.
- Is a good professional role model
- Demonstrates innovation in trying to meet the CFT program goals
- Is effective in promoting DEI/SJ
- 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?

Domain 2: Teaching/Outreach						
SLOs	Item		Required documentation	Below expectations	Meets expectations	Exceeds expectations
3.1	2(a)	“Professional level performance in teaching, outreach, or teaching/outreach. Document one of the following (all requirements related to these options must be met while in residence as a doctoral student in the department): a. Co-teach a course in the department [CFTs see 2(b)]. Applied supervision (HDFS 9085) may satisfy the HDFS portfolio co-teaching requirement. b. Primary responsibility for a programmatic series of six to ten (6-10) presentations for local service agency. The scope, content, and number of presentations in the series must be approved in advance by the advisory committee. c. On-going (at least 40 contact hours) clinical/work/outreach in an institutional setting (e.g., hospital, school, service agency, etc.) with a specialized population. d. Significant involvement in research evaluation for a specific program, including creation of an evaluation report e. Production of a significant document for outreach purposes or an outreach publication.”	See HDFS Doctoral Handbook			
		f. (CFT Students) Completion of at least 2 semesters of the applied supervision of supervision course	1) Append course syllabus;			

		(HDFS 9085) that includes co-teaching the weekly practicum for the MSW Love and Money Center interns.	2) Student evaluations (numerical) and all written comments; 3) Supervision of supervision evaluation.			
	2(b)	*If applicable, CFT students with teaching responsibilities will include readings and lectures that address social justice issues and family health with diverse populations.	Syllabus from the course they taught or co-taught.			
Domain 3: Leadership & Service						
SLOs	Item		Required documentation	Below expectations	Meets expectations	Exceeds expectations
3.2	3(a)	Maintaining membership in a professional society beginning from the first year in the program.	See HDFS Doctoral Handbook			
		*CFT students must maintain a membership of <u>AAMFT</u> from the beginning of their first year in residence. Students may opt to also maintain memberships with other organizations in addition to AAMFT, but memberships with other organizations cannot replace their AAMFT membership.	Proof of AAMFT membership			
	3(b)	Participation in leadership and/or professional activities: At least two of the following are required (other activities may be included if approved by the student's advisory committee): i. Reviewing proposals for presentations at a conference or publications in a journal.	See HDFS Doctoral Handbook			

		j. Service on departmental, university, outreach, or professional organization committees. k. Membership on professional or service organization boards. l. Volunteer work at state, multistate, national or international conferences. m. Election to office in a state, multistate, national, or international organization. n. Appointment or election for committee involvement in state, multistate, national, or international organizations. o. Moderation of a session at a state, multistate, national, or international meeting. p. Significant involvement in the Graduate Student Organization. Appointment or election to serve as a Graduate Student representative in programmatic planning.				
	*3(c)	*Participation in professional organizations that demonstrates a commitment to and understanding of social justice and diverse across professional domains. Examples include: • Participation in or organizing a social justice-focused special interest group within a professional, departmental, or university organization (e.g., AAMFT Queer and Trans Advocacy Network) • Participation in organizing a social justice-themed conference or other professional event (e.g., Athens Social Justice Symposium) Participation in a professional or academic-focused program or course with a social justice focus (e.g., Academics for Black Survival and Wellness).	Student CV			

*Domain 4: Clinical						
SLOs	Item		Required documentation	Below expectations	Meets expectations	Exceeds expectations
1.1	4(a)	*Students will show that they have demonstrated clinical competence depending on the path to clinical competency that the student has chosen (in collaboration with their major professor or CFT committee member): a. If the student has chosen path A or path B, which includes collecting 1000 clinical contact hours, the student will demonstrate that they are prepared to pursue LCFT licensure in Georgia, or another state.	Copy of the student's license <u>or</u> documentation of the state's licensing requirements; copy of approved Time2Track hours logs.			
		b. If the student has chosen path B or C, which includes collecting 600 clinical contact hours and submission of a first-authored paper on a relational, clinical issue, students will demonstrate that they have completed their clinical contact hours, and that their clinical paper was accepted for publication.	Copy of approved Time2Track hours logs; proof of paper submission from the journal for their clinical paper.			
1.3	4(b)	*Students will demonstrate that they have completed their Clinical Competence Paper and orally presented their paper at an CFT program meeting.	Copy of the completed Clinical Competence Paper written rubric			

* CFT student specific additional portfolio requirement			
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13.21 Appendix S – Love and Money Center Client Satisfaction Survey (undergoing revision Fall 2026)

We would like to ask you about your experience receiving services at Love and Money Center. Your responses on 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: _____

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 tán de acuerdo está usted con las siguientes oraciones? (***Spanish options:*** 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: _____

13.22 Appendix T – 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 Resource 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:

13.23 Appendix U – 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 Qualtrics survey	CFT 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 (2022, 2024)	CFT 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_Updated_8.11.24.pdf

Annual CFT student clinical evaluation	Students	CFT Faculty	Yearly - End of spring semester	CFT Handbook Appendix O
Yearly assistantship (GA, TA, RA) evaluation	Students	Assistantship supervisor	Every semester	HDFS Doctoral Student Handbook Section 13: https://www.fcs.uga.edu/docs/HDFS_Doctoral_Program_Handbook_Updated_8.11.24.pdf
CFT student self-evaluation	Students	Students	Every Spring	CFT Handbook Appendix A
Student clinical evaluations	Students	Practicum/ Internship supervisor	Every semester of Practicum or Internship	CFT Handbook Appendices Ga through Gc
Student Support Services	Students	Students	Yearly – end of spring semester	CFT Handbook Appendix T
Educational outcomes compared against SLO targets	Program	Program Director & CFT Faculty	Yearly – discussed during CFT Spring retreat and revised during the summer	CFT Handbook, section “CFT Educational Outcomes”
Review and revision of all	Program	Program Director & CFT Faculty	Every 3 years 2020, 2023, etc., and	

educational outcomes			during COAMFTE self-study preparation	
Program Exit Interview	Program alumni	Program Director or Administrative Personnel	Every year within 6 months of graduation	CFT Handbook Appendix N
Communities of Interest General Survey	Program	Community members	Every 2 years 2019, 2021, etc.	Communities of Interest Survey Appendix Z
CFT Program Newsletter	Program	Communities of Interest	Every 2 years (Spring 2025)	https://www.fcs.uga.edu/hdfs/graduate-cft https://www.fcs.uga.edu/docs/MFT_Newsletter_March_2023_FINAL_3.20.2023-3_.pdf
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 L – Internship Evaluation; Appendix N – Program Exit Interview; Appendix Q – Program Director Evaluation.

13.24 Appendix V – Internship Plan Proposal

Name: _____ Date: _____

Competency	Activities	Semester	# of clock hours	Credit hours	Supervisor/Mentor

Student signature: _____

Major Professor: _____

Program Director: _____

Date: _____

Date: _____

Date: _____

13.25 Appendix W – Internship Final Report Form

Name: _____ Date: _____

Competency	Activities	Semester	Brief Review/Report	Supervisor/Mentor

Student signature: _____ Date: _____
Major Professor: _____ Date: _____
Program Director: _____ Date: _____

13.26 Appendix X – Completion and Request to Exit Practicum Form

Student name: _____ Date: _____

I am submitting this form because I believe I have the requirements for formally completing my Practicum obligations in the CFT program at the University of Georgia.

Proposed last semester of Practicum: _____

I have completed at least 200 clinical contact hours OR I anticipate having completed at least 200 clinical contact hours at the Love and Money Center by the end of the proposed last semester of Practicum under faculty supervision:

YES / NO

I have completed at least 12 months of Practicum, including one summer semester of Practicum:

YES / NO

My practicum hours are as follows:

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

Total supervision hours: _____

Total hours obtained prior to beginning the program: _____

In consultation with major advisor and CFT Program Director, my selected pathway to demonstrate Clinical Competence is (see CFT Handbook for descriptions of each path):

Path A ____ Path B ____ Path C ____

Student signature: _____

CFT Program Director Statement:

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

CFT Program Director Signature: _____

13.27 Appendix Y – 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 ☐ NoTitle 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 ☐ NoHave 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: _____

Faculty decision:_____(student) may use _____(course) to serve as a substitution for the following course as a part of the UGA CFT doctoral program:
_____._____(student) may NOT use _____(course) to serve as a substitution for courses in the UGA CFT doctoral program curriculum for the following reasons:

Program director's signature: _____ Date: _____

Major professor's signature: _____ Date: _____

Director of Graduate Studies signature: _____ Date: _____

13.28 Appendix Z – Communities of Interest Survey

Start of Block: Introduction

Q2 Thank you for choosing to participate in our Communities of Interest Survey for the Doctoral Program 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.

End of Block: Introduction

Start of Block: Block 1

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

- ☐ I am an alumni of the program. (1)
- ☐ I supervise a current student of the program. (2)
- ☐ I consider hiring students who graduate from the program. (3)
- ☐ I am the director of a COAMFTE accredited program. (4)

End of Block: Block 1

Start of Block: Current UGA Student Supervisor

Q3 Do you supervise more than one UGA CFT student?

- ☐ Yes (1)
- ☐ No (2)
-

Q35 What type of supervisory experience do you have?

- ☐ Clinical (1)
- ☐ Research (2)
- ☐ Administrative (3)
- ☐ Hybrid, specifically: (4) _____

End of Block: Current UGA Student Supervisor

Start of Block: Current UGA Supervisor, Research, Administrative, Hybrid

Q36 How satisfied were you with the supervisee?

- ☐ Extremely unsatisfied (1)
- ☐ Somewhat unsatisfied (2)
- ☐ Satisfied (3)
- ☐ Very satisfied (4)
- ☐ Extremely satisfied (5)
-

Q37 What would you like UGA to know about your experience supervising CFT students?

Q38 How likely are you to consider supervising more UGA CFT students in the future?

- ☐ Extremely unlikely (1)
- ☐ Somewhat unlikely (2)
- ☐ Neither likely nor unlikely (3)
- ☐ Somewhat likely (4)
- ☐ Extremely likely (5)

End of Block: Current UGA Supervisor, Research, Administrative, Hybrid

Start of Block: Current UGA Supervisor, Clinical

Q4 Based on your supervisory experience with UGA CFT student(s) please rate the following statements:

UGA CFT students have competencies in/being:

[illegible]

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

- ☐ Extremely likely (1)
- ☐ Somewhat likely (2)
- ☐ Neither likely nor unlikely (3)
- ☐ Somewhat unlikely (4)
- ☐ Extremely unlikely (5)

Q6 What would you like UGA to know about your experience supervising CFT students?

End of Block: Current UGA Supervisor, Clinical

Start of Block: Potential Employers

Q29

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. ()	

Q30 What other attributes or skill sets are you looking for in a new hire that we have not mentioned here?

End of Block: Potential Employers

Start of Block: COAMFTE Program Directors

Q31 Please answer the following questions based on your position as a COAMFTE accredited CFT program director.

Q32 What type of graduate program do you represent (please check all that apply)?

- ☐ Master's Program (1)
- ☐ Doctoral Program (2)

Q33 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 ()						

Q34 What other attributes or skill sets are you looking for in a new faculty hire that we have not mentioned here?

End of Block: COAMFTE Program Directors

Start of Block: Alumni

Q7 What is your current contact information (optional)?

- ☐ Name: (1) _____
 - ☐ Address: (2) _____
 - ☐ Address 2: (3) _____
 - ☐ City: (4) _____
 - ☐ State: (5) _____
 - ☐ Postal Code: (6) _____
 - ☐ Phone (Personal): (7) _____
 - ☐ Phone (Professional) (8) _____
 - ☐ Email Address: (9) _____
-

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 (1)
 - ☐ No (2)
-

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 (1)

☐ No (2)

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?



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

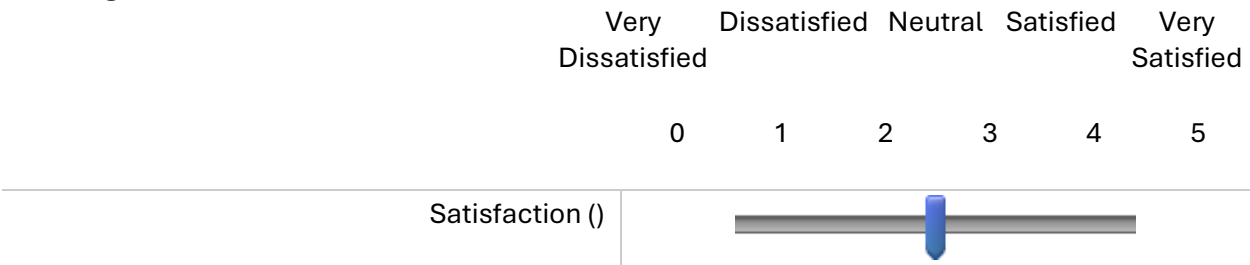


Q17 When did you graduate from the University of Georgia's CFT Program?

- ☐ In the past two years. (1)
- ☐ Two or more years ago. (2)

Skip To: End of Block If When did you graduate from the University of Georgia's CFT Program? = 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 (1)
- ☐ Somewhat (2)
- ☐ No (3)

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

- ☐ Extremely satisfied (1)
 - ☐ Moderately satisfied (2)
 - ☐ Slightly satisfied (3)
 - ☐ Neither satisfied nor dissatisfied (4)
 - ☐ Slightly dissatisfied (5)
 - ☐ Moderately dissatisfied (6)
 - ☐ Extremely dissatisfied (7)
-

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?

End of Block: Alumni

13.29 Appendix AA – 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:

8. Do you have any recommendations you would like to make to improve the clarity and overall quality of either the CFT Doctoral Policies and Procedures Handbook, or the LMC Handbook?

13.30 Appendix AB – COMAFTE Foundational Components Completion Form**COAMFTE Foundational Curriculum Areas (FCAs) and Foundational Application Components (FACs) Completion Form****Applicant:****Master's Degree:****COAMFTE Accredited Program: Yes No**

Foundational Curriculum Areas (FCAs) pp. 22-23 in COAMFTE 12.5 Manual)			
	Evidence of Completion	Action Needed	Timeline
1. Foundations of Relational/Systemic Practice, Theories & Models (2 courses)			
2. Clinical Treatment with Individuals, Couples and Families (2 courses)			
3. Diverse, Multicultural and/or Underserved Communities (1 course)			
4. Research & Evaluation (1 course)			
5. Professional Identity, Law, Ethics & Social Responsibility (1 course)			
6. Biopsychosocial Health & Development Across the Life Span (1 course)			
7. Systemic/Relational Assessment & Mental Health Diagnosis and Treatment (1 course)			
8. Contemporary Issues			
9. Community Intersections & Collaboration			
10. Preparation for Teletherapy Practice			

Does the applicant meet state licensure requirements? Yes No

Foundational Application Components (FACs) (p. 26 in COAMFTE 12.5 manual)			
	Evidence of Completion	Action Needed	Timeline
1. 300 direct client contact hours with individuals, couples, families, or			

other systems over a minimum of 12-months			
2. 100 relational hours over a minimum of 12-months			
3. 100 hours of MFT relational/systemic supervision			
4. 50 hours of observable data supervision			

Program Director Signature:

Student Signature:

Elizabeth Wieling, PhD, LMFT

Professor and Director

Couple and Family Therapy PhD Program

Department of Human Development and Family Science

College of Family and Consumer Sciences

University of Georgia

13.31 Appendix AC – CFT PhD Student Funding Acknowledgement Form

CFT PhD Student Funding Acknowledgment Form

This Acknowledgement is intended to provide you with information to make informed decisions regarding entering the Couple and Family Therapy (CFT) doctoral program and personal financial obligations.

The estimated annual cost to be enrolled as a graduate student at UGA and complete the CFT program can be found here: <https://osfa.uga.edu/costs/>.

The Department of Human Development and Family Science (HDFS) is committed to the success of CFT students and providing support to the extent possible. Historically, HDFS has been able to support CFT students in good standing throughout the four-year program, contingent upon satisfactory academic progress, satisfactory work performance, and continued funding from the State of Georgia, as further outlined in the assistantship offer letter. Additional financial aid information and resources may be found here: <https://osfa.uga.edu/>.

The CFT program at the University of Georgia is designed to be a four-year program for students who have completed all degree requirements from COAMFTE-accredited master's programs. Students enrolled in the CFT program from non-COAMFTE accredited master's programs or from other mental health disciplines, however, will likely require longer than four years to complete the program due to additional course and clinical hour requirements. Per CFT Policies and Procedures Handbook, these students will need to: (1) submit documentation and verification of direct clinical training during their master's degree (maximum of 250 individual clinical hours would be accepted) for CFT faculty review and approval; (2) complete a minimum of 200 direct clinical hours at the Love and Money Center under CFT faculty supervision (100 relational hours and 100 individual hours); and (3) complete the remaining clinical hours during their clinical internship. Assistantship funding otherwise available during the first four years of the program may no longer be available.

By signing this form, you acknowledge that you've read and understand the information herein, have had the opportunity to discuss assistantship funding with the CFT Program Director, Dr. Elizabeth Wieling, and that you are aware that assistantship funding is not guaranteed.

Student name: _____

Date: _____